

GAO

**Health, Education, and Human
Services Division Reports**

October 1994

**Health
Education
Employment
Social Security
Welfare
Veterans**

061305/152688

Preface

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

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

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

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



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Contents

Preface		3
Most Recent GAO Products (August - September 1994)		6
	Health	6
	Education	8
	Employment	8
	Social Security and Welfare	10
	Veterans Affairs and Military Health	12
Health (Comprehensive 2-Year Listing)		14
	Access and Infrastructure	14
	Employee and Retiree Health Benefits	14
	Financing	15
	Health Care Reform Related Issues	16
	HHS Public Health Service Agencies	18
	Long-Term Care	18
	Malpractice	20
	Managed Care	20
	Medicare and Medicaid	20
	Prescription Drugs	24
	Public Health and Education	25
	Quality and Practice Standards	26
	Substance Abuse and Drug Treatment	27
	Other Health Issues	27
Education (Comprehensive 2-Year Listing)		29
	Department of Education	29
	Early Childhood Development	29
	Elementary and Secondary Education	29
	Higher Education	32
	School-To-Work Transition	33
Employment (Comprehensive 2-Year Listing)		35
	Equal Employment Opportunities	35
	Labor and Management Relations	36
	Training and Employment Assistance	36
	Workplace Quality	38
	Other Employment Issues	39

Social Security and Welfare (Comprehensive 2-Year Listing)	<ul style="list-style-type: none"> Aging 40 Children's Issues 40 Pensions 42 Social Security 44 Welfare 46 Other Products Related to Social Security & Welfare 48 	40
Veterans Affairs and Military Health (Comprehensive 2-Year Listing)	<ul style="list-style-type: none"> Military Health Care 50 Veterans' Health Care 51 Veterans' Benefits 54 	50
Major Contributors		56
Order Form		58
Mailing List Request Form		60

Abbreviations

AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
	Services
CRS	Congressional Research Service, Library of Congress
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office
HEAF	Higher Education Assistance Foundation, Department of Education

Contents

HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
PBGC	Pension Benefit Guarantee Corporation
PATH	Projects for Assistance in Transition from Homelessness
SBA	Small Business Administration
SBM	school-based management
SSA	Social Security Administration
SSI	Supplemental Security Income
UMWA	United Mine Workers of America Combined Benefit Fund
VA	Department of Veterans Affairs
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (August - September 1994)

Health

Selected Summaries

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Report cards can be a useful tool to educate stakeholders about the health care provided by a health plan. Most experts believe that publishing the results of cost and quality indicators as well as other descriptive information comparing the performance of competing health plans is a positive step toward preserving the quality while lowering the cost of health care. However, experts disagree about the type and amount of information to be published in a report card because the data sources and indicators used may not be reliable or valid. Some experts believe that usable report cards can be produced within 2 to 5 years if the indicators are limited to those known to be valid and reliable. Several states and organizations have released report cards on the care they furnish. But no evaluative studies have been conducted to determine the report cards' validity or reliability.

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

In a national survey of state Medicaid agencies and state agencies on aging, GAO found significant agreement on the agencies' views on key components of well-designed home and community-based long-term care programs for the elderly. First, agencies viewed activities of daily living as those with greatest need for services followed by cognitive disability and access to care from family. Second, agencies reported that the largest proportion of elderly people with severe disabilities need nonmedical services such as personal care. Third, agencies also agreed that a variety of cost control methods are effective, although they agreed less on which specific methods are most effective. In addition, agencies believed that encouraging a greater private-sector role could reduce government long-term care spending for the elderly and that government interventions might increase private-sector activity.

Medicare: Changes to HMO Rate Setting Method Are Needed to Reduce Program Costs (Report, 9/2/94, GAO/HEHS-94-119).

