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Health
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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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Contents

Abbreviations

AIDS	acquired immunodeficiency syndrome
AMP	average manufacturer price
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CRS	Congressional Research Service, Library of Congress
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
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

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

Most Recent GAO Products (July - August 1994)

Health

Selected Summaries

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

Like the United States, other countries are pursuing competing goals for long-term care simultaneously to contain public spending and enhance access to services. Limited budgets have prompted the countries to seek ways to deliver services more efficiently. In addition, the countries have instituted, or plan to institute, one or more of the following: eligibility based on functional rather than financial need; emphasis on home and community care rather than the more expensive institutional care; and support for family members and other informal caregivers through financial and other benefits. If public budgets are not adequate, officials fear that governments may raise cost-sharing requirements to a level that exceeds the means of many people, resulting in having to deny access to services, or make services dependent on means testing.

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

Hospital-reported data showed that chief executives received an average of $129,000 in compensation, including cash (salary, fees, and bonuses), benefits, and allowances, for overseeing hospital operations during 1991. Overall, one-fourth of chief executives received less than $63,000, while an equal number received over $176,000. Actual compensation ranged from $31,000 to $849,000. Differences in compensation amounts are influenced by the hospital's patient load, the number and relative size of nearby hospitals, and the hospital's geographic location and ownership type. Data on executive compensation from related businesses at not-for-profit hospitals showed that among the 112 hospitals GAO examined, relatively few executives received such payments.

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

Oregon, Washington, and Wisconsin have expanded home and community-based long-term care in part as a strategy to help control rapidly increasing Medicaid expenditures for institutional care. Even as they expanded home and community-based programs, the three states

have restricted how large most of the programs can grow. One impact of the shift to home and community-based care is that the three states have been able to provide services to more people with the dollars available. This is because home and community-based care is generally less expensive per person than institutional care, although the gap between the two narrows when other government expenditures for home and community-based recipients are added to Medicaid costs. The three states have taken actions to limit the number of new nursing facility beds. While the total number of beds in the United States increased by 20.5 percent between 1982 and 1992, the combined number of beds in these three states declined 1.3 percent.

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

Of 397 acute care hospital mergers reviewed by the Department of Justice or the Federal Trade Commission during the 13-year period from fiscal year 1981 through fiscal year 1993, less than 4 percent were challenged. Under the state action immunity doctrine established by the Supreme Court, certain anticompetitive conduct regulated by states may be immune from federal antitrust enforcement action. GAO reviewed 18 state laws that vary considerably in the types of providers and activities covered, the state authorities that approve activities, the questions and issues that must be addressed before approval is granted, and the nature and extent of postapproval monitoring or supervision by the state.

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

In the 2 years since the Omnibus Budget Reconciliation Act of 1990 (OBRA) became law, the average best price for outpatient drugs purchased by the health maintenance organizations (HMO) and group purchasing organizations (GPO) increased. For both years, the best price increased, on average, at a slightly faster rate than the drugs' average manufacturer price (AMP) or the producer price index for prescription drugs. Because the drugs' average best price increased faster than their AMP, the gap between average best price and AMP narrowed, resulting in a decrease in the average best price discount. Because data on the drug prices paid by the HMOs and GPOs were limited, GAO could not determine the extent to which the prices they paid also changed during the entire 2-year period. However, during the last 6 months of 1991—the period for which GAO had both best prices and purchase prices to compare—the average best price

and average purchase price for the drugs purchased by the HMOs and GPOs changed little.

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

Owning multiple health insurance policies to supplement Medicare is both costly and unnecessary. GAO estimates that about 3 million elderly Medicare beneficiaries paid about $1.8 billion in 1991 for policies that probably involved duplicate coverage. About 500,000 other Medicare beneficiaries who were also eligible for Medicaid because of their limited incomes spent about $190 million on unnecessary supplemental insurance. Medicaid recipients receive comprehensive medical coverage at little or no out-of-pocket cost and do not need additional insurance. Federal Medigap requirements provide, in effect, an "open season" for people to purchase Medigap insurance when they enroll in Medicare part B. If a retiree's employer-sponsored plan is changed or terminated after the open season, the retiree has lost the guaranteed access to a Medigap plan contained in the law.

