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Health Reports

PREFACE

The June 1993 issue of Health Reports is a list of health products including reports and testimonies issued by the General Accounting Office (GAO) over the past 2 years. Organized chronologically, the entries provide a title, report number, and issue date for each GAO health product. Reports and testimonies on the same topic may be combined into a single entry.

The first section--Recent GAO Products--summarizes reports and testimonies on selected health issues published from February through May 1993. This section is followed by a list of additional products published during the same period and then a section listing summaries of most frequently requested health reports. The remainder of Health Reports is a list of health products published from June 1991 through May 1993 organized by subject areas as shown in the table of contents. As appropriate, entries have been cross-indexed and are included in more than one subject area. An order form to be placed on our mailing list for Health Reports is on page 47 of this report. An order form to request GAO products is on page 48.

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Abbreviations

ADMS	Alcohol, Drug Abuse and Mental Health Services
ADP	automatic data processing
AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
DC	District of Columbia
DOD	Department of Defense
DOE	Department of Energy
FDA	Food and Drug Administration
GAO	General Accounting Office
HCFA	Health Care Financing Administration
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HMO	health maintenance organization
IHS	Indian Health Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
OSHA	Occupational Safety and Health Administration
R & D	research and development
RBRVS	Medicare Resource-Based Relative Value Scale
USDA	United States Department of Agriculture
VA	Department of Veterans Affairs
WIC	Special Supplemental Food Program for Women, Infants, and Children

RECENT GAO PRODUCTS
(Feb. - May 1993)

SUMMARIES OF SELECTED REPORTS

Medical Malpractice: Experience with Efforts to Address Problems
(Testimony, May 20, 1993, GAO/T-HRD-93-24).

The states and the private sector have initiated a number of efforts to address the problems associated with an inefficient and inequitable compensation system and the adverse effects on the way physicians practice medicine. Four of these efforts currently receiving considerable attention are (1) risk management at the Harvard medical institutions, (2) the use of practice guidelines in Maine, (3) alternatives to litigation in several states and some health maintenance organizations, and (4) no-fault approaches in Virginia and Florida. Any reform of the malpractice system should address the issues of (1) reducing the incidence of negligent care, (2) fairly compensating individuals injured through medical negligence, and (3) dealing with the complexities involved in efforts to enhance the overall quality of care provided in the United States.

Medicare: Renal Facility Cost Reports Probably Overstate Costs of Patient Care (Report, May 18, 1993, GAO/HRD-93-70).

GAO reviewed a subsample of Medicare's audits to assess their adequacy and found that the audits were incomplete and poorly done. If the audits had been adequately performed, additional costs would probably have been disallowed and removed from the cost reports. This would have resulted in a further reduction of the median cost per treatment. Cost report data show that integrated facilities provided dialysis treatments at a substantially lower cost than nonintegrated firms.

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, Apr. 22, 1993, GAO/HRD-93-56). Testimony on same topic (Apr. 22, 1993, GAO/T-HRD-93-17).

In assessing the organ allocation and procurement system, GAO found that existing practices raise questions as to equity of organ allocation decisions. The lack of an adequate measure of organ procurement effectiveness hinders efforts to monitor and improve organ procurement. Although the National Organ Procurement and Transplantation Network has improved the procurement and allocation of organs for transplant, further improvements are needed.

Screening Mammography: Higher Medicare Payments Could Increase Costs Without Increasing Use (Report, Apr. 22, 1993, GAO/HRD-93-50).

Increasing the cap on Medicare payments to encourage physicians to offer mammography in their offices is not a cost-effective way to expand the use of screening mammography. Inconsistent Health Care Financing Administration (HCFA) guidance and differing Medicare regulations for diagnostic and screening mammography have led to confusion about the appropriate billing procedures for screening mammography provided under package leasing arrangements.

Medicare: Physicians Who Invest in Imaging Centers Refer More Patients for More Costly Services (Testimony, Apr. 20, 1993, GAO/T-HRD-93-14). Report on same topic (May 27, 1992, GAO/HRD-92-59).

Freestanding diagnostic imaging centers have proliferated in many parts of the country and are also among the most popular types of physician-owned joint ventures. Referral practices for diagnostic imaging varied among the medical specialties. GAO's study of diagnostic imaging referral practices provides further evidence that physician investment in medical facilities is associated with more frequent referral to those facilities and higher health care costs.

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, Apr. 9, 1993, GAO/HRD-93-48).

GAO reviewed the availability of health care services to American Indians and Alaska Natives residing in five Indian Health Service (IHS) areas--Aberdeen, Alaska, California, Navajo, and Portland. While they differed greatly in the way they delivered health care services, the five areas reported generally similar availability of basic clinical services. Service units officials generally identified alcohol and substance abuse services as their greatest unmet health need. IHS lacks data on alcoholism rates among Indians and the effectiveness of current prevention and treatment programs. Without such data, IHS is hard pressed to develop effective strategies that maximize the use of its limited resources.

Medicare Secondary Payer Program: Identifying Beneficiaries With Other Insurance Coverage Is Difficult (Testimony, Apr. 2, 1993, GAO/T-HRD-93-13).

Beginning in 1980, the Congress enacted a number of laws making Medicare the secondary payer for most beneficiaries covered under employer-sponsored group health insurance. These amendments have

reduced Medicare costs by billions of dollars. Medicare has had problems recouping funds from other insurers when it discovers that it has mistakenly paid for the services for which another insurer was liable. GAO believes opportunities exist to identify a more efficient and less costly approach to identify Medicare secondary payer activities.

Medicaid: The Texas Disproportionate Share Program Favors Public Hospitals (Report, Mar. 30, 1993, GAO/HRD-93-86).

GAO found that use of the Texas disproportionate share program formula favors public hospitals that receive a relatively large amount of state and local revenue. The formula does not give full credit to hospitals' charity care that is not tax supported--such as that provided by some private hospitals. Four other states--Florida, Louisiana, Michigan, and Virginia--reviewed by GAO have established qualifying formulas which include a measure of charity care provided to low-income patients.

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Report, Mar. 24, 1993, GAO/HRD-93-41). Testimony on same topic (June 1, 1992, GAO/T-HRD-92-36).

Most state Medicaid programs could save money if low-cost vaccines acquired through Centers for Disease Control and Prevention (CDC) contracts were made available to all health care providers administering vaccinations to poor children. Savings on vaccine costs, however, will do little to improve preschool immunization levels unless funds are provided for educating parents and tracking and following up on the immunization status of children to help ensure that preschool children receive timely immunizations. Most states do not systematically carry out these three activities.

Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Report, Mar. 23, 1993, GAO/HRD-93-60).

The Yale University forecasting model, which GAO found to be credible, estimated a 33 percent reduction in new HIV infections among New Haven, Connecticut, needle exchange program participants over one year. Despite the potential of such programs as an AIDS prevention strategy, HHS is currently restricted from using certain funds to directly support the funding of exchange programs. Only three of nine needle exchange programs reviewed by GAO had published results showing changes in needle sharing behaviors based on strong evidence. Two of these three programs reported a reduction in needle sharing while a third reported an increase. Five programs found that injection drug use did not increase among users; four reported no increase in frequency of injection and one found no increase in the prevalence of use.

Medicaid: Outpatient Drug Costs and Reimbursements for Selected Pharmacies in Illinois and Maryland (Report, Mar. 18, 1993, GAO/HRD-93-55FS).

Nine pharmacies in Illinois and Maryland received about 19 percent more Medicaid reimbursement for selected drugs than the total amount paid for these drugs by the pharmacies. For the Illinois pharmacies, the amount by which reimbursements exceeded purchase costs ranged from 10 to 23 percent. For the Maryland pharmacies, the range was from 11 to 34 percent.

