United States General Accounting Office

GAO

Health, Education, and Human Services Division Reports

October 1995

Health
Education
Employment
Social Security
Welfare
Veterans

GAO/HEHS-96-15W

Preface

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

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

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past month and provides summaries for selected key products.
- Comprehensive 1-Year Listings: This section lists all products published in the last year, 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 appear at the end of this booklet. Instructions for getting on GAO's mailing list appear on page 41 of this booklet.

You may access the Most Recent GAO Products section of this booklet on Internet. Instructions appear on the last two pages of this booklet.

Janet L. Shikles

Janet L. Shikles
Assistant Comptroller General

Contents

Preface		1
Most Recent GAO Products (September 1995)		6
	Health	6
	Education	9
	Employment	11
	Social Security, Disability, and Welfare	12
	Veterans Affairs and Military Health	14
Health (Comprehensive 1-Year Listing)		16
	Access and Infrastructure	16
	Employee and Retiree Health Benefits	16
	Financing	16
	Health Care Reform Related Issues	17
	HHS Public Health Service Agencies	17
	Long-Term Care and Aging	17
	Managed Care	18
	Medicare and Medicaid	18
	Prescription Drugs	21
	Provider Issues	21
	Public Health and Education	21
	Quality and Practice Standards	22
	Substance Abuse and Drug Treatment	22
	Other Health Issues	22
Education (Comprehensive 1-Year Listing)		24
	Department of Education	24
	Early Childhood Development	24
	Elementary and Secondary Education	24
	Higher Education	25
Employment (Comprehensive 1-Year Listing)		27
	Equal Employment Opportunities	27
	Labor and Management Relations	27
	Training and Employment Assistance	27
	Workplace Quality	28
	Other Employment Issues	28

Social Security, Disability, and Welfare (Comprehensive 1-Year Listing)		30
	Children's Issues	30
	Pensions	31
	Social Security and Disability	31
	Welfare	32
	Other Products Related to Social Security, Disability, and Welfare	33
Veterans Affairs and Military Health (Comprehensive 1-Year Listing)		34
	Military Health Care	34
	Veterans' Benefits	34
	Veterans' Health Care	35
Major Contributors		37
Order Form		39
Mailing List Request Form		41
Change of Address Notification Form		43
Internet Instructions		45

Abbreviations

AEA	Adult Education Act
AFDC	Aid to Families With Dependent Children
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
COLA	Cost of living allowance
CSRS	Civil Service Retirement System
DC	District of Columbia
DMEPOS	durable medical equipment, prostheses, orthoses, and supplies
DOD	Department of Defense
DODDS	Department of Defense Dependents Schools

DOE	Department of Energy
DOL	Department of Labor
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
FSA	Family Support Act
GAO	General Accounting Office
HCFA	Health Care Financing Administration
HEHS	Health, Education, and Human Services Division, GAO
HHS	Department of Health and Human Services
HMO	health maintenance organization
HPSA	Health Professional Shortage Area
HRD	Human Resources Division, GAO
JOBS	Job Opportunities and Basic Skills program
MCO	managed care organization
MUA	Medically Underserved Area
NAFTA	North American Free Trade Agreement
NASA	National Aeronautics and Space Administration
NCI	National Cancer Institute, National Institutes of Health
NIH	National Institutes of Health
NPR	National Performance Review
NRC	Nuclear Regulatory Commission
OFCCP	Office of Federal Contract Compliance Programs, DOL
OHA	Office of Hearings and Appeals, Social Security Administration
ORI	Office of Research Integrity, HHS
PBGC	Pension Benefit Guarantee Corporation
PSDA	Patient Self-Determination Act
SBA	Small Business Administration
SSA	Social Security Administration
SSI	Supplemental Security Income
T&A	time and attendance
TRICARE	DOD nationwide managed health care program
VA	Department of Veterans Affairs

Most Recent GAO Products (September 1995)

Health

Selected Summaries

Health Care: Employers and Individual Consumers Want Additional Information on Quality (Report, 9/29/95, GAO/HEHS-95-201).

Many employers and individual consumers GAO interviewed are using information that measures and compares the quality of health care furnished by providers and health plans when making their purchasing decisions. For example, employers are using report cards to select and monitor the performance of providers and plans furnishing services to their employees, negotiate with insurance carriers, and market managed care plans to employees. Employers and individual consumers GAO interviewed wanted performance reporting efforts to continue. In fact, they are requesting more data than are publicly available. Employers and individual consumers GAO interviewed also reported that the most useful information would measure health care outcomes. They also said that they want standardized and comparable health care information to assess health care providers' or health plans' performance equally. Many of the employers GAO interviewed are getting some of the data they want through business coalitions, consultants, and their own data collection efforts. But these sources are not available to individual consumers, and few employers are sharing these data with their employees.

