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Preface

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

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

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past 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 (November - December 1994)		6
	Health	6
	Education	7
	Employment	8
	Social Security, Disability, and Welfare	9
	Veterans Affairs and Military Health	11
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	17
	Long-Term Care	18
	Malpractice	19
	Managed Care	20
	Medicare and Medicaid	20
	Prescription Drugs	24
	Provider Issues	25
	Public Health and Education	25
	Quality and Practice Standards	26
	Substance Abuse and Drug Treatment	27
	Other Health Issues	28
Education (Comprehensive 2-Year Listing)		30
	Department of Education	30
	Early Childhood Development	30
	Elementary and Secondary Education	30
	Higher Education	33
	School-To-Work Transition	34
Employment (Comprehensive 2-Year Listing)		36
	Equal Employment Opportunities	36
	Labor and Management Relations	37
	Training and Employment Assistance	37
	Workplace Quality	39
	Other Employment Issues	40

Social Security, Disability, and Welfare (Comprehensive 2-Year Listing) 41

Aging 41
Children's Issues 41
Pensions 43
Social Security and Disability 45
Welfare 47
Other Products Related to Social Security, Disability, and Welfare 48

Veterans Affairs and Military Health (Comprehensive 2-Year Listing) 51

Military Health Care 51
Veterans' Health Care 52
Veterans' Benefits 55

Major Contributors 56

Order Form 58

Mailing List Request Form 60

Abbreviations

AFDC	Aid to Families with Dependent Children
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
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

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, GAO
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAFTA	North American Free Trade Agreement
NAFTA/TAA	NAFTA/Trade Adjustment Assistance
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
PBGC	Pension Benefit Guarantee Corporation
PFIA	Pension Funding Improvement Act of 1993
PPA	Pension Protection Act
PATH	Projects for Assistance in Transition from Homelessness
SBA	Small Business Administration
SBHC	school-based health center
SEA	state education agency
SSA	Social Security Administration
SSI	Supplemental Security Income
UMWA	United Mine Workers of America Combined Benefit Fund
UNM	University of New Mexico
VA	Department of Veterans Affairs
VHA	Veterans Affairs Veterans Health Administration
VAMC	Veterans Affairs Medical Center
WARN	Worker Adjustment and Retraining Notification Act
WHD	Department of Labor, Wage and Hour Division
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (November - December 1994)

Health

Selected Summaries

Health Care: School-Based Health Centers Can Expand Access for Children (Report, 12/22/94, GAO/HEHS-95-35).

Communities are using school-based health centers (SBHC) to fill a niche in the nation's health care delivery system. SBHCs afford children easier access to needed health services by bringing providers to the children, furnishing free or low-cost services, and supplying the atmosphere of trust and confidentiality adolescents need. A lack of stable financing is a major concern for SBHCs, with some centers reporting insufficient funds to meet all children's service needs. In addition, SBHCs nationwide face other problems. Centers have difficulty recruiting and retaining appropriately trained nurse practitioners and physician assistants, who are their key primary care providers. Community debates over the appropriateness of providing reproductive health services in SBHCs have limited centers' ability to meet some adolescents' health needs. Communities lack access to information on establishing new centers and solving problems at existing ones.

German Health Reforms: Changes Result in Lower Health Costs in 1993 (Report, 12/16/94, GAO/HEHS-95-27).

During 1993, the strict budgets imposed on most sectors of the German Statutory Health Insurance System were generally successful in controlling the growth of health care costs. Outlays per member fell by more than 1 percent from 1992 levels, although the budgets permitted small increases. The rates of growth fell significantly from 1992 levels in all major sectors of the system. The most spectacular declines were registered in the categories of dentures, in which spending per member fell by almost 27 percent, and pharmaceuticals, where spending per member fell by nearly 20 percent.

Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages (Report, 11/7/94, GAO/HEHS-95-26).