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, Mar. 17, 1993, GAO/HRD-93-46). Testimony on same topic (Mar. 17, 1993, GAO/T-HRD-93-10).

Most states are rapidly developing or expanding their managed care programs. States choosing managed care for their Medicaid programs report facing difficult implementation issues. Medicaid managed care plans have had mixed results in improving access to care, assuring the quality of services, and saving money. States moving to managed care are under increasing pressure to monitor access and quality of services to ensure that providers' medical decisions are not compromised by financial incentives.

Health Insurance: Remedies Needed to Reduce Losses From Fraud and Abuse (Testimony, Mar. 8, 1993, GAO/T-HRD-93-8).

Health insurance experts estimate that fraud and abuse contribute to some 10 percent of the \$800-plus billion currently spent on health care. Overcoming obstacles, which frustrate insurers' efforts to prevent or detect and pursue cases involving fraudulent or abusive billing, will require systematic collaboration by insurers, law enforcement agents, regulators, and providers, on problems involving health insurance fraud and abuse. Resource constraints add to the problems of pursuing health care fraud.

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Testimony, Feb. 22, 1993, GAO/T-HRD-93-5). Report with same title (Sept. 30, 1992, GAO/HRD-92-110).

Drug manufacturers typically charge wholesalers in the United States more than those in Canada. U.S./Canadian price differentials for 121 widely dispensed drugs sold in both countries varied significantly. These price differences can be explained largely by two factors that manufacturers encounter in Canada but not in the United States: (1) federal regulations are designed to restrain drug prices, and (2) provincial drug benefit plans pay for drugs for a large segment of the population.

Prescription Drug Prices: Analysis of Canada's Patented Medicine Prices Review Board (Report, Feb. 17, 1993, GAO/HRD-93-51).

Canadian federal strategy for limiting prescription drug prices relies largely on the Patented Medicine Prices Review Board to determine when the price of a patented drug is excessive and to apply sanctions, when necessary, against drug manufacturers. The Board has the power, following a public hearing, to order the removal of market exclusivity or a price reduction if it finds a price to be excessive. Canadian experience shows that a drug price review board can restrain prescription drug prices. The Board's effect on Canadian pharmaceutical research and development (R & D) is in dispute.

Medicare: Funding and Management Problems Result in Unnecessary Expenditures (Testimony, Feb. 17, 1993, GAO/T-HRD-93-4).

Medicare's soaring expenditures underscore the need for the government to fund and manage the program judiciously. Despite a 12-to-1 return on money invested in payment safeguards (payment control activities), contractors' per claim funding for payment safeguards has declined by over 24 percent since 1989. The Medicare program is also suffering from management weaknesses. The Health Care Financing Administration (HCFA) has not compiled information on contractors' payment safeguard controls and cannot systematically identify where important controls may be needed. In addition, HCFA has not always provided adequate guidance to contractors on such matters as recovering overpayments and investigating complaints alleging fraud and abuse.

Health Insurance: Legal and Resource Constraints Complicate Efforts to Curb Fraud and Abuse (Testimony, Feb. 4, 1993, GAO/T-HRD-93-3). Report on same topic (May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

The size of the health care sector and sheer volume of money involved make it an attractive target for fraud and abuse. Profiteers are able to stay ahead of those who pay claims, in part, because of the obstacles to preventing and pursuing dishonest practices. Once detected, fraud is expensive and time-consuming to pursue. Limited resources can constrain state and federal prosecutors from pursuing health care cases involving relatively small dollar amounts. Without adequate resources, the two significantly involved federal agencies cannot effectively investigate and pursue health care fraud cases. Due to the complexity of health care structural issues, GAO asked the Congress to consider establishing a national commission to develop comprehensive solutions to health insurance fraud and abuse.

LIST OF ADDITIONAL GAO HEALTH PRODUCTS ISSUED BETWEEN FEBRUARY AND MAY 1993

VA Health Care: Delays in Awarding Major Construction Contracts (Report, May 26, 1993, GAO/HRD-93-101).

VA Health Care: Problems in Implementing Locality Pay for Nurses Not Fully Addressed (Report, May 21, 1993, GAO/HRD-93-54).

DOD Health Care: Further Testing and Evaluation of Case-Managed Home Care Is Needed (Report, May 21, 1993, GAO/HRD-93-59).

VA Health Care: Enforcement of Federal Ethics Requirements at VA Medical Centers (Testimony, May 19, 1993, GAO/T-HRD-93-22). Reports on same topic (May 12, 1993, GAO/HRD-93-39S and Apr. 30, 1993, GAO/HRD-93-39).

Massachusetts Long-Term Care (Letter, May 17, 1993, GAO/HRD-93-22R).

Medicaid: Data Improvements Needed to Help Manage Health Care Program (Report, May 13, 1993, GAO/IMTEC-93-18).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, May 10, 1993, GAO/T-HRD-93-21).

Defense Health Care: Additional Improvements Needed to CHAMPUS's Mental Health Program (Report, May 6, 1993, GAO/HRD-93-34).

Veterans' Health Care: Potential Effects of Health Care Reforms on VA's Major Construction Program (Testimony, May 6, 1993, GAO/T-HRD-93-19).

Veterans' Affairs: Establishing Patient Smoking Areas at VA Facilities (Report, May 3, 1993, GAO/HRD-93-104).

Automated Medical Records: Leadership Needed to Expedite Standards Development (Report, Apr. 30, 1993, GAO/IMTEC-93-17).

Social Security: Rising Disability Rolls Raise Questions
(Testimony, Apr. 22, 1993, GAO/T-HRD-93-15).

Cataract Surgery: Patient-Reported Data on Appropriateness and Outcomes (Testimony, Apr. 21, 1993, GAO/T-PEMD-93-3). Report on same topic (Apr. 20, 1993, GAO/PEMD-93-14).

FDA Premarket Approval: Process of Approving Lodine as a Drug
(Report, Apr. 12, 1993, GAO/HRD-93-81).

Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (Report, Apr. 8, 1993, GAO/PEMD-93-13).

Long-Term Care Case Management: State Experiences and Implications for Federal Policy (Report, Apr. 6, 1993, GAO/HRD-93-52).

Veterans' Health Care: Potential Effects of Health Financing Reforms on Demand for VA Services (Testimony, Mar. 31, 1993, GAO/T-HRD-93-12).

Medicaid Formula Alternatives (Letter, Mar. 31, 1993, GAO/HRD-93-18R). Letter on same topic (Mar. 2, 1993, GAO/HRD-93-17R).

Management of VA: Improved Human Resource Planning Needed to Achieve Strategic Goals (Report, Mar. 18, 1993, GAO/HRD-93-10).

Veterans' Health Care: Potential Effects of Health Reforms on VA Construction (Testimony, Mar. 3, 1993, GAO/T-HRD-93-7).

VA Health Care: Selection of a Planned Medical Center in East Central Florida (Report, Mar. 1, 1993, GAO/HRD-93-77).

VA Health Care: Actions Needed to Control Major Construction Costs
(Report, Feb. 26, 1993, GAO/HRD-93-75).

Veterans Disability: Information from Military May Help VA Assess Claims Related to Secret Tests (Report, Feb. 18, 1993, GAO/NSIAD-93-89).

Childhood Immunizations (Letter, Feb. 8, 1993, GAO/HRD-93-12R).

Environmental Tobacco Smoke (Letter, Feb. 8, 1993, GAO/RCED-93-77R).