Health Insurance Portability: Reform Could Ensure Continued Coverage for up to 25 Million Americans (Report, 9/19/95, GAO/HEHS-95-257).

Although current federal and state laws have generally improved the portability of health insurance, an individual's health care coverage could still be reduced when changing jobs. Between 1990 and 1994, 40 states enacted small group insurance regulations that include portability standards, but the federal Employee Retirement Income Security Act of 1974 (ERISA) prevents states from applying these standards to the health plans of employers who self-fund. As a result, some in the Congress have proposed broader national portability standards. GAO estimates that up to 21 million Americans a year would benefit from federal legislation that would waive preexisting condition exclusions for individuals who have had continuous health care coverage. In addition, perhaps as many as 4 million Americans who at some time have been unwilling to leave their jobs because of concerns about losing their health care coverage would

benefit from national portability standards. Such a change, however, could possibly increase premiums, according to insurers.

Medicare Spending: Modern Management Strategies Needed to Curb Billions in Unnecessary Payments (Report, 9/19/95, GAO/HEHS-95-210).

Medicare's vulnerability to billions of dollars in unnecessary payments stems from a combination of factors. First, Medicare pays higher than market rates for certain services and supplies. Second, Medicare's collection of anti-fraud-and-abuse controls does not systematically prevent the unquestioned payment of claims for improbably high charges or manipulated billing codes. Third, Medicare's checks on the legitimacy of providers are too superficial to detect the potential for scams. These weaknesses are aggravated by the fact that Medicare's efforts to address them, as well as its efforts to penalize wrongdoers, are too slow to be effective in curbing avoidable costs or deterring further fraud and abuse. Various health care management strategies help private payers alleviate these problems, but these strategies are not generally used in Medicare. The program's pricing methods and controls over utilization, consistent with health care financing and delivery 30 years ago, are not well aligned with today's major financing and delivery changes. GAO believes that a viable strategy for remedying the program's weaknesses consists of adapting the health care management approach of private payers to Medicare's public payer role.

Durable Medical Equipment: Regional Carriers' Coverage Criteria Are Consistent With Medicare Law (Report, 9/19/95, GAO/HEHS-95-185).

The final criteria adopted by the regional carriers are consistent in all material respects with Medicare's national coverage criteria and Medicare law. GAO does not believe that the regional carriers' criteria have impeded disabled beneficiaries' access to customized durable medical equipment, prostheses, orthoses, and supplies (DMEPOS). In 1994, the regional carriers approved DMEPOS claims for disabled Medicare beneficiaries at a similar rate as for aged beneficiaries, and there is no apparant difference in the application of the criteria between disabled and aged Medicare beneficiaries. Further, from January 1992 through September 1994, the differences in approval rates between aged and disabled beneficiaries narrowed. Some groups representing disabled persons have stated that the disabled need items to accommodate a more active lifestyle than aged beneficiaries. The Health Care Financing Administration (HCFA) has taken the position that Medicare law restricts coverage to standard items unless

the beneficiary's physician prescribes and justifies lightweight materials or customized items on medical grounds. HCFA's position is consistent with current law.

Cancer Drug Research: Contrary to Allegation, NIH Hydrazine Sulfate Studies Were Not Flawed (Report, 9/13/95, GAO/HEHS-95-141).

In three large clinical trials, the National Cancer Institute (NCI) found that hydrazine sulfate did not prolong survival for cancer patients. Nevertheless, controversy and confusion developed, in part, because some researchers have suggested that hydrazine sulfate is incompatible with tranquilizers, barbiturates, and alcohol. In testing hydrazine sulfate, NCI permitted study patients to use tranquilizing agents, barbiturates, and alcohol in one NCI-sponsored clinical trial. In the other two trials, NCI prohibited the use of barbiturates and alcohol, but patients were permitted to use tranquilizing agents as antiemetics to control nausea and vomiting. However, subsequent analyses of the use of concurrent medications found no evidence to invalidate NCI's conclusion that hydrazine sulfate is ineffective.

Health Care Shortage Areas: Designations Not a Useful Tool for Directing Resources to the Underserved (Report, 9/8/95, GAO/HEHS-95-200).

