

February 1995

**Health
Education
Employment
Social Security
Welfare
Veterans**

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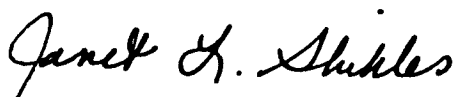
Preface

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 GAO's mailing list, appear at the end of this booklet.



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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
	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
HCFA	Health Care Financing Administration

Contents

HEAF	Higher Education Assistance Foundation, Department of Education
HealthPASS	Philadelphia Accessible Services System
HEHS	Health, Education, and Human Services Division, GAO
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
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
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
OCSE	Office of Child Support Enforcement
PBGC	Pension Benefit Guarantee Corporation
PATH	Projects for Assistance in Transition from Homelessness
SBA	Small Business Administration
SBHC	school-based health center
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
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (December 1994 - January 1995)

Health

Selected Summaries

Ryan White Care Act: Access to Services by Minorities, Women, and Substance Abusers (Report, 1/13/95, GAO/HEHS-95-49).

GAO found that minorities, women, and injection drug users generally use services at a rate that reflects their representation in the HIV-infected population in five locations visited: Baltimore, Denver, Los Angeles, Sacramento, and Maryland suburbs of Washington, D.C. Medical and support services providers and advocates of HIV-infected people told us, however, that barriers may limit access to services by certain groups. These barriers may include substance abuse, homelessness, lack of knowledge about and lack of motivation to seek services, lack of trust of the medical community, denial of the disease by some HIV-infected people, and a reluctance to obtain care from a provider of a certain racial or ethnic group or who primarily serves a different racial or ethnic group.

Health and Human Services: Opportunities to Realize Savings (Testimony, 1/12/95, GAO/T-HEHS-95-57).

With estimated outlays of over \$315 billion, the Department of Health and Human Services (HHS) is the largest department in the federal government. HHS manages hundreds of programs that are important to the American public. With this responsibility, however, has come significant inefficiencies and questionable program results. GAO's work clearly points to opportunities to streamline, consolidate, or reconsider various HHS programs and the need to target cuts so that essential administrative activities remain.

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.

Other Health Products

Hospital Costs: Cost Control Efforts at 17 Texas Hospitals (Report, 12/9/94, GAO/AIMD-95-21).

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

Selected Summaries

Charter Schools: New Model for Public Schools Provides Opportunities and Challenges (Report, 1/18/95, GAO/HEHS-95-42). Testimony on same topic (1/19/95, GAO/T-HEHS-95-52).

As of January 1995, 134 charter schools had been approved in 9 of the 11 states with charter school laws. Charter schools' instructional programs reflect diversity and innovation. They include innovative approaches, such as instructing children of multiple ages in the same classroom—known as multiage grouping—or teaching subjects in the context of a common theme, such as citizenship—known as thematic instruction. Some charter schools emphasize specific subject areas, such as the arts or sciences; others target their instructional programs to specific student populations, such as those at risk of school failure or home-schooled students. They vary considerably in their autonomy. They also vary in how they plan to measure student performance and how specifically to state those plans. Charter schools pose new challenges for federal program administration.

Department of Education: Opportunities to Realize Savings (Testimony, 1/18/95, GAO/T-HEHS-95-56).

The Department of Education administers about 240 programs with a fiscal year 1995 budget totaling \$33.7 billion—\$25.1 billion in discretionary funds and \$8.6 billion in mandatory funds. This represents an increase of \$6.7 billion over the previous year's appropriations. Twenty-one of the 23 programs proposed for termination by Education that were not eliminated by the Congress should be reconsidered for elimination. Possible funding reduction opportunities may exist in higher education programs. Additional budgetary savings are possible in Education's employment training programs. These programs frequently target the same clients, share the same goals, and provide similar services, but maintain separate administrative bureaucracies at headquarters and regional offices. To the extent that reductions in Education formula grant programs—such as the Title I compensatory education program—are necessary, the Congress could consider ways to allocate reduced funding levels with the least negative impact on areas with the greatest need.

Early Childhood Programs: Parent Education and Income Best Predict Participation (Report, 12/28/94, GAO/HEHS-95-47).

With Head Start funds reaching less than half the eligible 3- and 4-year-olds, GAO found that children living in low-income families are less likely to attend preschool than their middle-income counterparts. In addition, the education level of children's parents has a large influence on children's participation. After controlling for other characteristics, children whose most educated parent has not completed high school are less likely to go to preschool compared with those whose most educated parent has graduated from high school. Children in some risk groups appear about as likely to participate in preschool as those not at risk, after controlling for other characteristics. Black and Native American children are more likely than white children to attend preschool, after controlling for individual, family, and geographic characteristics. GAO found that demographics of the states account for less than half of the variability in preschool participation.