Family and Medical Leave Cost Estimate (Letter, Feb. 1, 1993, GAO/HRD-93-14R).

MOST FREQUENTLY REQUESTED HEALTH REPORTS

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, Jan. 29, 1993, GAO/HRD-93-44).

Rochester, New York, has succeeded in keeping health care costs lower than costs in other communities without sacrificing its residents' access to care. Rochester residents are more likely to have health insurance than populations of other cities and the nation. Rochester's system is distinguished by the interaction of several factors, beginning with a long history of community-based health planning. These planning initiatives have included limiting the expansion of hospital capacity, implementing global budgeting that capped total hospital revenues, and controlling the diffusion of medical technology.

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, Jan. 4, 1993, GAO/HRD-93-4).

Nationwide emergency department patient caseloads grew dramatically from 1985 through 1990. Growth was concentrated among patients whose medical care is often not reimbursed, such as the uninsured and Medicaid patients in some states. This disproportionate growth may make it more difficult for hospitals to absorb or offset losses due to unreimbursed emergency department patient care costs. Nationwide patterns of caseload growth, payer mix, and timeliness of care conceal substantial variations in emergency department conditions among hospitals.

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, Sept. 22, 1992, GAO/HRD-92-125).

Many employers are facing rapidly increasing health insurance premiums and are frustrated by their unsuccessful efforts to contain health care costs. Firms most vulnerable to rising health costs are those whose health insurance plans offer extensive benefits and cover a large number of retirees or dependents; those whose workers are older, less healthy, or earning higher incomes; those with relatively few workers; and those in high health-cost areas. Individual firms can do little to lower their health care costs because they cannot readily change their size, location, or employee demographics.

Access to Health Care: States Respond to Growing Crisis (Report, June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40).

States have taken a leadership role in devising strategies to expand access to health insurance and contain the growth of health costs. A difficult hurdle to overcome, however, is the restrictions imposed by the preemption clause of the Employee Retirement Income Security Act of 1974 (ERISA). This clause effectively prevents states from exercising control over all employer-provided insurance. Hawaii is the only state with an exemption, in part because its law requiring employer-provided health insurance took effect before ERISA was enacted. Other states have tried to move toward coverage of all their citizens within ERISA's constraints. Some state initiatives have been more narrowly focused, creating programs to assist specific groups. State budgetary constraints, however, have limited these programs to serving a small fraction of the uninsured population.

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, May 27, 1992, GAO/HRD-92-59).

In some localities, Medicare's technical component payments for Magnetic Resonance Imaging (MRI) do not reflect the lower costs per scan now being achieved through faster scanning and higher machine utilization. Current payment levels are based, in part, on the charges allowed by local Medicare contractors in the mid-1980s. The 1991 payment levels in some localities were more than twice as high as in others, reflecting wide geographic disparities in the historical allowed charges. Medicare should base its payments on the costs incurred by high-volume, efficient facilities to reduce Medicare program expenditures and to discourage providers from adding excess capacity to the health care system.

Health Insurance: Vulnerable Payers Lose Billions to Fraud and Abuse (Report, May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

Weaknesses within the health insurance system allow unscrupulous health care providers to cheat insurance companies and programs out of billions of dollars annually. Repairing the system's weaknesses presents a dilemma to policymakers: on the one hand, safeguards must be adequate for prevention, detection, and pursuit; on the other, they must not be unduly burdensome or intrusive for policyholders, providers, insurers, and law enforcement officials. GAO has asked the Congress to consider establishing a national health care fraud commission as a way to unite the efforts of public and private payers and to build consensus among representatives of divergent viewpoints.

Health Care Spending Control: The Experience of France, Germany, and Japan (Report, Nov. 15, 1991, GAO/HRD-92-9). French and German translations available (Nov. 15, 1991, GAO/HRD-92-9ES). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

France, Germany and Japan achieve near-universal health insurance coverage. This report describes these countries' health insurance and financing method, their policies intended to restrain health care spending increases, and the effectiveness of these policies. While GAO does not endorse the specific health systems in the reviewed countries, their strengths and weaknesses could be instructive in helping resolve U.S. health care problems.

U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform (Report, June 10, 1991, GAO/HRD-91-102). French and German translations available (June 10, 1991, GAO/HRD-91-102). Testimony on same topic (Apr. 17, 1991, GAO/T-HRD-91-16).

This report contains testimony presented to the House Committee Ways and Means on April 17, 1991, on health care costs in the United States as well as on long-term strategies for reform of the U.S. health care system.

Canadian Health Insurance: Lessons for the United States (Report, June 4, 1991, GAO/HRD-91-90). Testimony on same topic (June 4, 1991, GAO/T-HRD-91-35).

If the universal coverage and single-payer features of the Canadian system were applied in the United States, the savings in administrative costs alone would be more than enough to finance insurance coverage for the millions of Americans who are currently uninsured. There would be enough left over to permit a reduction, or possibly even the elimination, of copayments and deductibles. With the authority and responsibility to oversee the system as a whole, as in Canada, the single payer could potentially constrain the growth in long-run health care costs. Canadians have few problems with access to primary care services. The Canadian method of controlling hospital costs has limited the use of expensive, high technology diagnostic and surgical procedures.

HEALTH FINANCING AND ACCESS

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, Apr. 22, 1993, GAO/HRD-93-56). Testimony on same topic (Apr. 22, 1993, GAO/T-HRD-93-17).

Health Insurance: Remedies Needed to Reduce Losses From Fraud and Abuse (Testimony, Mar. 8, 1993, GAO/T-HRD-93-8).

Major Issues Facing a New Congress and a New Administration (Testimony, Jan. 8, 1993, GAO/T-OCG-93-1).

Health Insurance: Legal and Resource Constraints Complicate Efforts to Curb Fraud and Abuse (Testimony, Feb. 4, 1993, GAO/T-HRD-93-3). Report on same topic (May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, Jan. 29, 1993, GAO/HRD-93-44).

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, Jan. 4, 1993, GAO/HRD-93-4).

Transition Series: Health Care Reform (Report, Dec. 1992, GAO/OCG-93-STR).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, Nov. 4, 1992, GAO/HRD-93-11).

Trauma Care Reimbursement: Poor Understanding of Losses and Coverage for Undocumented Aliens (Report, Oct. 15, 1992, GAO/PEMD-93-1).

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, Sept. 22, 1992, GAO/HRD-92-125).

Hospital Costs: Adoption of Technologies Drives Cost Growth
(Report, Sept. 9, 1992, GAO/HRD-92-120).

State Health Care Reform: Federal Requirements Influence State Reforms (Testimony, Sept. 9, 1992, GAO/T-HRD-92-55). Report on same topic (June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40).

Health Insurance: More Resources Needed to Combat Fraud and Abuse
(Testimony, July 28, 1992, GAO/T-HRD-92-49).

Access to Health Care: States Respond to Growing Crisis (Report, June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40).

Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children (Report, May 28, 1992, GAO/HRD-92-73FS).

Access to Health Insurance: States Attempt to Correct Problems in Small Business Health Insurance Market (Report, May 14, 1992, GAO/HRD-92-90). Testimony on same topic (May 14, 1992, GAO/T-HRD-92-30).

Health Insurance: Vulnerable Payers Lose Billions to Fraud and Abuse (Report, May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

Insurer Failures: Life/Health Insurer Insolvencies and Limitations of State Guaranty Funds (Testimony, Apr. 28, 1992, GAO/T-GGD-92-15). Report on same topic (Mar. 19, 1992, GAO/GGD-92-44).

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, Apr. 7, 1992, GAO/HRD-92-18).