The Department of Health and Human Services (HHS) uses two main systems for identifying areas where there are barriers to obtaining primary health care. One system designates Health Professional Shortage Areas (HPSAs), and the other designates Medically Underserved Areas (MUAs). The HPSA and MUA systems do not effectively identify areas with primary care shortages or help target federal resources to benefit those who are underserved. Data and methodology problems are widespread, severely limiting the systems' ability to pinpoint the extent of need in underserved areas. Even when the systems accurately identify needy areas, they often do not provide the information needed to decide which programs are best suited to the area's particular need. HHS proposals for combining and streamlining the systems are unlikely to solve the problems GAO identified. Fixing the systems is not the only option—and probably not the best option. Instead, all but one of the individual programs already have criteria and application processes in place that may be more easily modified to identify where a need exists and whether the program is an appropriate remedy.

Medicaid: Tennessee's Program Broadens Coverage but Faces Uncertain Future (Report, 9/1/95, GAO/HEHS-95-186).

In seeking its 5-year waiver approval from the Department of Health and Human Services (HHS), Tennessee had several objectives. Two of these were to expand health care coverage to the state's uninsured and to control total program and state costs. In less than 2 months after receiving approval, Tennessee had contracted with 12 managed care organizations (MCO) to place its entire Medicaid population in its new capitated managed health care program, TennCare, and to open enrollment to uninsured persons in the state. By the end of the first year, Tennessee had enrolled approximately 800,000 Medicaid-eligible persons and over 400,000 uninsured persons who were not determined to be eligible for Medicaid in TennCare, with two of the MCOs accounting for nearly three-fourths of the over 1.2 million enrollees. Despite this increase in the number of persons covered, federal and state reported expenditures for Tennessee's Medicaid program increased less than 1 percent in fiscal year 1994, considerably below the national average. Although TennCare essentially met its objectives to provide health care coverage to many uninsured individuals while controlling costs, concerns remain about TennCare. Primary among these concerns are enrollee access to quality care and MCO financial performance. TennCare's long-range success is uncertain.

Other Health Products

Medical Liability: Impact on Hospital and Physician Costs Extends Beyond Insurance (Report, 9/29/95, GAO/AIMD-95-169).

Cost Factors in CARE Act Formula (Letter, 9/15/95, GAO/HEHS-95-256R).

Preventing Abusive Medicare Billing (Letter, 9/5/95, GAO/HEHS-95-260R).

Education

Selected Summaries

School Finance: Trends in U.S. Education Spending (Report, 9/15/95, GAO/HEHS-95-235).

Since 1980, total real expenditures (that is, expenditures in constant dollars) in public elementary and secondary schools have increased, while the average national per pupil expenditure increased then stabilized after

1989. Since 1990, public school enrollments began to increase after a decade of decline in the 1980s, when public school enrollment decreased to a low of 39.2 million children in the school year 1984-85. This upward trend is expected to continue, with public school enrollment increasing by 11 percent between school years 1993-94 and 2000-01 to about 48.3 million. The number of poor children is also increasing at a high rate. The cost of educating these and other at-risk children is generally higher than the cost of educating children not at risk. GAO found that education's share of state budgets decreased between fiscal years 1987 and 1994, while Medicaid and corrections increased their shares. The ability of states to raise taxes and revenues on the basis of taxable resources (fiscal capacity) and each state's willingness to tax these resources (fiscal effort) vary widely. State and local governments feel pressure from different sources, including growing numbers of students—especially at-risk students—those who want to improve America's schools through education reform, and state court challenges to school funding to increase education spending in less wealthy school districts. Education is losing its dominance of state budgets as it competes with other public services, such as Medicaid and corrections, for public funds.

DOD Dependents Schools: Enrollment Categories, Numbers, and Locations (Report, 9/18/95, GAO/HEHS-95-149).

The Secretary of Defense is authorized by the Defense Dependents' Education Act of 1978 to establish eligibility for space-available enrollment for students and has placed space-available children into two broad categories: tuition-paying and tuition-free. Tuition-paying students can be either (1) federally connected, such as dependents of the State Department or other U.S. government agency sponsors or (2) nonfederally connected, including dependents of retired military and foreign national sponsors. The majority of tuition-free, space-available students are the dependents of Department of Defense (DOD) military or civilian sponsors who are not authorized government transportation and housing overseas for their dependents. A Conference Committee report instructed DOD not to include the cost of educating tuition-free, space-available students in its budget request, and to include only the cost of educating space-required and tuition-paying, space-available students. The Department of Defense Dependents Schools (DODDS) has not followed these instructions, even though doing so would not pose a serious burden on most schools, whose space-available, tuition-free enrollments are very low.