The Medicare risk contract program has not achieved its goal of reducing Medicare costs because the Health Care Financing Administration's (HCFA) rate setting methodology and administrative controls have proven insufficient to prevent HMOs from benefiting from favorable selection. Responding to the problem of favorable selection, researchers have proposed a number of alternative risk adjustment methods. Each of these methods—unlike HCFA's current system—measures the health status of enrollees. The Medicare risk contract program faces difficulties not only with risk adjustment, but also with constructing the base payment rate to which these risk adjustments apply. The wide variation in HMO payment rates is reflected in uneven participation in the Medicare risk contract program.

Other Health Products

Health and Safety: Protecting Workers and the Public Continues to Challenge DOE (Testimony, 9/22/94, GAO/T-RCED-94-283).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/HEHS-94-240).

Long-Term Care: Other Countries Tighten Budgets While Seeking Better Access (Report, 8/30/94, GAO/HEHS-94-154).

Hospital Compensation: Nationally Representative Data on Chief Executives' Compensation (Report, 8/16/94, GAO/HEHS-94-189).

Prescription Drug Prices in France (Letter, 8/12/94, GAO/HEHS-94-200R).

Medicaid Long-Term Care: Successful State Efforts to Expand Home Services While Limiting Costs (Report, 8/11/94, GAO/HEHS-94-167).

Health Care: Federal and State Antitrust Actions Concerning the Health Care Industry (Report, 8/5/94, GAO/HEHS-94-220).

Medicaid: Changes in Best Price for Outpatient Drugs Purchased by HMOs and Hospitals (Report, 8/5/94, GAO/HEHS-94-194FS).

Prescription Drugs: Automated Prospective Review Systems Offer Significant Potential Benefits for Medicaid (Report, 8/5/94, GAO/AIMD-94-130).

Health Insurance for the Elderly: Owning Duplicate Policies Is Costly and Unnecessary (Report, 8/3/94, GAO/HEHS-94-185).

Medicare: HCFA's Contracting Authority for Processing Medicare Claims (Report, 8/2/94, GAO/HEHS-94-171).

Food and Drug Administration: Carrageenan Food Additive From the Philippines Conforms to Regulations (Report, 8/2/94, GAO/HEHS-94-141).

Medicaid: States Use Illusory Approaches to Shift Program Costs to Federal Government (Report, 8/1/94, GAO/HEHS-94-133).

Immunosuppressant Drugs (Letter, 8/1/94, GAO/HEHS-94-207R).

Education

Education Products

Pell Grant Costs (Letter, 9/28/94, GAO/HEHS-94-215R).

Education Reform: School-Based Management Results in Changes in Instruction and Budgeting (Report, 8/23/94, GAO/HEHS-94-135).

Buyouts at the Department of Education (Letter, 8/17/94, GAO/GGD-94-197R).

Pell Grants for Prison Inmates (Letter, 8/5/94, GAO/HEHS-94-224R).

Employment

Selected Summaries

Multiple Employment Training Programs: Basic Program Data Often Missing (Testimony, 9/28/94, GAO/T-HEHS-94-239).

By GAO's count, at least 154 programs administered by 14 federal departments and agencies provide about \$25 billion in employment training assistance. Although federal agencies often monitored programs or performed oversight activities, only about one in three of those efforts included an assessment of participant outcomes. Agencies also conducted few studies that would allow an assessment of whether their employment training assistance was really making a difference, or whether participants

would have been likely to achieve the same outcomes without the program. Data gaps exist among the most basic data categories: (1) funding levels; (2) number of participants served; (3) participant characteristics; and (4) outcomes achieved. Agencies appear unable to provide routine data on whom they serve, much less any data that they would need to track their programs' performance regarding participants' outcomes.

Equal Employment Opportunity: Displacement Rates, Unemployment Spells, and Reemployment Wages by Race (Report, 9/16/94, GAO/HEHS-94-229FS).

During the 1990-91 recession, African Americans were 15 percent more likely to lose their jobs than whites. Hispanic and African American workers experienced the highest layoff probabilities of the four groups examined, followed by whites. Asians experienced the lowest layoff probability. The high African American displacement rate was partially due to the impact of the recession on industries and occupations in which African Americans were disproportionately represented; however, differences still persisted after accounting for industrial and occupational affiliations, education levels, and worker age. Once displaced, African American workers were unemployed slightly longer than workers in other groups, on average. In years of economic growth, fewer workers of all races experienced job displacement, and displaced workers spent less time unemployed. However, African American workers consistently experienced the worst labor market outcomes throughout the decade regardless of the state of the economy.