Early Childhood Programs: Local Perspectives on Barriers to Providing Head Start Services (Report, 12/21/94, GAO/HEHS-95-8).

Head Start program directors identified three barriers as significantly affecting their ability to provide services to children and families. Over 90 percent of the directors responding to our survey reported experiencing at least one of the following barriers: (1) insufficient qualified staff to meet the complex needs of the children and families, (2) a limited availability of health professionals in the community willing to help Head Start staff in providing services, and (3) difficulties getting suitable facilities at reasonable costs. Program directors reported trying a variety of techniques, sometimes involving Quality Improvement Funds, to help overcome or eliminate some of these barriers.

Other Education Products

Multiple Youth Programs (Letter, 1/19/95, GAO/HEHS-95-60R).

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

Employment

Selected Summaries

Department of Labor: Opportunities to Realize Savings (Testimony, 1/18/95, GAO/T-HEHS-95-55).

The U.S. Department of Labor has a fiscal year 1995 budget of about \$34.3 billion. Although about two-thirds of Labor's budget is composed of mandatory spending on income maintenance programs, several employment training programs might be candidates for budget review. These programs have either received increases in fiscal year 1995 funding, had some concerns raised about their effectiveness, or demonstrated difficulty in spending prior-year allocations. They represent sizable investments in socially laudable objectives, and the total funding for these programs is only a fraction of the resources necessary to serve the entire eligible population. Nevertheless, they may warrant review during these difficult budgetary times. In addition, other reductions may be considered through congressional deliberation on proposals to consolidate federal job training programs, repealing the Davis-Bacon and Service Contract Acts, not renewing the Total Jobs Tax Credit program, and implementing administrative changes for enforcing the Employee Retirement and Income Security Act (ERISA).

Multiple Employment Training Programs: Major Overhaul Needed to Reduce Costs, Streamline the Bureaucracy, and Improve Results (Testimony, 1/10/95, GAO/T-HEHS-95-53).

For more than 50 years, the federal government has invested considerable effort and resources to help people find productive employment. The result today is 163 programs scattered across 15 federal agencies providing employment training assistance. Collectively, the current system for providing employment training assistance suffers from a variety of problems that arise from the multitude of narrowly focused programs that often compete for clients and funds. While these programs frequently target the same clients, share the same goals, and provide similar services, each agency maintains its own separate administrative structure, devoting staff and other resources to administer, monitor, and review program implementation. The current patchwork of programs also confuses those seeking assistance and frustrates employers and administrators. Despite spending billions of dollars each year, most federal agencies do not know if their programs are really helping people find jobs.

Other Employment
Products

Discrimination Complaints: Monetary Awards in Federal EEO Cases
(Report, 1/3/95, GAO/GGD-95-28FS).

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

Managing DOE: Further Review Needed of Suspensions of Security
Clearances for Minority Employees (Report, 12/8/94, GAO/RCED-95-15).

Social Security,
Disability, and Welfare

Selected Summaries

Child Care: Narrow Subsidy Programs Create Problems for Mothers Trying
to Work (Testimony, 1/31/95, GAO/T-HEHS-95-69).

GAO found that the categorical nature of child care subsidy programs creates service gaps that diminish the likelihood that low-income mothers will work. The fragmented nature of the child care funding streams, with entitlements to some client categories, time limits on others, and activity limits on still others, produces unintended gaps in services, which limit the ability of low-income families to achieve self-sufficiency. In considering consolidation of these programs as a remedy for the service gaps that trouble mothers, child care providers, and program administrators alike, some important issues need deliberation. For example, trade-offs need to be weighed between state flexibility to determine whom to serve with subsidies and congressional interest in accountability for how federal money is spent and for positive program outcomes. Another issue involves how to dovetail the need for child care subsidies with the requirement for welfare clients to participate in job preparation and work, if child care loses its guaranteed status in a block grant.

Supplemental Security Income: Recent Growth in the Rolls Raises
Fundamental Program Concerns (Testimony, 1/27/95, GAO/T-HEHS-95-67).

