

July 1994

**Health
Education
Employment
Social Security
Welfare
Veterans**

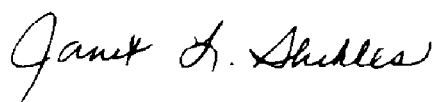
Preface

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

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

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

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



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Abbreviations

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

Contents

HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
HUD	Department of Housing and Urban Development
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JOBS	Job Opportunities and Basic Skills program
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
OSHA	Occupational Safety and Health Administration
PBGC	Pension Benefit Guarantee Corporation
PHS	HHS Public Health Service
PATH	Projects for Assistance in Transition from Homelessness
RBRVS	Medicare Resource-Based Relative Value Scale
SSA	Social Security Administration
TRICARE	DOD nationwide managed health care program
UMWA	United Mine Workers of America Combined Benefit Fund
USTF	Uniformed Services Treatment Facility
USDA	United States Department of Agriculture
VA	Department of Veterans Affairs
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products

(May - June 1994)

Health

Selected Summaries

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).

Health insurance purchasing cooperatives are an increasingly important component of health insurance. They continue to grow in the private sector, sometimes with state support, and often as a major element of state health care reform. Existing and proposed cooperatives embrace core functions such as enrollment, premium collection, and contracting with health plans. Existing cooperatives are also empowered to perform additional policy and management functions—functions that federal reform proposals either reserve for other governmental entities or deny to cooperatives altogether. Most existing cooperatives view their ability to negotiate with carriers as critical to restraining growth in health insurance premiums. Existing cooperatives are not big bureaucracies. Subsidy administration for low-income and unemployed individuals may be the most uncertain and potentially costly function performed by cooperatives in reform proposals.

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

FDA regulates dietary supplements on a case-by-case basis, generally responding to complaints or other information on health risks, and acts only when it is concerned about a product's safety or labeling. FDA inspections at dietary supplement establishments occur somewhat less often than at conventional food establishments. Even so, FDA takes official enforcement actions against dietary supplement establishments almost twice as often because it finds them in violation of the regulations more often. FDA does not maintain data on the costs that dietary supplement establishments incur to comply with FDA regulations; however, limited cost data provided to us from these establishments show that they incur a wide range of costs. Finally, we found that the resources that FDA uses to regulate the dietary supplement industry constitute a small percentage of its total work force.

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

All the proposals we examined would shift many private health insurance-related administrative functions to the public sector. They could reduce administrative costs by introducing other reform elements intended to improve access and efficiency. The single-payer approach has a greater capability of saving administrative costs because private health insurance would be largely replaced by a government plan in each state. All of the proposals also include provisions to develop electronic health care information systems, expand coverage, subsidize premiums, and standardize benefits packages. Under managed competition, depending on the method employed, the need for income eligibility determinations to administer subsidies could be a source of substantial new administrative costs. Because the proposals differ in the extent to which they adopt these features, each proposal's overall influence on administrative costs would also vary.

Other Health Products

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

Medicare: Shared System Conversion Led to Disruptions in Processing Maryland Claims (Report, 5/23/94, GAO/HEHS-94-66).

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

Prescription Drugs: Spending Controls in Four European Countries (Report, 5/17/94, GAO/HEHS-94-30).

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

Tax Policy: Pharmaceutical Industry's Use of the Research Tax Credit (Report, 5/13/94, GAO/GGD-94-139).

Medicaid Prenatal Care: States Improve Access and Enhance Services, but Face New Challenges (Report, 5/10/94, GAO/HEHS-94-152BR).

Medicare/Medicaid: Data Bank Unlikely to Increase Collections From Other Insurers (Report, 5/6/94, GAO/HEHS-94-147). Testimony on same topic (5/6/94, GAO/T-HEHS-94-162).

Health Care: Benefits and Barriers to Automated Medical Records
(Testimony, 5/6/94, GAO/T-AIMD-94-117).

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

Medicare: Graduate Medical Education Payment Policy Needs to Be Reexamined (Report, 5/5/94, GAO/HEHS-94-33).

Tax Policy: Health Insurance Tax Credit Participation Rate Was Low
(Report, 5/2/94, GAO/GGD-94-99).