Other Employment
Products

The Public Service: Issues Confronting the Federal Civilian Workforce (Report, 8/25/94, GAO/GGD-94-157).

Multiple Employment Training Programs: How Legislative Proposals Address Concerns (Testimony, 8/4/94, GAO/T-HEHS-94-221).

Social Security and Welfare

Selected Summaries

Child Care: Current System Could Undermine Goals of Welfare Reform (Testimony, 9/20/94, GAO/T-HEHS-94-238).

The Congress has recognized the importance of child care to family self-sufficiency by creating four child care subsidy programs for low-income families since 1988. In our preliminary analysis, we have found that child care subsidies can dramatically affect whether low-income women work. Despite the infusion of significant funding resulting from these programs, only a small fraction of the eligible population appears to have received child care subsidies. Furthermore, the fragmented nature of the child care funding streams produces unintended gaps in services that limit the ability of low-income families to achieve self-sufficiency. Finally, as states deplete funds for welfare clients, they turn to funds originally intended for the child care needs of the working poor, putting the working poor at greater risk of welfare dependency. We thus believe that welfare reform's goal of economic independence for the poor could be undermined if the problems in the child care subsidy system are not adequately addressed.

Social Security: GAO's Analysis of the Notch Issue (Testimony, 9/16/94, GAO/T-HEHS-94-236).

The "notch" refers to differences in benefits resulting from the new social security benefit computation rules enacted in 1977 that became effective on January 1, 1979. Based on GAO's analysis, retirees in the notch group who claim an inequity are comparing themselves to a group of retirees that received benefits based on an overgenerous formula. If the Congress chooses to pursue legislation, it should consider many factors, particularly the cost of financing any legislation.

Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations (Report, 9/9/94, GAO/HEHS-94-225).

The number of children receiving SSI disability benefits has more than doubled in the last 4 years. Many members of Congress have expressed concern about this growth. Huge increases in the number of children awarded benefits because of mental impairments—including children with

mental retardation and other mental disorders, such as attention deficit hyperactivity disorder—account for more than two-thirds of the growth in awards. After the changes revising the medical standards for mental impairments and adding the functional assessment process, 60 percent of awards based on the medical standards and 82 percent of awards based on the functional assessment process went to children with mental impairments. Most awards to the mentally impaired go to children with mental retardation.

Social Security: Trust Funds Can Be More Accurately Funded (Report, 9/2/94, GAO/HEHS-94-48).

The social security trust funds' revenues could be increased by recognizing additional taxes identified through IRS' efforts to locate underreported taxable income and by better detection of underreported tax-exempt interest. When the Department of the Treasury adjusts the quarterly advances made to the trust funds to reflect actual tax liabilities, it does not consider the results of IRS' assessing additional taxes on benefits when it identifies underreported income through its information-matching programs. Recognizing these additional taxes could have increased the trust funds by more than \$200 million in tax revenue and investment income for tax years 1984 to 1989. In addition, because IRS does not receive reports from payers of tax-exempt income, it cannot routinely detect underreported amounts that could affect taxes owed.

Other Social Security &
Welfare Products

Social Security Administration: Risks Associated With Information Technology Investment Continue (Report, 9/19/94, GAO/AIMD-94-143).

Dependent Exemption (Letter, 8/31/94, GAO/GGD-94-200R).

Social Security: Most Social Security Death Information Accurate But Improvements Possible (Report, 8/29/94, GAO/HEHS-94-211).

Management Letter: Pension Benefit Guaranty Corporation's Accounting Procedures (Report, 8/29/94, AIMD-94-168ML).

Social Security Retirement Accounts (Letter, 8/12/94, GAO/HEHS-94-226R).

Pension Plans: Stronger Labor ERISA Enforcement Should Better Protect Plan Participants (Report, 8/8/94, GAO/HEHS-94-157).