The long-term care population includes more than 12 million people who say they need assistance with everyday activities as a result of chronic conditions such as heart disease, mental retardation, or Alzheimer's disease. Over 7 million are elderly; 5 million are working-age adults; and

about half a million are children under age 18. The long-term care needs of this population vary considerably, from around-the-clock nursing care to occasional assistance with household chores, such as cooking and house cleaning. The aging of the large baby-boom generation means that long-term care need will increase well into the next century, as much as doubling among the elderly population in the next 25 years. Less is known about the future long-term care needs of the nonelderly. Projections of this population are difficult, but researchers believe that it is likely to increase.

Other Health Products

Medicare Part B: Regional Variation in Denial Rates for Medical Necessity (Report, 12/19/94, GAO/PEMD-95-10). Testimony on same topic (12/19/94, GAO/T-PEMD-95-11).

Health and Safety: Status of Federal Efforts to Disclose Cold War Radiation Experiments Involving Humans (Testimony, 12/01/94, GAO/T-RCED-95-40).

Breast Conservation versus Mastectomy: Patient Survival in Day-to-Day Practice and in Randomized Studies (Report, 11/15/94, GAO/PEMD-95-9).

Nuclear Health and Safety: Further Improvement Needed in the Hanford Tank Farm Maintenance Program (Report, 11/08/94, GAO/RCED-95-29).

Education

Education Products

Women's Educational Equity Act: A Review of Program Goals and Strategies Needed (Report, 12/27/94, GAO/PEMD-95-6).

College Savings Issues (Report, 11/4/94, GAO/HEHS-95-16R).

Motor Carrier Academy (Letter, 11/2/94, GAO/RCED-95-43R).

Employment

Selected Summaries

Dislocated Workers: An Early Look at the NAFTA Transitional Adjustment Assistance Program (Report, 11/28/94, GAO/HEHS-95-31).

GAO found that the U.S. Department of Labor has addressed a number of shortcomings that may have affected the North American Free Trade Agreement (NAFTA)/Trade Adjustment Assistance (TAA) program. In implementing NAFTA/TAA, however, Labor did not address other shortcomings such as the lack of ongoing support, follow-up, and performance monitoring. While Labor has encouraged closer coordination between federal dislocated worker programs, it has not formally required states to track participants. In addition, although Labor broadened the NAFTA-TAA program's eligibility requirements to include secondary workers (those indirectly affected by NAFTA), limited guidance, unclear authority, and a slow and cumbersome funding mechanism may make it difficult for such workers to access benefits.

Garment Industry: Efforts to Address the Prevalence and Conditions of Sweatshops (Report, 11/2/94, GAO/HEHS-95-29).

Although national data are unavailable, the sweatshop problem in the garment industry has not improved over the last 5 years, most experts believe, primarily because of legislative, resource, and economic factors. Although the U.S. Department of Labor has acted to coordinate its enforcement efforts, legal and administrative limitations continue to constrain these actions. Labor's Wage and Hour Division (WHD) coordination with state labor departments varies widely, depending on the emphasis the state has placed on combating sweatshop working conditions. Since about 1992, Labor has tried to supplement its enforcement by fostering voluntary oversight of contractors by garment manufacturers.

Other Employment Products

Federal Personnel: Federal/Private Sector Pay Comparisons (Chapter Report, 12/14/94, GAO/OCE-95-1).

U.S. Postal Service: The State of Labor-Management Relations (Testimony, 11/30/94, GAO/T-GGD-95-46).

Equal Employment Opportunity: Immigration and Naturalization Service's Equal Employment Opportunity Program (Testimony, 11/17/94, GAO/T-GGD-95-41).

Social Security, Disability, and Welfare

Selected Summaries

Child Care: Child Care Subsidies Increase Likelihood That Low-Income Mothers Will Work (Report, 12/30/94, GAO/HEHS-95-20).

GAO's analysis predicts that reducing child care costs increases the likelihood that poor, near-poor, and nonpoor mother will work. This effect is strongest for the poor and near-poor mothers. More specifically, GAO's model predicts that providing a full subsidy to mothers who pay for child care could increase the proportion of poor mothers who work from 29 to 44 percent, and that of near-poor mothers who work from 43 to 57 percent. By comparison, the probability of nonpoor mothers working could increase from 55 to 65 percent. The results of our analysis suggest that affordable child care is a decisive factor in encouraging low-income mothers to seek and keep jobs.