Maternal and Child Health: Block Grant Funds Should be Distributed More Equitably (Report, Apr. 2, 1992, GAO/HRD-92-5).

Health Care: Problems and Potential Lessons for Reform (Testimony, Mar. 27, 1992, GAO/T-HRD-92-23).

Insurer Failures: Life/Health Insurer Insolvencies and Limitations of State Guaranty Funds (Report, Mar. 19, 1992, GAO/GGD-92-44).

Small Group Market Reforms: Assessment of Proposals to Make Health Insurance More Readily Available to Small Businesses (Letter, Mar. 12, 1992, GAO/HRD-92-27R).

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Report, Feb. 28, 1992, GAO/HRD-92-54).

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Report, Feb. 13, 1992, GAO/HRD-92-36).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Report, Jan. 15, 1992, GAO/OCG-92-1).

Hispanic Access to Health Care: Significant Gaps Exist (Report, Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Health Care Spending Control: The Experience of France, Germany, and Japan (Report, Nov. 15, 1991, GAO/HRD-92-9). French and German translations available (Nov. 15, 1991, GAO/HRD-92-9ES). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Report, Sept. 27, 1991, GAO/PEMD-91-14).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Testimony, Sept. 17, 1991, GAO/T-HRD-91-47).

Managed Care: Oregon Program Appears Successful But Expansion Should Be Implemented Cautiously (Testimony, Sept. 16, 1991, GAO/T-HRD-91-48).

Rural Hospitals: Closures and Issues of Access (Testimony, Sept. 4, 1991, GAO/T-HRD-91-46). Reports on same topic (Feb. 15, 1991, GAO/HRD-91-41), (June 19, 1990, GAO/HRD-90-134), (June 12, 1990, GAO/HRD-90-67).

Nonprofit Hospitals: Better Standards Needed for Tax Exemption
(Testimony, July 10, 1991, GAO/T-HRD-91-43). Report on same topic
(May 30, 1990, GAO/HRD-90-84). Testimony on same topic (June 28,
1990, GAO/T-HRD-90-45).

Private Health Insurance: Problems Caused by a Segmented Market
(Report, July 2, 1991, GAO/HRD-91-114). Testimony on same topic
(May 2, 1991, GAO/T-HRD-91-21).

U.S. Health Care Spending: Trends, Contributing Factors, and
Proposals for Reform (Report, June 10, 1991, GAO/HRD-91-102).
French and German translations available (June 10, 1991, GAO/HRD-
91-102). Testimony on same topic (Apr. 17, 1991, GAO/T-HRD-91-16).

Canadian Health Insurance: Lessons for the United States (Report,
June 4, 1991, GAO/HRD-91-90). Testimony on same topic (June 4,
1991, GAO/T-HRD-91-35).

MEDICARE AND MEDICAID

Medicare: Renal Facility Cost Reports Probably Overstate Costs of Patient Care (Report, May 18, 1993, GAO/HRD-93-70).

Medicaid: Data Improvements Needed to Help Manage Health Care Program (Report, May 13, 1993, GAO/IMTEC-93-18).

Screening Mammography: Higher Medicare Payments Could Increase Costs Without Increasing Use (Report, Apr. 22, 1993, GAO/HRD-93-50).

Medicare: Physicians Who Invest in Imaging Centers Refer More Patients for More Costly Services (Testimony, Apr. 20, 1993, GAO/T-HRD-93-14). Report on same topic (May 27, 1992, GAO/HRD-92-59).

Medicare Secondary Payer Program: Identifying Beneficiaries With Other Insurance Coverage Is Difficult (Testimony, Apr. 2, 1993, GAO/T-HRD-93-13).

Medicaid Formula Alternatives (Letter, Mar. 31, 1993, GAO/HRD-93-18R). Letter on same topic (Mar. 2, 1993, GAO/HRD-93-17R).

Medicaid: The Texas Disproportionate Share Program Favors Public Hospitals (Report, Mar. 30, 1993, GAO/HRD-93-86).

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Report, Mar. 24, 1993, GAO/HRD-93-41). Testimony on same topic (June 1, 1992, GAO/T-HRD-92-36).

Medicaid: Outpatient Drug Costs and Reimbursements for Selected Pharmacies in Illinois and Maryland (Report, Mar. 18, 1993, GAO/HRD-93-55FS).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, Mar. 17, 1993, GAO/HRD-93-46). Testimony on same topic (Mar. 17, 1993, GAO/T-HRD-93-10).

Medicare: Funding and Management Problems Result in Unnecessary Expenditures (Testimony, Feb. 17, 1993, GAO/T-HRD-93-4).

Medicaid: Changes in Drug Prices Paid by HMOs and Hospitals Since Enactment of Rebate Provisions (Report, Jan. 15, 1993, GAO/HRD-93-43).

High-Risk Series: Medicare Claims (Report, Dec. 1992, GAO/HR-93-6).

Medicare: Millions in End-Stage Renal Disease Expenditures Shifted to Employer Health Plans (Report, Dec. 31, 1992, GAO/HRD-93-31).

District of Columbia: Barriers to Medicaid Enrollment Contribute to Hospital Uncompensated Care (Report, Dec. 29, 1992, GAO/HRD-93-28).

Medicaid: Disproportionate Share Policy (Letter, Dec. 22, 1992, GAO/HRD-93-3R).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

Medicare: HCFA Monitoring of the Quality of Part B Claims Processing (Testimony, Sept. 23, 1992, GAO/T-PEMD-92-14).

Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, Sept. 10, 1992, GAO/T-HRD-92-56).

Medicare: One Scheme Illustrates Vulnerabilities to Fraud (Report, Aug. 26, 1992, GAO/HRD-92-76).

D.C. Government: District Medicaid Payments to Hospitals (Report, Aug. 24, 1992, GAO/GGD-92-138FS).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

Medicare: Reimbursement Policies Can Influence the Setting and Cost of Chemotherapy (Report, July 17, 1992, GAO/PEMD-92-28).

Resource-Based Relative Value Scale (RBRVS) and Administrative Costs (Letter, July 13, 1992, GAO/HRD-92-38R).

Medicare: Program and Beneficiary Costs Under Durable Medical Equipment Fee Schedules (Report, July 7, 1992, GAO/HRD-92-78).

Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29).
Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, June 12, 1992, GAO/HRD-92-64).

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, May 27, 1992, GAO/HRD-92-59).

Medicare: Contractor Oversight and Funding Need Improvement (Testimony, May 21, 1992, GAO/T-HRD-92-32).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, Apr. 10, 1992, GAO/T-HRD-92-26).

Medicare: Shared Systems Policy Inadequately Planned and Implemented (Report, Mar. 18, 1992, GAO/IMTEC-92-41). Testimony on same topic (Mar. 18, 1992, GAO/T-IMTEC-92-11).

Medicare: Payments for Medically Directed Anesthesia Services Should be Reduced (Report, Mar. 3, 1992, GAO/HRD-92-25).

Medicaid Third-Party Liability (Letter, Mar. 3, 1992, GAO/HRD-92-21R).

Medicare: Over \$1 Billion Should Be Recovered From Primary Health Insurers (Report, Feb. 21, 1992, GAO/HRD-92-52).

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Report, Jan. 31, 1992, GAO/HRD-92-24).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Report, Jan. 29, 1992, GAO/HRD-92-53).

Medicare: HCFA Needs to Take Stronger Actions Against HMOs Violating Federal Standards (Testimony, Nov. 15, 1991, GAO/T-HRD-92-11). Report with same title (Nov. 12, 1991, GAO/HRD-92-11).