Veterans Affairs and Military Health

Selected Summaries

Veterans' Health Care: Implications of Other Countries' Reforms for the United States (Report, 9/27/94, GAO/HEHS-94-210BR).

Australia, Canada, Finland, and the United Kingdom implemented universal health care systems for the same basic reasons the United States is currently debating health-care reform. Eligibility for veterans health care benefits is much more limited in these countries. As a result, their veteran populations are aging and declining more rapidly than the veteran population in the United States. Veterans' health systems and benefits in the four countries evolved over time, and no longer focus primarily on direct delivery of acute hospital care. GAO's work showed that maintaining the direct delivery system is not the only option for preserving veterans' health benefits in the United States. Health reform in the United States that gives veterans' the choice of care in VA or community facilities will affect the future of the direct delivery system. Regardless of whether health reform occurs, the changing health care needs of an aging and declining veteran population should prompt reform of the veterans health care system and benefits.

Veterans' Benefits: Lack of Timeliness, Poor Communication Cause Customer Dissatisfaction (Report, 9/20/94, GAO/HEHS-94-179).

Although most applicants were satisfied, over a third were dissatisfied with VA's handling of their claims. VA has identified customer concerns and is developing approaches designed to address them. The time taken by VA to process claims was the greatest source of applicants' dissatisfaction. Communication with VA was another major concern for applicants. Many customers said they were dissatisfied, whether the communication was by mail, by phone, or in person. The need to resubmit documents to VA inconvenienced applicants. Our study pointed out two other factors that may hold significant implications for VA's improving customer satisfaction: (1) VA knows very little about those applicants whose claims were denied—about 36 percent of VA's customers—and (2) about 60 percent of VA customers received service from sources over which VA has no authority, such as state and county veterans offices and veteran service organizations.

**Other Veterans and
Military Health Products**

Veterans' Health Care: A Profile of Married Veterans Using VA Medical Centers in 1991 (Report, 8/26/94, GAO/HEHS-94-223FS).

Operation Desert Storm: Questions Remain on Possible Exposure to Reproductive Toxicants (Report, 8/5/94, GAO/PEMD-94-30). Testimony on same topic (8/5/94, GAO/T-PEMD-94-31).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

Health Care: Federal and State Antitrust Actions Concerning the Health Care Industry (Report, 8/5/94, GAO/HEHS-94-220).

Health Professions Education: Role of Title VII/VIII Programs in Improving Access to Care Is Unclear (Report, 7/8/94, GAO/HEHS-94-164).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196).
Report on same topic (5/31/94, GAO/HEHS-94-142).

Primary Care Physicians: Managing Supply in Canada, Germany, Sweden, and the United Kingdom (Report, 5/18/94, GAO/HEHS-94-111).

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

Nonprofit Hospitals: For-Profit Ventures Pose Access and Capacity Problems (Report, 7/22/93, GAO/HRD-93-124).

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, 4/22/93, GAO/HRD-93-56).
Testimony on same topic (4/22/93, GAO/T-HRD-93-17).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, 4/9/93, GAO/HRD-93-48).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, 1/4/93, GAO/HRD-93-4).

District of Columbia: Barriers to Medicaid Enrollment Contribute to Hospital Uncompensated Care (Report, 12/29/92, GAO/HRD-93-28).

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, 11/4/92, GAO/HRD-93-11).

Employee and Retiree Health Benefits

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Retiree Health Plans: Health Benefits Not Secure Under Employer-Based System (Report, 7/9/93, GAO/HRD-93-125).

Family and Medical Leave Cost Estimate (Letter, 2/1/93, GAO/HRD-93-14R).

Federal Health Benefits Program: Analysis of Contingency and Special Reserves (Report, 12/4/92, GAO/GGD-93-26).

Financing

Hospital Compensation: Nationally Representative Data on Chief Executives' Compensation (Report, 8/16/94, GAO/HEHS-94-189).

Health Insurance For The Elderly: Owning Duplicate Policies Is Costly and Unnecessary (Report, 8/3/94, GAO/HEHS-94-185).