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

Since 1966, HCFA has awarded most part A and B Medicare contracts without competition, renewed them annually, and compensated contractors on a cost-reimbursement basis. HCFA has a part A contract with the Blue Cross and Blue Shield Association, which subcontracts with 41 Blues plans to process Medicare part A claims. Periodically the Congress has directed HCFA to experiment with other types of contracts in an effort to reduce administrative costs. The Congress is now considering a legislative proposal requiring HCFA to study the feasibility of making the contracting process more competitive. HCFA has not evaluated the Association's performance since 1989, even though HCFA paid Blue Cross and Blue Shield over $21 million during that period. HCFA's budget process uses payment controls to help ensure that contractors do not exceed their budgets. HCFA oversees Medicare contracting by evaluating contractor performance against claims processing, customer service, and program efficiency standards.

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

On the basis of Food and Drug Administration (FDA) food additive regulations for traditionally refined carrageenan, FDA classified Philippine natural grade (PNG) seaweed as carrageenan. Because FDA determined that PNG is carrageenan—an approved food additive—PNG manufacturers were not required to submit a food additive petition to FDA. FDA's determination that PNG complied with its food additive regulations included a determination that there were no significant qualitative differences between PNG and traditionally refined carrageenan, including the safety of processing procedures. Allegations about illegal pesticide use on PNG have led FDA to begin testing carrageenan for the presence of unapproved pesticide residues of ethylene oxide.

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

On October 2, 1993, the state of Michigan made a Medicaid payment of $489 million to the University of Michigan hospital that included $276 million in federal matching funds. Within hours, the entire $489 million was returned to the state by the hospital. In fiscal year 1993, this and other such financial arrangements enabled Michigan, Tennessee, and Texas to obtain about $800 million in federal Medicaid funds without effectively committing their share of matching funds. Health Care Financing Administration (HCFA) and Prospective Payment Assessment Commission (PROPAC) officials told GAO that such practices are also occurring in other states. HCFA has been concerned about these practices for several years and has requested Michigan and Tennessee to provide additional information on several of their financing arrangements. In GAO's view, Medicaid should not allow states to benefit from illusory arrangements in which federal funds are given to providers with one hand only to be taken back with the other.

Other Health Products

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

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

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

Prescription Drugs: Prices and Regulation in Canada and Europe (Testimony, 7/27/94, GAO/T-HEHS-94-213). Reports on same topic (5/17/94, GAO/HEHS-94-30; 1/12/94, GAO/HEHS-94-29; and 9/30/92, GAO/HRD-92-110). Testimony on same topic (2/22/93, GAO/T-HRD-93-5).

Medicare: Technology Assessment and Medical Coverage Decisions (Report, 7/20/94, GAO/HEHS-94-195FS).

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

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

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

Medicare Transportation Benefits (Letter, 7/8/94, GAO/HEHS-94-184R).

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

Education

Selected Summaries

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

GAO studied school-based management (SBM) at three school districts during the 1992-93 school year. GAO also conducted a multivariate analysis of national data to obtain a broader perspective on what schools did when they had greater control over their instructional programs. SBM allowed school administrators and teachers to change instruction and budgeting in ways that they thought better met the needs of the children attending their schools. Changes in instructional programs included adding all-day kindergarten, extended-day programs, special education and gifted-and-talented programs, and new courses. Changes in budgeting included adjustments in spending on staff, supplies, and equipment. The impact of SBM on student performance is unknown.

Other Education Products

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

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

Hispanics' Schooling: Risk Factors for Dropping Out and Barriers to Resuming Their Education (Report, 7/24/94, GAO/PEMD-94-24).