Medicare: Effect of Durable Medical Equipment Fee Schedules on Six Suppliers' Profits (Report, Nov. 6, 1991, GAO/HRD-92-22).

Significant Reductions in Corporate Retiree Health Liabilities Projected if Medicare Eligibility Age Lowered to 60 (Testimony, Nov. 5, 1991, GAO/T-HRD-92-7).

Medicare: Millions of Dollars in Mistaken Payments Not Recovered (Report, Oct. 21, 1991, GAO/HRD-92-26).

Medicare: Improper Handling of Beneficiary Complaints of Provider Fraud and Abuse (Report, Oct. 2, 1991, GAO/HRD-92-1). Testimony on same topic (Oct. 2, 1991, GAO/T-HRD-92-2).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Report, Sept. 5, 1991, GAO/HRD-91-54).

Medicare: Information Needed to Assess Payments to Providers (Report, Aug. 8, 1991, GAO/HRD-91-113).

Medicaid Expansions: Coverage Improves but State Fiscal Problems Jeopardize Continued Progress (Report, June 25, 1991, GAO/HRD-91-78).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (Report, June 13, 1991, GAO/HRD-91-92).

Medicare: Further Changes Needed to Reduce Program Costs (Testimony, June 13, 1991, GAO/T-HRD-91-34). Report on same topic (May 15, 1991, GAO/HRD-91-67).

Medicare: Payments for Clinical Laboratory Test Services Are Too High (Report, June 10, 1991, GAO/HRD-91-59).

Medicare: Flawed Data Add Millions to Teaching Hospital Payments (Report, June 4, 1991, GAO/IMTEC-91-31).

MANAGED CARE

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, May 10, 1993, GAO/T-HRD-93-21).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, Mar. 17, 1993, GAO/HRD-93-46). Testimony on same topic (Mar. 17, 1993, GAO/T-HRD-93-10).

Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, Apr. 10, 1992, GAO/T-HRD-92-26).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Report, Jan. 29, 1992, GAO/HRD-92-53).

Medicare: HCFA Needs to Take Stronger Actions Against HMOs Violating Federal Standards (Testimony, Nov. 15, 1991, GAO/T-HRD-92-11). Report with same title (Nov. 12, 1991, GAO/HRD-92-11).

Managed Care: Oregon Program Appears Successful But Expansion Should Be Implemented Cautiously (Testimony, Sept. 16, 1991, GAO/T-HRD-91-48).

PUBLIC HEALTH AND EDUCATION

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Report, Mar. 24, 1993, GAO/HRD-93-41). Testimony on same topic (June 1, 1992, GAO/T-HRD-92-36).

Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Report, Mar. 23, 1993, GAO/HRD-93-60).

Childhood Immunizations (Letter, Feb. 8, 1993, GAO/HRD-93-12R).

Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (Report, Sept. 24, 1992, GAO/HRD-92-108).

Women's Health Information: HHS Lacks an Overall Strategy (Testimony, Aug. 5, 1992, GAO/T-HRD-92-51).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-98).

Foreign Assistance: Combating HIV/AIDS in Developing Countries (Report, June 19, 1992, GAO/NSIAD-92-244).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, May 15, 1992, GAO/RCED-92-186).

Diabetes: Status of the Disease Among American Indians, Blacks and Hispanics (Testimony, Apr. 6, 1992, GAO/T-PEMD-92-7).

Community Health Centers: Administration of Grant Awards Needs Strengthening (Report, Mar. 18, 1992, GAO/HRD-92-51).

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Report, Jan. 31, 1992, GAO/HRD-92-34).

AIDS-Prevention Programs: High Risk Groups Still Prove Hard to Reach (Report, June 14, 1991, GAO/HRD-91-52).

HEALTH QUALITY AND PRACTICE STANDARDS

Cataract Surgery: Patient-Reported Data on Appropriateness and Outcomes (Testimony, Apr. 21, 1993, GAO/T-PEMD-93-3). Report on same topic (Apr. 20, 1993, GAO/PEMD-93-14).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, Apr. 9, 1993, GAO/HRD-93-48).

VA Health Care: Medical Centers Are Not Correcting Identified Quality Assurance Problems (Report, Dec. 30, 1992, GAO/HRD-93-20).

Utilization Review: Information on External Review Organizations (Report, Nov. 24, 1992, GAO/HRD-93-22FS).

Health Care: Reduction in Resident Physician Work Hours Will Not be Easy to Attain (Report, Nov. 20, 1992, GAO/HRD-93-24BR).

Home Health Care: HCFA Properly Evaluated JCAHO's Ability to Survey Home Health Agencies (Report, Oct. 26, 1992, GAO/HRD-93-33).

AIDS: CDC's Investigation of HIV Transmissions by a Dentist (Report, Sept. 29, 1992, GAO/PEMD-92-31).

Medical Technology: For Some Cardiac Pacemaker Leads, the Public Health Risks Are Still High (Report, Sept. 23, 1992, GAO/PEMD-92-20).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-98).

Screening Mammography: Federal Quality Standards Are Needed (Testimony, June 5, 1992, GAO/T-HRD-92-39).

Home Health Care: HCFA Evaluation of Community Health Accreditation Program Inadequate (Report, Apr. 20, 1992, GAO/HRD-92-93).

Cross Design Synthesis: A New Strategy for Medical Effectiveness Research (Report, Mar. 17, 1992, GAO/PEMD-92-18).

Medical Technology: Quality Assurance Needs Stronger Management Emphasis and Higher Priority (Report, Feb. 13, 1992, GAO/PEMD-92-10).

VA Health Care: Compliance With Joint Commission Accreditation Requirements is Improving (Report, Dec. 13, 1991, GAO/HRD-92-19).

Breast Cancer, 1971-91: Prevention, Treatment, and Research (Report, Dec. 11, 1991, GAO/PEMD-92-12). Testimony on same topic (Dec. 11, 1991, GAO/T-PEMD-92-4).

Screening Mammography: Quality Standards Are Needed in a Developing Market (Testimony, Oct. 24, 1991, GAO/T-HRD-92-3).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Report, Sept. 5, 1991, GAO/HRD-91-54).

Peace Corps: Long-Needed Improvements to Volunteers' Health Care System (Report, Jul. 3, 1991, GAO/NSIAD-91-213).

LONG-TERM CARE AND AGING

Massachusetts Long-Term Care (Letter, May 17, 1993, GAO/HRD-93-22R).

Long-Term Care Case Management: State Experiences and Implications for Federal Policy (Report, Apr. 6, 1993, GAO/HRD-93-52).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1992 (Report, Dec. 23, 1992, GAO/HRD-93-57).

Long-Term Care Insurance Partnerships (Letter, Sept. 25, 1992, GAO/HRD-92-44R).

Elderly Americans: Nutrition Information is Limited and Guidelines Are Lacking (Testimony, July 30, 1992, GAO/T-PEMD-92-11).

Public/Private Elder Care Partnerships: Balancing Benefit and Risk (Testimony, July 9, 1992, GAO/T-HRD-92-45). Report on same topic (July 7, 1992, GAO/HRD-92-94).

Older Americans Act: More Federal Action Needed on Public/Private Elder Care (Report, July 7, 1992, GAO/HRD-92-94).

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29).
Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Long-Term Care Insurance: Actions Needed to Reduce Risks to Consumers (Testimony, June 23, 1992, GAO/T-HRD-92-44). Reports on same topic (Mar. 27, 1992, GAO/HRD-92-66 and Dec. 26, 1991, GAO/HRD-92-14). Testimonies on same topic (May 20, 1992, GAO/T-HRD-92-31 and Apr. 11, 1991, GAO/T-HRD-91-14).