Indian Health Service: Efforts to Recruit Health Care Professionals (Report, 7/7/94, GAO/HEHS-94-180FS).

Health Care: Antitrust Enforcement Under Maryland Hospital All-Payer System (Report, 4/27/94, GAO/HEHS-94-81).

Blue Cross and Blue Shield: Experiences of Weak Plans Underscore the Role of Effective State Oversight (Report, 4/13/94, GAO/HEHS-94-71).

Medigap Loss Ratios, First 2 Years (Letter, 4/4/94, GAO/HEHS-94-131R).

Medical Review Saving (Letter, 2/28/94, GAO/HEHS-94-93R).

Medigap Insurance: Insurers' Compliance With Federal Minimum Loss Ratio Standards, 1988-91 (Report, 2/7/94, GAO/HEHS-94-47).

Health Insurance Regulation: Wide Variation in States' Authority, Oversight, and Resources (Report, 12/27/93, GAO/HRD-94-26). Testimony on same topic (11/5/93, GAO/T-HRD-94-55).

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

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

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

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

Health Insurance: Remedies Needed to Reduce Losses From Fraud and Abuse (Testimony, 3/8/93, GAO/T-HRD-93-8).

Health Insurance: Legal and Resource Constraints Complicate Efforts to Curb Fraud and Abuse (Testimony, 2/4/93, GAO/T-HRD-93-3). Report on same topic (5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Removal of Breast Implants (Letter, 12/7/92, GAO/HRD-93-5R).

Trauma Care Reimbursement: Poor Understanding of Losses and Coverage for Undocumented Aliens (Report, 10/15/92, GAO/PEMD-93-1).

Health Care Reform Related Issues

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/HEHS-94-240).

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Health Security Act: Analysis of Veterans' Health Care Provisions (Report, 7/15/94, GAO/HEHS-94-205FS).

Health Care Reform: Potential Difficulties in Determining Eligibility for Low-Income People (Report, 7/11/94, GAO/HEHS-94-176).

Veterans' Health Care: Efforts to Make VA Competitive May Create Significant Risks (Testimony, 6/29/94, GAO/T-HEHS-94-197).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196). Report on same topic (5/31/94, GAO/HEHS-94-142).

Federal Administrative Costs Under Health Security Act (Letter, 6/15/94, GAO/HEHS-94-187R).

Health Care Reform: Proposals Have Potential to Reduce Administrative Costs (Report, 5/31/94, GAO/HEHS-94-158).

Health Care Reform: School-Based Health Centers Can Promote Access to Care (Report, 5/13/94, GAO/HEHS-94-166).

VA and the Health Security Act (Letter, 5/9/94, GAO/HEHS-94-159R).

VA Health Care Reform: Financial Implications of the Proposed Health Security Act (Testimony, 5/5/94, GAO/T-HEHS-94-148).

Health Care Alliances: Issues Relating to Geographic Boundaries (Report, 4/8/94, GAO/HEHS-94-139). Testimony on same topic (2/24/94, GAO/T-HEHS-94-108).

Health Care Reform: How Proposals Address Fraud and Abuse (Testimony, 3/17/94, GAO/T-HEHS-94-124).

Health Care in Hawaii: Implications for National Reform (Testimony, 3/16/94, GAO/T-HEHS-94-123). Report on same topic (2/11/94, GAO/HEHS-94-68).

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

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

Veterans' Health Care: Potential Effects of Health Financing Reforms on Demand for VA Services (Testimony, 3/31/93, GAO/T-HRD-93-12).

Veterans' Health Care: Potential Effects of Health Reforms on VA Construction (Testimony, 3/3/93, GAO/T-HRD-93-7).

Transition Series: Health Care Reform (Report, 12/92, GAO/OCG-93-8TR).

HHS Public Health Service Agencies

Food and Drug Administration: Carrageenan Food Additive From the Philippines Conforms to Regulations (Report, 8/2/94, GAO/HEHS-94-141).

FDA User Fees: Current Measures Not Sufficient for Evaluating Effect on Public Health (Report, 7/22/94, GAO/PEMD-94-26).