Education

Selected Summaries

Higher Education: Grants Effective at Increasing Minorities' Chances of Graduating (Testimony, 5/17/94, GAO/T-HEHS-94-168).

As college tuition has soared during the past 15 years, grant aid to students has not kept pace, and loans account for an ever-increasing proportion of student aid. However, our preliminary results indicate that grant aid is more likely than loan aid to improve graduation rates for some minorities. For both African-American and Hispanic students, grants significantly reduced the probability of dropping out, but loans did not. The shift in federal funding from grants to loans may save federal budget dollars initially but could cost the economy in the long run. Although the federal cost of a grant exceeds that of a loan of an equivalent amount, grants may be more cost-effective if they better encourage students to finish their college education and, as a result, boost their earnings potential.

Early Childhood Programs: Many Poor Children and Strained Resources Challenge Head Start (Report, 5/17/94, GAO/HEHS-94-169BR).

The number of children under age five who are at risk of school failure increased greatly during the 1980s. Education reform and the reauthorization of Head Start—the centerpiece of federal early childhood programs—have focused attention on improving the quality of early childhood programs and increasing the number of children being served. This report highlights the major themes and policy implications for implementing Head Start and other early childhood programs. GAO concludes that efforts to improve the quality of the Head Start program

and expand it to include more children are complicated by several factors: the growing numbers and changing characteristics of poor children, rising costs of services, and limited community resources.

Other Education Products

Title I Formula in S. 1513 (Letter, 6/7/94, GAO/HEHS-94-190R).

Delta Teachers Academy (Letter, 5/19/94, GAO/RCED-94-213R).

Employment

Selected Summaries

Workplace Regulation: Information on Selected Employer and Union Experiences (Report, 6/30/94, GAO/HEHS-94-138, vols. I and II).

The magnitude, complexity, and dynamics of workplace regulation pose a challenge for employers of all sizes. Such regulation has expanded and continually changed during the last 60 years, not only with the passage of new laws but also with the consequences of judicial decisions and the promulgation of new and revised regulations. The wide variety of 36 employers and union representatives that we interviewed generally supported the need for workplace regulations. They frequently voiced concerns, however, with the operation of the overall regulatory process of many agencies and about whether the agencies' regulatory goals were being achieved. The employer and union representatives whom GAO interviewed generally called for changing agencies' approaches toward regulation. They urged agencies to develop a more service-oriented approach to workplace regulation.

Other Employment Products

Federal Employment: H.R. 4361, Federal Employees Family Friendly Leave Act (Testimony, 5/18/94, GAO/T-GGD-94-152).

Social Security and Welfare

Selected Summaries

Social Security: New Continuing Disability Review Process Could Be Enhanced (Report, 6/27/94, GAO/HEHS-94-118).

Beneficiary self-reported data obtained by questionnaires (mailers), when used with other important information that SSA has, appear reliable for making decisions about when to do full medical examinations of beneficiaries scheduled for continuing disability reviews (CDRs). SSA's mailer process appears to be a significant step to make the CDR process more efficient and cost-effective: the process is substantially less costly than SSA's previous CDR process. SSA needs to send out more mailers and conduct more full medical reviews of beneficiaries of both the DI and SSI programs. As SSA gains more experience with the mailer process and improves its ability to accurately identify beneficiaries with the highest potential for showing medical improvement, it should do more full medical CDRs of those beneficiaries to achieve the most effective use of SSA resources.

D.C. Pensions: Plans Consuming Growing Share of District Budget (Testimony, 6/14/94, GAO/T-HEHS-94-192).

The District's overall financial situation is affected by the increasing demand on city revenues caused by its underfunded pension plans for (1) police and fire fighters, (2) teachers, and (3) judges. In 1979, the District of Columbia (D.C.) Retirement Reform Act established these plans as separate plans, created the D.C. Retirement Board, and provided for annual federal contributions of \$52 million to these funds. Upon enactment of this legislation, the combined unfunded liability for the three plans was about \$2 billion. Through fiscal year 1993, the unfunded liability increased to an estimated \$5 billion. H.R. 3728, the District of Columbia Pension Liability Funding Reform Act of 1994, would increase the current obligations of the federal government and participants of the respective plans and level the District's contributions as a percentage of pay. The increased present value of the federal government's obligation under H.R. 3728 would be over \$1 billion in 1995.