Last year, the Social Security Administration (SSA) paid nearly \$22 billion in federal benefit payments to about 6.3 million aged, blind, and disabled SSI recipients. Since 1986, benefit payments have increased by \$13.5 billion, more than doubling. Three groups—children, legal immigrants, and adults with mental impairments—accounted for nearly 90 percent of the caseload

growth. Before the mid-1980s, the number of all ssi recipients was relatively flat, and decreasing for the aged. Since 1986, the number of disabled ssi recipients under age 65 has increased an average of over 8 percent annually, adding nearly 2 million younger recipients to the rolls, while the number of aged and blind recipients has remained level. The trend toward younger beneficiaries receiving ssi, coupled with low exit rates from the program, means that costs will continue to burgeon in the near term. Without a slowing in the growth of this population, ssi will become even more costly in the long term.

Low-Income Families: Comparison of Incomes of AFDC and Working Poor Families (Testimony, 1/25/95, GAO/T-HEHS-95-63).

In 1993, the median monthly income of three-person families—a female head with two children—receiving Aid to Families with Dependent Children (AFDC) was below the poverty line, even when noncash benefits were added in. Working poor non-AFDC families' median income was higher—\$926 as compared with \$767 for AFDC families—but still below the poverty line. Moreover, low-wage workers may incur significant job-related costs, such as child care, which could increase the number of them financially worse off than some AFDC families. Two public supports available to low-income workers—child care subsidies and the Earned Income Tax Credit—can be important factors in helping women join and stay in the workforce. These supports may become more important under welfare reform as policymakers seek changes to move more welfare recipients from welfare to work.

Welfare to Work: AFDC Training Program Spends Billions, but Not Well Focused on Employment (Testimony, 1/10/95, GAO/T-HEHS-95-51). Report on same topic (12/19/94, GAO/HEHS-95-28).

The Job Opportunities and Basic Skills (JOBS) training program, created in 1988, is one of the largest of the many federal employment training programs and is specifically designed to provide AFDC parents with the help they need to avoid long-term dependency on welfare. Since its creation, federal and state governments have spent almost \$8 billion on this program. JOBS has not transformed AFDC into a transitional cash assistance program focused on employment. Few AFDC recipients are served in JOBS and some of those most at risk of long welfare stays, such as teen parents, have not been reached. In addition, JOBS is not well focused on the ultimate goal of employment. First, the number of JOBS participants who have become employed is not known. Second, federal performance

standards generally reward states financially for placing AFDC recipients in education and training, but not for finding them jobs. Finally, the programs in most communities are not fully using the tools available to find and create jobs for their AFDC recipients.

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.

Child Support Enforcement: Families Could Benefit From Stronger Enforcement Program (Report, 12/27/94, GAO/HEHS-95-24).

Greater federal leadership coupled with equally intensive state efforts could better position the national child support enforcement program to serve the families that depend on it. Dramatically increasing numbers of children needing support—the child support enforcement caseload grew 180 percent between 1980 and 1992—are focusing attention on federal and state efforts to enforce parents' responsibilities to support their children. However, these efforts have been hampered by management weaknesses that keep the Department of Health and Human Services' (HHS) Office of Child Support Enforcement (OCSE) from (1) effectively leading the program and the states, (2) judging how well the program is working, and (3) setting effective policies. Because of declining resources, OCSE has diminished the level of technical assistance provided to state programs. While the federal role is substantial—most program funding is federal—child support enforcement is very much a state activity. States face common barriers such as increasing workloads that outpace resources, inadequate computer systems, and fragmented authority and unstandardized procedures, among others. Many welfare reform proposals would further expand child support enforcement. Unless OCSE takes steps to strengthen its leadership and management of its current program, it may have difficulty implementing any new responsibilities.

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. The two principal federal sources are the Child Care and Development Block Grant and the Child and Adult Care Food Program. The approaches include training providers; supplying them with equipment, educational materials, financial assistance, and other support; and linking them to resources and professional associations.

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

Veterans' Benefits: Better Assessments Needed to Guide Claims Processing Improvements (Report, 1/13/95, GAO/HEHS-95-25).

The Department of Veterans Affairs (VA) is taking steps it hopes will ensure that VA regional offices implement changes that will improve claims processing timeliness and overall service to veterans. A key effort focuses on implementing the recommendations of a Blue Ribbon Panel established to identify ways to improve processing timeliness in disability claims, generally considered the most difficult and time consuming in VA. VA has not developed adequate evaluation plans, however, to allow it to judge the relative merit of various initiatives or the circumstances under which they work best. Without such information, VA will not have a sound basis for determining what additional changes, if any, should be made and guiding future improvement efforts.

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.

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

Ryan White Care Act: Access to Services by Minorities, Women, and Substance Abusers (Report, 1/13/95, GAO/HEHS-95-49).

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).

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).

Hospital Costs: Cost Control Efforts at 17 Texas Hospitals (Report, 12/9/94, GAO/AIMD-95-21).

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 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).

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