Employment

Selected Summaries

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

Faced with stiff global competition, corporate downsizing, and budget constraints, the federal government can no longer afford to invest billions of dollars in a system that wastes resources and does not ensure that people receive the help they need to make the successful transition into productive employment. By GAO's count, over 150 programs provide employment training assistance to adults and out-of-school youth. When reviewed individually, these programs have well-intended purposes. However, collectively they raise several concerns. GAO analyzed 13 legislative proposals introduced by members of the Congress that would restructure some parts of the federal employment training system. GAO's analysis showed that many of the proposals address several of the concerns with the current employment training system. GAO believes these proposals represent a strong step in the development of a customer-oriented system that will address all the concerns identified from prior work.

Other Employment Products

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

Federal Affirmative Employment: Better Guidance Needed for Small Agencies (Report, 7/21/94, GAO/GGD-94-71).

Multiple Employment Training Programs: Overlap Among Programs Raises Questions About Efficiency (Report, 7/11/94, GAO/HEHS-94-193).

Social Security and Welfare

Selected Summaries

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

Nearly all the information based on reports of death that the Social Security Administration (SSA) shares with other federal agencies is accurate. SSA can make its information more useful by taking action in four areas: the handling of cases erroneously terminated, processing of rejected death reports, providing information on nonbeneficiaries, and using feedback-based agency investigations of deaths. Beneficiaries are sometimes removed from the rolls because of death reports that are later proven to be incorrect, and SSA's death file is not corrected. Numerous death reports are rejected from processing by SSA's computers and, consequently, are not automatically updated to the death file. SSA does not verify deaths for nonbeneficiaries. Consequently other federal agencies using SSA death information on these persons may be using incorrect information. Feedback from agencies that have independently verified SSA's reports of death would be useful in correcting erroneous information in SSA's death file.

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

While the Department of Labor's enforcement program has improved since 1986, the program can be strengthened by taking steps to ensure maximum use of investigative resources. Labor's Pension and Welfare Benefits Administration (PWBA) has never evaluated its current enforcement strategy, which requires the allocation of a substantial percentage of resources to investigate "significant issues" cases involving financial institutions and service providers with a high potential for Employee Retirement Income Security (ERISA) violations. PWBA has done little to assess the effectiveness of computer targeting programs developed to systematically select pension and welfare plans for investigation of potential fiduciary violations. The enforcement program also can be strengthened by increasing the use of penalties authorized by ERISA to deter plans from violating the law.

Other Social Security & Welfare Products

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

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

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

Child Support Enforcement: Federal Efforts Have Not Kept Pace With Expanding Program (Testimony, 7/20/94, GAO/T-HEHS-94-209).

JOBS and JTPA: Tracking Spending Outcomes and Program Performance (Report, 7/15/94, GAO/HEHS-94-177).

CDR Process Could Be Enhanced (Letter, 7/29/94, GAO/HEHS-94-212R).

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

Efforts to Assist the Homeless in Baltimore (Letter, 7/11/94, GAO/RCED-94-239R).

Efforts to Assist the Homeless in St. Louis (Letter, 7/11/94, GAO/RCED-94-97R).

Efforts to Assist the Homeless in San Antonio (Letter, 7/11/94, GAO/RCED-94-238R).

Efforts to Assist the Homeless in Seattle (Letter, 7/11/94, GAO/RCED-94-237R).

Veterans Affairs and Military Health

Selected Summaries

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

The individual incomes of the 855,000 married veterans who used VA medical centers in 1991 were considerably higher than the individual incomes of their spouses and the incomes of the 1.3 million single veterans who used these facilities during the same period. The income status of married veterans increased dramatically when married veterans' and their

spouses' incomes were combined to form family income. In general, married veterans with service-connected disabilities had higher incomes than married veterans without service-connected disabilities.

Other Veterans and Military Health Products

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

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

Universal Health Care: Effects on Military Systems in Other Countries and the United States (Report, 7/11/94, GAO/HEHS-94-182BR).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

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

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

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

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

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

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

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

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

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

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

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

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

Employee and Retiree Health Benefits

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

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

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

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

Financing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Care Reform Related Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Long-Term Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Long-Term Care Insurance Partnerships (Letter, 9/25/92, GAO/HRD-92-44R).

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Veterans Affairs and Military Health
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