Long-Term Care Insurance: Better Controls Needed in Sales to People With Limited Financial Resources (Report, Mar. 27, 1992, GAO/HRD-92-66).

Board and Care Homes: Medication Mishandling Places Elderly at Risk (Testimony, Mar. 13, 1992, GAO/T-HRD-92-16). Report on same topic (Feb. 7, 1992, GAO/HRD-92-45).

Long-Term Care Insurance: Risks to Consumers Should Be Reduced
(Report, Dec. 26, 1991, GAO/HRD-92-14).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1991
(Report, Dec. 17, 1991, GAO/HRD-92-57).

Long-Term Care Insurance: Consumers Lack Protection in a Developing Market
(Testimony, Oct. 24, 1991, GAO/T-HRD-92-5).

Administration on Aging: More Federal Action Needed to Promote Service Coordination for the Elderly
(Report, Sept. 23, 1991, GAO/HRD-91-45).

Long-Term Care: Projected Needs of the Aging Baby Boom Generation
(Report, June 14, 1991, GAO/HRD-91-86).

SUBSTANCE ABUSE AND DRUG TREATMENT

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, Apr. 9, 1993, GAO/HRD-93-48).

Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Report, Mar. 23, 1993, GAO/HRD-93-60).

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Employee Drug Testing: Estimated Cost to Test All Executive Branch Employees and New Hires (Report, June 10, 1992, GAO/GGD-92-99).

Drug Control: Difficulties in Denying Federal Benefits to Convicted Drug Offenders (Report, Apr. 21, 1992, GAO/GGD-92-56).

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Report, Jan. 31, 1992, GAO/HRD-92-34).

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (Report, Jan. 16, 1992, GAO/PEMD-92-2).

Drug Abuse Research: Federal Funding and Future Needs (Report, Jan. 14, 1992, GAO/PEMD-92-5). Testimony on same topic (Sept. 25, 1991, GAO/PEMD-T-91-14).

ADMS Block Grant: Drug Treatment Services Could Be Improved by New Accountability Program (Report, Oct. 17, 1991, GAO/HRD-92-27). Testimony on same topic (Oct. 17, 1991, GAO/T-HRD-92-4).

Drug Abuse Research: Federal Funding and Future Needs (Testimony, Sept. 25, 1991, GAO/T-PEMD-91-14).

Drug Treatment: State Prisons Move to Enhance Treatment (Report, Sept. 20, 1991, GAO/HRD-91-128).

Drug Treatment: Despite New Strategy, Few Federal Inmates Receive Treatment (Report, Sept. 16, 1991, GAO/HRD-91-116).

Drug Abuse Prevention: Federal Efforts to Identify Exemplary Programs Need Stronger Design (Report, Aug. 22, 1991, GAO/PEMD-91-15).

Substance Abuse Funding: High Urban Weight Not Justified by Urban-Rural Differences in Need (Testimony, June 25, 1991, GAO/T-HRD-91-38).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (Report, June 13, 1991, GAO/HRD-91-92).

PRESCRIPTION DRUGS

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Testimony, Feb. 22, 1993, GAO/T-HRD-93-5). Report with same title (Sept. 30, 1992, GAO/HRD-92-110).

Prescription Drug Prices: Analysis of Canada's Patented Medicine Prices Review Board (Report, Feb. 17, 1993, GAO/HRD-93-51).

Prescription Drugs: Changes in Prices for Selected Drugs (Report, Aug. 24, 1992, GAO/HRD-92-128).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Pharmaceutical Industry: Tax Benefits of Operating in Puerto Rico (Report, May 4, 1992, GAO/GGD-92-72BR).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Report, Sept. 27, 1991, GAO/PEMD-91-14).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Prescription Drugs: Selected Direct-to-Consumer Advertising Studies Have Methodological Flaws (Report, July 22, 1991, GAO/PEMD-91-20).

Prescription Drugs: Little Is Known About the Effects of Direct-to-Consumer Advertising (Report, July 9, 1991, GAO/PEMD-91-19).

MILITARY AND VETERANS HEALTH CARE

VA Health Care: Delays in Awarding Major Construction Contracts (Report, May 26, 1993, GAO/HRD-93-101).

DOD Health Care: Further Testing and Evaluation of Case-Managed Home Care Is Needed (Report, May 21, 1993, GAO/HRD-93-59).

VA Health Care: Problems in Implementing Locality Pay for Nurses Not Fully Addressed (Report, May 21, 1993, GAO/HRD-93-54).

VA Health Care: Enforcement of Federal Ethics Requirements at VA Medical Centers (Testimony, May 19, 1993, GAO/T-HRD-93-22). Reports on same topic (May 12, 1993, GAO/HRD-93-39S and Apr. 30, 1993, GAO/HRD-93-39).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, May 10, 1993, GAO/T-HRD-93-21).

Defense Health Care: Additional Improvements Needed to CHAMPUS's Mental Health Program (Report, May 6, 1993, GAO/HRD-93-34).

Veterans' Health Care: Potential Effects of Health Care Reforms on VA's Major Construction Program (Testimony, May 6, 1993, GAO/T-HRD-93-19).

Veterans' Affairs: Establishing Patient Smoking Areas at VA Facilities (Report, May 3, 1993, GAO/HRD-93-104).

Veterans' Health Care: Potential Effects of Health Financing Reforms on Demand for VA Services (Testimony, Mar. 31, 1993, GAO/T-HRD-93-12).

Management of VA: Improved Human Resource Planning Needed to Achieve Strategic Goals (Report, Mar. 18, 1993, GAO/HRD-93-10).

Veterans' Health Care: Potential Effects of Health Reforms on VA Construction (Testimony, Mar. 3, 1993, GAO/T-HRD-93-7).

VA Health Care: Selection of a Planned Medical Center in East Central Florida (Report, Mar. 1, 1993, GAO/HRD-93-77).

VA Health Care: Actions Needed to Control Major Construction Costs (Report, Feb. 26, 1993, GAO/HRD-93-75).

Veterans Disability: Information from Military May Help VA Assess Claims Related to Secret Tests (Report, Feb. 18, 1993, GAO/NSIAD-93-89).

Veterans' Affairs Issues (Report, Dec. 1992, GAO/OCG-93-21TR).

Defense Health Care: CHAMPUS Mental Health Demonstration Project in Virginia (Report, Dec. 30, 1992, GAO/HRD-93-53).

VA Health Care: Medical Centers Are Not Correcting Identified Quality Assurance Problems (Report, Dec. 30, 1992, GAO/HRD-93-20).

Composite Health Care System: Outpatient Capability Is Nearly Ready for Worldwide Deployment (Report, Dec. 15, 1992, GAO/IMTEC-93-11).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

VA Health Care: Closure and Replacement of the Medical Center in Martinez, California (Report, Dec. 1, 1992, GAO/HRD-93-15).

Veterans' Benefits: Availability of Benefits in American Samoa (Report, Nov. 18, 1992, GAO/HRD-93-16).

Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War (Report, Oct. 15, 1992, GAO/HRD-93-5).

VA Health Care: Use of Private Providers Should Be Better Controlled (Report, Sept. 28, 1992, GAO/HRD-92-109).

VA Health Care: Verifying Veterans' Reported Income Could Generate Millions in Copayment Revenues (Report, Sept. 15, 1992, GAO/HRD-92-159).

VA Health Care: VA Did Not Thoroughly Investigate All Allegations by the Froelich Trust Group (Report, Sept. 4, 1992, GAO/HRD-92-141).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Report, Aug. 18, 1992, GAO/NSIAD-92-175). Testimony on same topic (Feb. 5, 1992, GAO/T-NSIAD-92-8).