Adult Education: Measuring Program Results Has Been Challenging (Report, 9/6/95, GAO/HEHS-95-153).

The goals of the Adult Education Act (AEA), which encompasses the State Grant Program, are broad to enable people with diverse needs to receive varying types of instruction. The most common types of instruction funded under the State Grant Program are basic education (for adults functioning below the eighth grade level), secondary education, and English as a Second Language. Although the State Grant Program funds programs that address the educational needs of millions of adults, it has had difficulty ensuring accountability for results because of a lack of clearly defined program objectives, questionable validity of adult student assessments, and poor student data. Amendments to the AEA required the Department of Education to improve accountability by developing model indicators of program quality that states could adopt and use to evaluate local programs. However, experts disagree about whether developing indicators would help states to define measurable program objectives or evaluate local programs and collect more accurate data. Other federal efforts may help states achieve better accountability systems, but it is too soon to evaluate their effectiveness.

Other Education Products

AmeriCorps*USA Clarifications (Letter, 9/11/95, GAO/HEHS-95-267R).

AmeriCorps*USA Benefit-Cost Study (Letter, 9/7/95, GAO/HEHS-95-255R).

Employment

Selected Summaries

Equal Employment Opportunity: DOL Contract Compliance Reviews Could Better Target Federal Contractors (Report, 9/28/95, GAO/HEHS-95-177).

To fulfill its mission and responsibilities to identify and resolve instances of discriminatory employment practices by federal contractors, the Department of Labor's (DOL) Office of Federal Contract Compliance Programs (OFCCP) uses compliance reviews as its main enforcement strategy. In fiscal year 1994, OFCCP devoted about 80 percent of its enforcement hours to compliance reviews, completing about 4,000 such reviews. OFCCP's financial and staff resources have declined over the past several years. As OFCCP's resources have decreased, so too has the number of compliance reviews it conducts. One of the procedures OFCCP

uses to select contractors for review raises concerns about its ability to effectively target potential violators. OFCCP receives data on the sex and individual racial groups that compose the contractor's workforce, yet OFCCP aggregates the data on all minority employees in a given company before completing its initial analysis. This practice could cause OFCCP to overlook companies that discriminate against one or more minority groups.

Other Employment Products

Equal Employment Opportunity: Women and Minority Representation at Interior, Agriculture, Navy, and State (Report, 9/29/95, GAO/GGD-95-211).

Social Security, Disability, and Welfare

Selected Summaries

Child Welfare: Complex Needs Strain Capacity to Provide Services (Report, 9/26/95, GAO/HEHS-95-208).

Between 1983 and 1993, sharp increases in the number of foster children combined with unprecedented service needs led to a crisis in foster care. Reports of child abuse and neglect nearly doubled, and foster care caseloads grew by two-thirds. Demands for child welfare services grew not only because the number of foster children increased but also because families and children were more troubled and had more complex needs. Meanwhile, resources for child welfare services failed to keep pace with the needs of troubled children and their families. While foster care funding has increased dramatically at all levels of government, federal funding for child welfare services has lagged. States and localities have found it difficult to meet the demand, although they have more than tripled expenditures in some cases. Federal foster care funds generally cannot be transferred to support child welfare services, and available state funds are increasingly being spent on child abuse and neglect investigations. Faced with increasing demands and limited resources, states have adopted various measures to meet the needs of troubled children and their families while maintaining children's safety.

Welfare to Work: Child Care Assistance Limited; Welfare Reform May Expand Needs (Report, 9/21/95, GAO/HEHS-95-220).

Although 73 percent of the state Job Opportunities and Basic Skills (JOBS) programs in GAO's nationwide survey reported child care subsidies or help arranging child care to all or almost all participants who needed assistance, their ability to do so stemmed from two key Family Support Act (FSA) provisions that serve to limit the number of AFDC recipients who participate. JOBS serves only a small portion of adult welfare recipients—approximately 13 percent in any given month—in part because many meet the statutory exemption provisions. Regardless of their ability to provide child care assistance, state and county officials told GAO that a number of difficulties hinder finding child care for the small number of recipients who participate in JOBS such as shortages of care for infants and during non standard work hours. Once a welfare recipient secures work, her ability to continue working and become self-sufficient enough to support a family can be impaired if her child care subsidy is cut off from aid because of insufficient state resources. Providing funding and finding care for additional children as more mothers are required to work or limit their stay on AFDC under welfare reform may be difficult.