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1994 (Report, 12/29/94, GAO/HEHS-95-44).

GAO's work in aging reflects the continuing importance of federal programs for older Americans. Because the elderly are one of the fastest growing segments of today's society, the Congress faces many issues involving income security and health policy in which the federal government will play an important role. GAO's work during fiscal year 1994 covered a range of issues, including federal government activities in employment, health care, housing, income security, and veterans issues. This report describes four types of GAO activities that relate to older Americans: (1) reports on policies and programs directed primarily at older Americans, (2) reports on policies and programs that affect older Americans as one of several target groups, (3) congressional testimonies on issues related to older Americans, and (4) ongoing work on issues related to older Americans.

District Pensions: Federal Options for Sharing Burden to Finance Unfunded Liability (Report, 12/28/94, GAO/HEHS-95-40).

With a total unfunded liability of about $5 billion in 1993, three District of Columbia plans continued to be not as well funded as 24 comparable state and local governmental pension plans. Under the funding method proposed by H.R. 3728 and D.C. Act 10-239, about $1 billion in value today of contributions that the District would make under the existing law would be shifted to federal payments of $52.1 million escalating at 5 percent per year through 2035; this would also shift more of the burden for helping to eliminate the unfunded liability to future federal budgets and generations of federal taxpayers. In contrast, a constant annual federal payment of about $102.1 billion would shift less of the burden to future federal budgets and taxpayers, cost the federal government a little less overall, and have the same effect as H.R. 3728 in stabilizing the District's contributions at about 45 percent of payroll while eliminating the liability.

Welfare to Work: Current AFDC Program Not Sufficiently Focused on Employment (Report, 12/19/94, GAO/HEHS-95-28).

The current Job Opportunities and Basic Skills (JOBS) training program has not served a large portion of the Aid to Families with Dependent Children (AFDC) caseload and is not well focused on employment as the goal. Although JOBS has made progress in serving those at risk of long welfare stays, some AFDC recipients who need help to avoid long-term dependence have not been widely served. Teen parents are especially at risk of long welfare stays because of their low levels of education and work experience and the young age of their children. Yet in GAO's 1992 review of 16 states, only 24 percent of teen parents had been enrolled in JOBS. While fiscal year 1993 spending for JOBS totaled $1.1 billion, GAO's recent nationwide survey of local program administrators revealed that JOBS programs have generally not forged the strong links with local employers that may be important to helping AFDC recipients gain work experience and find jobs.

Child Care: Promoting Quality in Family Child Care (Report 12/7/94, GAO/HEHS-95-36). Testimony on same topic (12/9/94, GAO/T-HEHS-95-43).

Many initiatives nationwide seek to improve family child care quality. These initiatives are financed from both public and private sources, and many receive funding from more than one source. Federal support is provided through seven major funding streams that made approximately $8 billion available in fiscal year 1993. Most of this $8 billion went to

subsidies to help parents pay for child care, but GAO estimates that approximately $156 million was available for efforts to improve the quality of care. Our site visits showed that initiatives use money from a variety of private and public sources in an array of approaches to enhancing the quality of family child care. These approaches include training providers; supplying them with equipment, educational materials, financial assistance, and other support; and linking them to resources and professional associations.

Illegal Aliens: Assessing Estimates of Financial Burden on California (Report, 11/28/94, GAO/HEHS-95-22).

Developing credible estimates of the costs and revenues for illegal aliens in California is difficult because limited data are available on this population's size, use of public services, and tax payments. This difficulty is compounded by the lack of consensus among researchers on the appropriate methodologies, assumptions, and data sources to use in estimating costs and revenues associated with illegal aliens. Our adjusted fiscal year 1994-95 estimate of the state and local cost of illegal aliens in California was $2.35 billion for elementary and secondary education, Medicaid benefits, and adult incarceration. Assessing tax revenue from illegal aliens was more difficult. Estimates of state and local revenues from illegal aliens ranged from $500 million to $1.4 billion.