VA Health Care: Offsetting Long-Term Care Costs by Adopting State Copayment Practices (Report, Aug. 12, 1992, GAO/HRD-92-96).

VA Health Care: Demonstration Project Concerning Future Structure of Veterans' Health Program (Testimony, Aug. 11, 1992, GAO/T-HRD-92-53).

VA Health Care: Inadequate Controls Over Scarce Medical Specialist Contracts (Testimony, Aug. 5, 1992, GAO/T-HRD-92-50). Report with same title (July 29, 1992, GAO/HRD-92-114).

VA Health Care: Role of the Chief of Nursing Service Should be Elevated (Report, Aug. 4, 1992, GAO/HRD-92-74).

VA Health Care For Women: Despite Progress, Improvements Needed (Testimony, July 2, 1992, GAO/T-HRD-92-33). Testimony on same topic (June 19, 1992, GAO/T-HRD-92-42). Report on same topic (Jan. 23, 1992, GAO/HRD-92-23).

VA Health Care: Alternative Health Insurance Reduces Demand for VA Health Care (Report, June 30, 1992, GAO/HRD-92-79).

VA Health Care: Copayment Exemption Procedures Should be Improved (Report, June 24, 1992, GAO/HRD-92-77).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, June 11, 1992, GAO/HRD-92-111).

VA Health Care: Efforts to Improve Pharmacies' Controls Over Addictive Drugs (Testimony, June 10, 1992, GAO/T-HRD-92-38).

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals is Inadequate (Testimony, June 3, 1992, GAO/T-HRD-92-37). Report with same title (Apr. 22, 1992, GAO/HRD-92-17).

Health Care: VA's Implementation of the Nurse Pay Act of 1990 (Testimony, June 3, 1992, GAO/T-HRD-92-35).

Medical ADP Systems: Composite Health Care System is Not Ready to be Deployed (Report, May 20, 1992, GAO/IMTEC-92-54).

Army Force Structure: Plans to Restructure and Reduce Medical Corps (Testimony, May 1, 1992, GAO/T-NSIAD-92-37).

Defense Health Care: Efforts to Manage Mental Health Care Benefits to CHAMPUS Beneficiaries (Testimony, Apr. 28, 1992, GAO/T-HRD-92-27).

Defense Health Care: Obstacles in Implementing Coordinated Care (Testimony, Apr. 7, 1992, GAO/T-HRD-92-24).

Health Care: Readiness of U.S. Contingency Hospital Systems to Treat War Casualties (Testimony, Mar. 25, 1992, GAO/T-HRD-92-17).

VA Health Care: VA Plans Will Delay Establishment of Hawaii Medical Center (Report, Feb. 25, 1992, GAO/HRD-92-41).

VA Health Care: Modernizing VA's Mail-Service Pharmacies Should Save Millions of Dollars (Report, Jan. 22, 1992, GAO/HRD-92-30).

Defense Health Care: Efforts to Address Health Effects of the Kuwait Oil Well Fires (Report, Jan. 9, 1992, GAO/HRD-92-50).

Defense Health Care: Transfers of Military Personnel With Disabled Children (Report, Jan. 9, 1992, GAO/HRD-92-15).

Veterans' Benefits: Savings From Reducing VA Pensions to Medicaid-Supported Nursing Home Residents (Report, Dec. 27, 1991, GAO/HRD-92-32).

VA Health Care: Compliance With Joint Commission Accreditation Requirements is Improving (Report, Dec. 13, 1991, GAO/HRD-92-19).

DOD Medical Inventory: Reductions Can Be Made Through the Use of Commercial Practices (Report, Dec. 5, 1991, GAO/NSIAD-92-58).
Testimony on same topic (Dec. 5, 1991, GAO/T-NSIAD-92-6).

Defense Health Care: CHAMPUS Mental Health Benefits Greater Than Those Under Other Health Plans (Report, Nov. 7, 1991, GAO/HRD-92-20).

Defense Health Care: Implementing Coordinated Care--A Status Report (Report, Oct. 3, 1991, GAO/HRD-92-10).

Medical ADP Systems: Changes in Composite Health Care System's Deployment Strategy Are Unwise (Report, Sept. 30, 1991, GAO/IMTEC-91-47).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Health Care for Hawaii Veterans (Testimony, Aug. 16, 1991, GAO/T-HRD-91-45).

VA Health Care: Telephone Service Should Be More Accessible to Patients (Report, July 31, 1991, GAO/HRD-91-110).

Veterans' Benefits: VA Needs to Verify Medical Expenses Claimed by Pension Beneficiaries (Report, July 29, 1991, GAO/HRD-91-94).

Controls Over Addictive Drugs in VA Pharmacies (Testimony, June 19, 1991, GAO/T-HRD-91-36).

VA Health Care: Inadequate Controls Over Addictive Drugs (Testimony, June 19, 1991, GAO/T-HRD-91-101). Report with same title (June 6, 1991, GAO/HRD-91-101).

Defense Health Care: Health Promotion in DOD and the Challenges Ahead (Report, June 4, 1991, GAO/HRD-91-75).

EMPLOYEE AND RETIREE HEALTH BENEFITS

Family and Medical Leave Cost Estimate (Letter, Feb. 1, 1993, GAO/HRD-93-14R).

Employee Benefits: Financing Health Benefits of Coal Industry Retirees (Report, July 22, 1992, GAO/HRD-92-137FS).

Employee Benefits: Financing Health Benefits of Retired Coal Miners (Report, July 22, 1992, GAO/HRD-92-130FS).

Federal Health Benefits Program: Open Season Processing Timeliness (Report, July 8, 1992, GAO/GGD-92-122BR).

Information on Federal Health Benefits Costs (Letter, June 23, 1992, GAO/GGD-92-18R).

Federal Health Benefits Program (Letter, May 4, 1992, GAO/GGD-92-11R).

Summary Information on Farmworkers (Letter, Apr. 10, 1992, GAO/HRD-92-30R).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Testimony, Mar. 11, 1992, GAO/T-GGD-92-20).
Report with same title (Feb. 12, 1992, GAO/GGD-92-37).

Employee Benefits: States Need Labor's Help Regulating Multiple Employer Welfare Arrangements (Report, Mar. 10, 1992, GAO/HRD-92-40).

Hired Farmworkers: Health and Well-Being at Risk (Report, Feb. 14, 1992, GAO/HRD-92-46).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Testimony, Sept. 17, 1991, GAO/T-HRD-91-47).

Employee Benefits: Effect of Bankruptcy on Retiree Health Benefits (Report, Aug. 30, 1991, GAO/HRD-91-115).

Veterans' Benefits: VA Needs to Verify Medical Expenses Claimed by Pension Beneficiaries (Report, July 29, 1991, GAO/HRD-91-94).

Farmworkers Face Gaps in Protection and Barriers to Benefits (Testimony, July 17, 1991, GAO/T-HRD-91-40).

Fraud and Abuse: Stronger Controls Needed in Federal Employees Health Benefits Program (Report, July 16, 1991, GAO/GGD-91-95)

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OTHER HEALTH ISSUES

ENVIRONMENTAL IMPACT ON HEALTH

Environmental Tobacco Smoke (Letter, Feb. 8, 1993, GAO/RCED-93-77R).

Nuclear Health and Safety: Mortality Study of Atmospheric Nuclear Test Participants Is Flawed (Report, Aug. 10, 1992, GAO/RCED-92-182).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, May 15, 1992, GAO/RCED-92-186).