Child Support Enforcement: Credit Bureau Reporting Shows Promise
(Report, 6/3/94, GAO/HEHS-94-175).

Sixteen states we reviewed have not widely evaluated the effects of credit bureau reporting on increasing collections, but the studies done and comments of state and credit grantor officials suggest that credit reporting is positively affecting enforcement. Eleven of the 16 states routinely report child support payment information to credit bureaus, and 5 states report information only upon the request of credit bureaus. Most of the states that routinely report usually report only delinquent noncustodial parents. These states generally report information that is less than 30 days old to all three major credit bureaus, and few states have experienced difficulties categorizing child support payments in an automated and standardized format for the credit bureaus. The costs to start up and operate credit bureau reporting systems appear to be nominal.

Underfunded Pension Plans: Stronger Funding Rules Needed to Reduce Federal Government's Growing Exposure (Testimony, 6/15/94, GAO/T-HEHS-94-191). Testimony on same topic (4/19/94, GAO/T-HEHS-94-149).

Most pension plans insured by PBGC are well funded. However, a significant minority are underfunded, and the level of underfunding in these plans has been growing in recent years. This growth increases the size of PBGC's potential claims. Because of PBGC's large and growing deficit, the size of its potential claims, and its financial system and internal control weaknesses, we placed PBGC on our list of "high-risk" government programs in 1992. Current rules designed to ensure that sponsors of underfunded plans make additional contributions to better fund their plans are not working. The proposed pension reform legislation, S. 1780, the Retirement Protection Act of 1993, should substantially improve the situation. However, this proposed legislation could and should be strengthened to ensure that more sponsors make additional contributions to their underfunded pension plans.

Social Security Disability: SSA Quality Assurance Improvements Can Produce More Accurate Payments (Report, 6/3/94, GAO/HEHS-94-107).

Since 1980, SSA has reported national accuracy rates for disability determination service (DDS) determinations of at least 94 percent. Some people have questioned the reliability of these reports. SSA has started a disability reengineering effort to fundamentally rethink and radically redesign the disability determination process. Since establishing accuracy standards in 1981, SSA has not reviewed their effectiveness. SSA has not

ensured the effective design and operation of DDS internal quality assurance programs. SSA is required by law to perform a mass review of the services' DI award determinations before they take effect. Since 1980, this review has helped increase the accuracy of the services' favorable DI determinations and saved more than \$2 billion in unnecessary trust fund expenditures.

Other Social Security &
Welfare Products

UMWA's Combined Fund Finances (Letter, 6/30/94, GAO/HEHS-94-201R).

Disability Benefits for Addicts (Letter, 6/8/94, GAO/HEHS-94-178R).

Families on Welfare: Teenage Mothers Least Likely to Become Self-Sufficient (Report, 5/31/94, GAO/HEHS-94-115).

Families on Welfare: Focus of Teenage Mothers Could Enhance Welfare Reform Efforts (Report, 5/31/94, GAO/HEHS-94-112).

Families on Welfare: Sharp Rise in Never-Married Women Reflects Societal Trend (Report, 5/31/94, GAO/HEHS-94-92).

Social Security Disability: Most of Gender Difference Explained (Report, 5/27/94, GAO/HEHS-94-94).

Federal Aid: Revising Poverty Statistics Affects Fairness of Allocation Formulas (Report, 5/20/94, GAO/HEHS-94-165).

Lead-Based Paint Poisoning: Children in Section 8 Tenant-Based Housing Are Not Adequately Protected (Report, 5/13/94, GAO/RCED-94-137).

Social Security: Major Changes Needed for Disability Benefits for Addicts (Report, 5/13/94, GAO/HEHS-94-128). Testimony on same topic (2/10/94, GAO/T-HEHS-94-101).

Child Care: Working Poor and Welfare Recipients Face Service Gaps (Report, 5/13/94, GAO/HEHS-94-87).

Older Americans Act: Funding Formula Could Better Reflect State Needs (Report, 5/12/94, GAO/HEHS-94-41).

Homelessness: McKinney Act Programs Provide Assistance but Are Not Designed to Be the Solution (Report, 5/94, GAO/RCED-94-37).