Other Social Security, Disability, and Welfare Products

SSA Services to Employers (Letter, 12/6/94, GAO/HEHS-95-38R).

Veterans Affairs and Military Health

Selected Summaries

VA Health Care: Albuquerque Medical Center Not Recovering Full Costs of Lithotripsy Services (Report, 12/28/94, GAO/HEHS-95-19).

The Albuquerque VA medical center's prices for lithotripsy services sold to the University of New Mexico (UNM) did not fully recover the center's costs. For example, the center charged $1,469 for each basic lithotripsy procedure provided in 1993. This amount was considerably below costs, which GAO calculated to be about $3,360. This price difference occurred

primarily because the center's rate-setting process spread the recovery of fixed costs, such as equipment depreciation and maintenance, over an unrealistically high annual workload estimate of 882 procedures. Because the center performed significantly fewer procedures, it did not recover about $91,000 of the costs for 48 contract procedures provided to UNM patients in 1993.

Veterans' Health Care: Veterans' Perceptions of VA Services and VA's Role in Health Care Reform (Report, 12/23/94, GAO/HEHS-95-14).

To obtain information on veterans' perceptions of the VA health care system and opinions about VA's future role in meeting their health care needs, GAO held 14 focus group discussions with a total of 127 veterans in different parts of the country. Focus group participants expressed views about the care provided by VA facilities and the role VA should play in a reformed health system that were as diverse as the population itself. Apprehension about change was a recurrent theme running through the focus groups. Veterans expressed concerns that (1) changes could diminish or eliminate veterans' health benefits, (2) allowing nonveterans to use VA facilities could detract from care for veterans, and (3) veterans who are dependent on VA would be hurt emotionally.

VA Health Care: Inadequate Planning in the Chesapeake Network (Report, 12/22/94, GAO/HEHS-95-6).

VA plans to add 133 nursing home beds in the Baltimore area at 2 separate locations (Loch Raven and Fort Howard). While VA is demolishing its former Loch Raven hospital to make room for a new nursing home, it plans to construct a replacement hospital building and nursing home at nearby Fort Howard. These construction projects are not based on sound planning. In part, this is because VA's Veterans Health Administration (VHA) Central Office did not issue adequate guidance to its regional offices and medical centers on how to change VA's facility-by-facility construction planning process into an integrated network planning process. In addition, VHA's Eastern Region did not always follow the guidance VHA provided. As a result of the weaknesses in its network planning, VA may have overstated its need to build additional extended-care capacity in the Chesapeake Network.

VA Health Care: Purchases of Safer Devices Should Be Based on Risk of Injury (Report, 11/17/94, GAO/HEHS-95-12).

VA medical centers are individually responsible for acquiring medical devices they need to perform their work, including safer needle and sharps devices. While some medical centers are acquiring safer devices, insufficient data are available within these centers to demonstrate (1) the extent to which safer devices are needed and (2) whether the devices will reduce the number of percutaneous injuries. In fiscal year 1993, VA's 130 acute care medical centers reported 4,791 needle injuries, about a 19-percent decrease from 5,933 in fiscal year 1992. VA officials do not know to what extent this decrease can be attributed to better use of universal precautions, safer devices, or underreporting of needle injuries. VA health care workers are at risk of incurring life-threatening diseases from a percutaneous injury involving HIV- or hepatitis-infected blood from patients in VA medical centers.

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).

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).

Financing

German Health Reforms: Changes Result in Lower Health Costs in 1993 (Report, 12/16/94, GAO/HEHS-95-27).

Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems (Report, 10/3/94, GAO/HEHS-95-1).

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).

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).

Health Care Reform: Considerations for Risk Adjustment Under Community Rating (Report, 9/22/94, GAO/HEHS-94-173).

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

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).

Long-Term Care

Long-Term Care: Diverse, Growing Population Includes Millions of Americans of All Ages (Report, 11/7/94, GAO/HEHS-95-26).

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).

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

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).

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Employment (Comprehensive 2-Year Listing)

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