Nuclear Health and Safety: Increased Rating Results in Award Fee to Rocky Flats Contractor (Report, Apr. 24, 1992, GAO/RCED-92-162).

International Environment: Kuwaiti Oil Fires - Chronic Health Risks Unknown but Assessments Are Under Way (Report, Jan. 16, 1992, GAO/RCED-92-80BR).

Nuclear Health and Safety: Radiation Events at DOE's Idaho National Engineering Laboratory (Report, Jan. 13, 1992, GAO/RCED-92-64FS).

Reproductive and Developmental Toxicants: Regulatory Actions Provide Uncertain Protection (Report, Oct. 2, 1991, GAO/PEMD-92-3).
Testimony on same topic (Oct. 2, 1991, GAO/T-PEMD-92-1).

Nuclear Health and Safety: Workers' Compensation Rights Protected at Hanford (Report, Sept. 10, 1991, GAO/RCED-91-203).

Superfund: Public Health Assessments Incomplete and of Questionable Value (Report, Aug. 1, 1991, GAO/RCED-91-178).

Nuclear Health and Safety: Environmental, Health and Safety Practices at Naval Reactors Facilities (Report, Aug. 1, 1991, GAO/RCED-91-157). Testimony on same topic (Apr. 25, 1991, GAO/T-RCED-91-24).

FOOD AND DRUG ADMINISTRATION

FDA Premarket Approval: Process of Approving Lodine as a Drug
(Report, Apr. 12, 1993, GAO/HRD-93-81).

Women's Health: FDA Needs to Ensure More Study of Gender Differences in Prescription Drug Testing (Report, Oct. 29, 1992, GAO/HRD-93-17).

Food Safety and Quality: FDA Strategy Needed to Address Animal Drug Residues in Milk (Report, Aug. 5, 1992, GAO/RCED-92-209).

Over the Counter Drugs: Gaps and Potential Vulnerabilities in the Regulatory System (Testimony, Apr. 28, 1992, GAO/T-PEMD-92-8).
Report on same topic (Jan. 10, 1992, GAO/PEMD-92-9).

Nonprescription Drugs: Over the Counter and Underemphasized
(Testimony, Apr. 8, 1992, GAO/T-PEMD-92-5).

FDA Premarket Approval: Process of Approving Olestra as a Food Additive (Report, Apr. 7, 1992, GAO/HRD-92-86).

FDA Premarket Approval: Process of Approving Ansaad as a Drug
(Report, Apr. 7, 1992, GAO/HRD-92-85).

FDA Regulations: Sustained Management Attention Needed to Improve Timely Issuance (Testimony, Apr. 1, 1992, GAO/T-HRD-92-19). Report with same title (Feb. 21, 1992, GAO/HRD-92-35).

Medical Technology: Implementing the Good Manufacturing Practices Regulations (Testimony, Mar. 25, 1992, GAO/T-PEMD-92-6). Report on same topic (Feb. 13, 1992, GAO/PEMD-92-10).

Medical Technology: Quality Assurance Needs Stronger Management Emphasis and Higher Priority (Report, Feb. 13, 1992, GAO/PEMD-92-10).

Food Safety and Quality: FDA Needs Stronger Controls Over the Approval Process for New Animal Drugs (Report, Jan. 17, 1992, GAO/RCED-92-63).

Freedom of Information: FDA's Program and Regulations Need Improvement (Report, Oct. 11, 1991, GAO/HRD-92-2).

MEDICAL MALPRACTICE

Medical Malpractice: Experience with Efforts to Address Problems (Testimony, May 20, 1993, GAO/T-HRD-93-24).

Health Information Systems: National Practitioner Data Bank Continues to Experience Problems (Report, Jan. 29, 1993, GAO/IMTEC-93-1).

Practitioner Data Bank: Information on Small Medical Malpractice Payments (Report, July 7, 1992, GAO/IMTEC-92-56).

Medical Malpractice: Alternatives to Litigation (Report, Jan. 10, 1992, GAO/HRD-92-28).

OCCUPATIONAL SAFETY AND HEALTH

Occupational Safety and Health: Uneven Protections Provided to Congressional Employees (Report, Oct. 2, 1992, GAO/HRD-93-1).

Occupational Safety and Health: Improvements Needed in OSHA's Monitoring of Federal Agencies' Programs (Report, Aug. 28, 1992, GAO/HRD-92-97).

Occupational Safety & Health: Worksite Safety and Health Programs Show Promise (Report, May 19, 1992, GAO/HRD-92-68). Testimony on same topic (Feb. 26, 1992, GAO/T-HRD-92-15).

Occupational Safety & Health: Options to Improve Hazard-Abatement Procedures in the Workplace (Report, May 12, 1992, GAO/HRD-92-105).

Occupational Safety & Health: Employers' Experiences in Complying With the Hazard Communication Standard (Report, May 8, 1992, GAO/HRD-92-63BR).

Occupational Safety & Health: Penalties for Violations Are Well Below Maximum Allowable Penalties (Report, Apr. 6, 1992, GAO/HRD-92-48).

Occupational Safety & Health: OSHA Action Needed to Improve Compliance With Hazard Communication Standard (Report, Nov. 26, 1991, GAO/HRD-92-8).

Occupational Safety & Health: Worksite Programs and Committees (Testimony, Nov. 5, 1991, GAO/T-HRD-92-9).

Managing Workplace Safety and Health in the Petrochemical Industry (Testimony, Oct. 2, 1991, GAO/T-HRD-92-1).

RESEARCH

University Research: Controlling Inappropriate Access to Federally Funded Research Results (Report, May 4, 1992, GAO/RCED-92-104).

Drug Abuse Research: Federal Funding and Future Needs (Testimony, Sept. 25, 1991, GAO/T-PEMD-91-14).

SOCIAL SECURITY DISABILITY

Social Security: Rising Disability Rolls Raise Questions (Testimony, Apr. 22, 1993, GAO/T-HRD-93-15).

Social Security: Racial Difference in Disability Decisions Warrants Further Investigation (Testimony, Sept. 22, 1992, GAO/T-HRD-92-41).
Report with same title (Apr. 21, 1992, GAO/HRD-92-56).

MISCELLANEOUS

Automated Medical Records: Leadership Needed to Expedite Standards Development (Report, Apr. 30, 1993, GAO/IMTEC-93-17).

Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (Report, Apr. 8, 1993, GAO/PEMD-93-13).

Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land (Report, Aug. 31, 1992, GAO/RCED-92-231). Testimony on same topic (Mar. 4, 1992, GAO/T-RCED-92-36)

Food Safety and Quality: USDA Improves Inspection Program for Canadian Meat, But Some Concerns Remain (Report, Aug. 26, 1992, GAO/RCED-92-250).

Financial Reporting: Accounting for the Postal Service's Postretirement Health Care Costs (Report, May 20, 1992, GAO/AFMD-92-32).

HHS Staff for Board and Care Issues (Letter, Apr. 1, 1992, GAO/HRD-92-29R).

Financial Audit: U.S. Senate Health Promotion Revolving Fund's Financial Statements for 1990 (Report, Feb. 18, 1992, GAO/AFMD-92-17).

Medical Residents: Options Exist to Make Student Loan Payments Manageable (Report, Nov. 26, 1991, GAO/HRD-92-21).

Information Resources: HCFA Must Better Justify Further Data Center Expansion (Report, Sept. 5, 1991, GAO/IMTEC-91-65).

Health Care: Antitrust Issues Relating to Physicians and Third-Party Payers (Report, July 10, 1991, GAO/HRD-91-120).

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