Veterans Affairs and Military Health

Selected Summaries

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

VA faces many challenges as it tries to restructure its health care system to compete in a managed care environment. Most legal barriers that might limit VA's ability to compete with private-sector managed care plans would be addressed through the Health Security Act. The act would overcome many barriers by expanding entitlement to VA health care or by exempting VA from federal and state requirements developed to prevent fraud and abuse and ensure quality of and access to health care services. In addition, many of the structural barriers, such as VA's lack of adequate cost and utilization data, will likely inhibit its efforts to establish competitive health plans. As a result, significant risks are associated with efforts to transform the VA direct delivery system into a series of managed care plans. The expanded entitlement to free comprehensive care, for example, could add billions of dollars to VA appropriations if all veterans entitled to free care seek to enroll in VA health plans.

Veterans' Benefits: Status of Claims Processing Initiative in VA's New York Regional Office (Report, 6/17/94, GAO/HEHS-94-183BR).

In May 1993, VA's New York Regional Office began processing a quarter of its claims in a prototype unit. The prototype unit differs in several key aspects from the traditional unit. Most notably, staff roles and responsibilities are different, and interaction between veterans and claims processors is substantially altered. Neither VA headquarters nor the regional office has a written plan for assessing the prototype's effectiveness, but it is tracking the information on timeliness and backlog traditionally used to monitor regional office performance. Communication with veterans appears to have improved in the prototype. The backlog of claims has decreased; however, the limited data available do not yet indicate improved timeliness.

VA Health Care: Delays in Awarding Major Construction Contracts (Report, 6/17/94, GAO/HEHS-94-170).

VA's January 12, 1994, letter to the House and Senate Committees on Appropriations and to the Comptroller General correctly identified 15 projects that were required to but did not have construction documents contracts or construction contracts awarded by September 30, 1993. We believe the contracting delays for these projects do not constitute impoundments of budget authority under the Impoundment Control Act. In our view, VA has shown no intent to refrain from using the funds appropriated. Information and documentation that VA provided us indicate that programmatic considerations caused the contracting delays. The reason cited most often for delays was changes in project scope or design. VA expects to award 13 of the 17 required contracts for these 15 projects by September 30, 1994.

Defense Health Care: Uniformed Services Treatment Facility Health Care Program (Report, 6/2/94, GAO/HEHS-94-174).

The Uniformed Services Treatment Facility (USTF) health care services are the same as those being established under DOD's nationwide managed health care program, TRICARE Prime, greater than those available under CHAMPUS and TRICARE Extra, and, on balance, greater than those available in military facilities located near USTFS. The USTF program requires less beneficiary cost sharing than either TRICARE or CHAMPUS, but slightly more than the direct care system for most beneficiaries. The cost and other implications of terminating the USTF agreements before they expire vary among the three parties affected—the government, beneficiaries, and the USTFS.

Other Veterans and
Military Health Products

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

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

Medical Records Control (Letter, 5/4/94, GAO/HEHS-94-161R).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

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

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

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

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

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

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

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

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

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

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

Employee and Retiree Health Benefits

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).

Employee Benefits: Financing Health Benefits of Coal Industry Retirees (Report, 7/22/92, GAO/HRD-92-137FS).

Employee Benefits: Financing Health Benefits of Retired Coal Miners
(Report, 7/22/92, GAO/HRD-92-130FS).

Federal Health Benefits Program: Open Season Processing Timeliness
(Report, 7/8/92, GAO/GGD-92-122BR).

Financing

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

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

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

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

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

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

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

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

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

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

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

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

topic (5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

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

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

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

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, 9/22/92, GAO/HRD-92-125).

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

Health Insurance: More Resources Needed to Combat Fraud and Abuse (Testimony, 7/28/92, GAO/T-HRD-92-49).

Health Care Reform Related Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

State Health Care Reform: Federal Requirements Influence State Reforms (Testimony, 9/9/92, GAO/T-HRD-92-55). Report on same topic (6/16/92, GAO/HRD-92-70). Testimony on same topic (6/9/92, GAO/T-HRD-92-40).

HHS Public Health Service Agencies

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

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

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

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

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

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

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

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

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

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

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

Food Safety and Quality: FDA Strategy Needed to Address Animal Drug Residues in Milk (Report, 8/5/92, GAO/RCED-92-209).