FDA Regulation: Compliance by Dietary Supplement and Conventional Food Establishments (Report, 6/13/94, GAO/HEHS-94-134).

FDA Drug Enforcement Actions (Letter, 5/6/94, GAO/HEHS-94-136R).

Safe Medical Devices (Letter, 2/10/94, GAO/HEHS-94-86R).

FDA Safety Devices (Letter, 2/2/94, GAO/HEHS-94-90R).

CDC Activities Are Appropriate and Non-Duplicative (Letter, 8/30/93, GAO/HRD-93-32R).

FDA Regulation of Dietary Supplements (Letter, 7/2/93, GAO/HRD-93-28R).

Hospital Sterilants: Insufficient FDA Regulation May Pose a Public Health Risk (Report, 6/14/93, GAO/HRD-93-79).

Alleged Lobbying Activities: Office for Substance Abuse Prevention (Report, 5/4/93, GAO/HRD-93-100).

FDA Premarket Approval: Process of Approving Lodine as a Drug (Report, 4/12/93, GAO/HRD-93-81).

Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (Report, 4/8/93, GAO/PEMD-93-13).

Women's Health: FDA Needs to Ensure More Study of Gender Differences in Prescription Drug Testing (Report, 10/29/92, GAO/HRD-93-17).

Long-Term Care

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

Long-Term Care: Other Countries Tighten Budgets While Seeking Better Access (Report, 8/30/94, GAO/HEHS-94-154).

Survey of Long-Term Care for the Elderly (Letter, 7/21/94, GAO/HEHS-94-214R).

Long-Term Care Reform: Program Eligibility, States' Service Capacity, and Federal Role in Reform Need More Consideration (Testimony, 4/14/94, GAO/T-HEHS-94-144).

Long-Term Care: The Need for Geriatric Assessment in Publicly Funded Home and Community-Based Programs (Testimony, 4/14/94, GAO/T-PEMD-94-20).

Long-Term Care: Demography, Dollars, and Dissatisfaction Drive Reform (Testimony, 4/12/94, GAO/T-HEHS-94-140).

Long-Term Care: Status of Quality Assurance and Measurement in Home and Community Based Services (Report, 3/31/94, GAO/PEMD-94-19).

Long-Term Care: Support for Elder Care Could Benefit the Government Workplace and the Elderly (Report, 3/4/94, GAO/HEHS-94-64).

Long-Term Care: Private Sector Elder Care Could Yield Multiple Benefits (Report, 1/31/94, GAO/HEHS-94-60).

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

Long-Term Care Insurance: High Percentage of Policyholders Drop Policies (Report, 8/25/93, GAO/HRD-93-129).

VA Health Care: Potential for Offsetting Long-Term Care Costs Through Estate Recovery (Report, 7/27/93, GAO/HRD-93-68).

Long-Term Care Forum (Discussion Paper, 7/13-14/93, GAO/HRD-93-1-SP).

Long-Term Care Insurance: Tax Preferences Reduce Costs More for Those in Higher Tax Brackets (Report, 6/22/93, GAO/GGD-93-110).

Massachusetts Long-Term Care (Letter, 5/17/93, GAO/HRD-93-22R).

Long-Term Care Case Management: State Experiences and Implications for Federal Policy (Report, 4/6/93, GAO/HRD-93-52).

Malpractice

Medical Malpractice Insurance Options (Letter, 2/28/94, GAO/HEHS-94-105R).

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

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

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

Medical Malpractice: Experience With Efforts to Address Problems (Testimony, 5/20/93, GAO/T-HRD-93-24).

Health Information Systems: National Practitioner Data Bank Continues to Experience Problems (Report, 1/29/93, GAO/IMTEC-93-1).

Managed Care

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Testimony, 2/2/94, GAO/T-HEHS-94-91). Report on same topic (10/19/93, GAO/HRD-94-3).

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(Comprehensive
2-Year Listing)**

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(Comprehensive 2-Year Listing)

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(Comprehensive
2-Year Listing)**

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