Long-Term Care

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

Long-Term Care: The Need for Geriatric Assessment in Publicly Funded Home and Community-Based Programs (Testimony, 04/14/94, GAO/T-PEMD-94-20).

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

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

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

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

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

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(Comprehensive 2-Year Listing)

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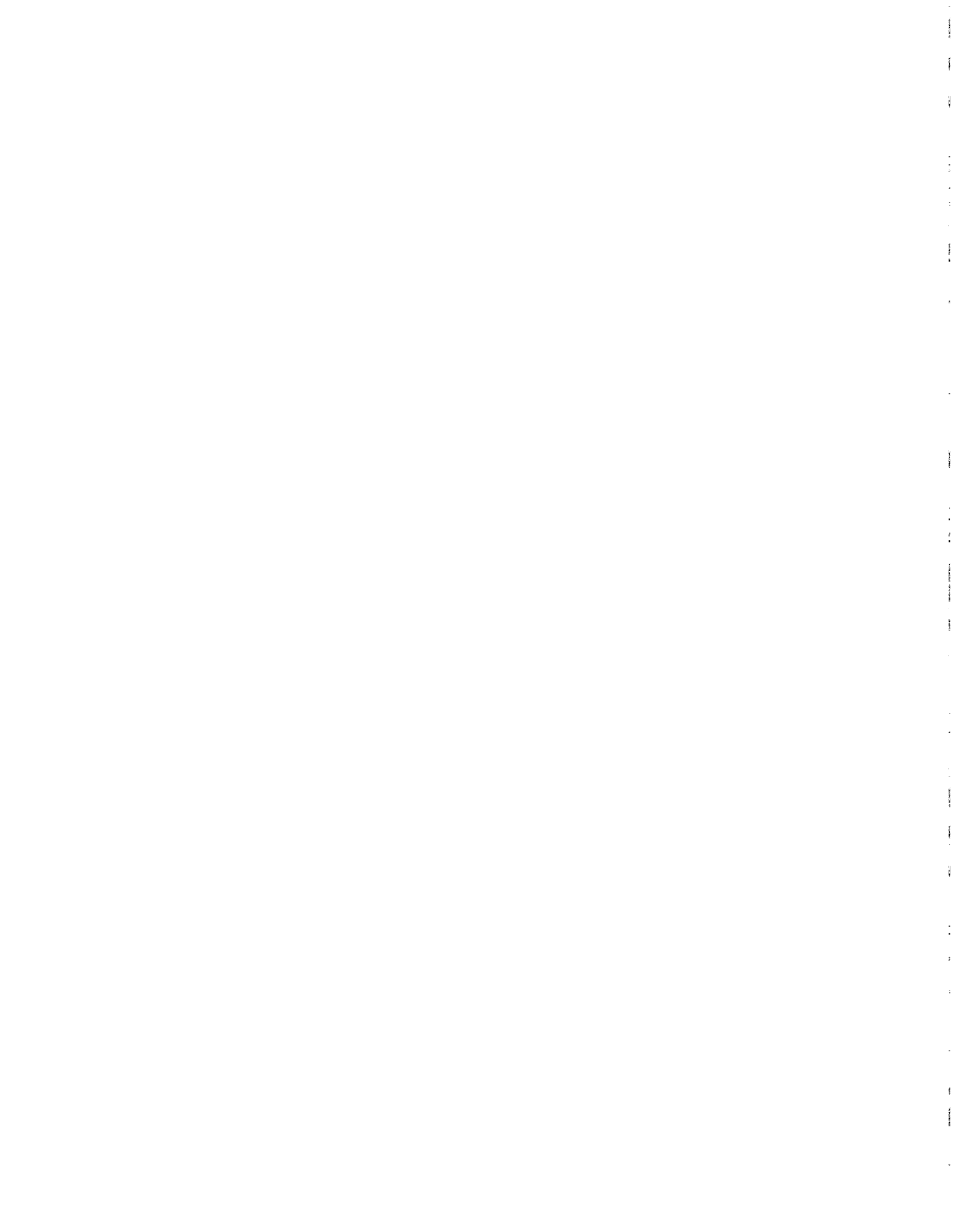
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