Private Pension Plans: Efforts to Encourage Infrastructure Investment (Report, 9/8/95, GAO/HEHS-95-173).

Although pension plans constitute a vast pool of capital, they have not been invested to any significant degree in domestic public infrastructure because of the combined effects of federal law. To encourage greater investment, the Infrastructure Commission recommended creating two new federally sponsored financing entities to assist projects and attract investors, including pension plans. In reviewing the Infrastructure Commission's recommendations, GAO found that although the proposals might encourage pension plans to invest in infrastructure projects, many analysts and market participants are skeptical about whether they are the best way to encourage infrastructure investment or whether they are needed at all. The Infrastructure Commissions's proposals would expand federal subsidies, which under current pension and tax law cost the U.S. Treasury more than $60 billion in foregone revenue in fiscal year 1994. However, the share of pension plan assets that might go to infrastructure projects would probably be small. Given existing federal law on pension plans and municipal bonds, other options, such as the federal capitalization of state revolving funds, may offer an alternative way to expand infrastructure investment without relying on pension plans.

Other Social Security, Disability, and Welfare Products

SSA's Rehabilitation Programs (Letter, 9/7/95, GAO/HEHS-95-253R).

Children and Families Services Programs (Letter, 9/1/95, GAO/HEHS-95-191R).

Block Grants: Issues in Designing Accountability Provisions (Report, 9/1/95, GAO/AIMD-95-226).

Veterans Affairs and Military Health

Selected Summaries

Military Physicians: DOD's Medical School and Scholarship Program (Report, 9/29/95, GAO/HEHS-95-244).

Determining the most cost-effective way to educate and retain military physicians depends on the cost elements included and the unit of analysis used to measure cost. By most measures, the Uniformed Services University of the Health Sciences, the Department of Defense's (DOD) medical school in Bethesda, Maryland, is a more costly way to educate and retain military physicians. GAO's analysis shows that the University provides a medical education that compares well with that of other U.S. medical schools. Traditional measures of quality place the University within the midrange of medical schools nationwide and its graduates at or above other military physicians. University graduates begin their military medical careers with more readiness training than their peers, but the significance of the additional training is unclear. GAO's review suggests that University graduates are likely to provide DOD with a cadre of experienced physician career officers. Given the changes in operational scenarios and DOD's approach for delivering peacetime health care, new assessments of the military's physician needs and the means to acquire and retain such physicians are in order.

Veterans' Benefits: Effective Interaction Needed Within VA to Address Appeals Backlog (Report, 9/27/95, GAO/HEHS-95-190).

The Department of Veterans Affairs (VA) appeals process is increasingly bogged down, and the outlook for the future is not bright. The Veterans' Judicial Review Act and Court of Veterans Appeals rulings expanded veterans' rights but also expanded VA's adjudication responsibilities. VA is having difficulty integrating these responsibilities into its already complex

and unwieldy adjudication process. The current legal and organizational framework—which involves several autonomous VA organizations in claims adjudication—makes effective interaction among those organizations essential to fair and efficient claims processing. A common theme of many study recommendations is the need for VA organizations to work together to identify and resolve problems. VA officials have not, however, implemented many of the recommendations, believing that other formal and informal mechanisms are effective. GAO found evidence that in spite of these mechanisms, problems are not being identified or resolved.

Other Veterans Affairs and Military Health Products

VA Health Care Delivery: Top Management Leadership Critical to Success of Decision Support Systems (Report, 9/29/95, GAO/AIMD-95-182).

VA Clinic Funding (Letter, 9/19/95, GAO/HEHS-95-273R).

Proposed VA Hospital at Travis Air Force Base (Letter, 9/19/95, GAO/HEHS-95-268R).

VA Medical Resources Allocation (Letter, 9/12/95, GAO/HEHS-95-252R).

Medical Care Budget Alternatives (Letter, 9/12/95, GAO/HEHS-95-247R).

Health (Comprehensive 1-Year Listing)

Access and Infrastructure

Ryan White Care Act: Access to Services by Minorities, Women, and Substance Abusers (Testimony, 7/17/95, GAO/T-HEHS-95-212). Report on same topic (1/13/95, GAO/HEHS-95-49).

Employee and Retiree Health Benefits

Employer-Based Health Plans: Issues, Trends, and Challenges Posed by ERISA (Report, 7/25/95, GAO/HEHS-95-167). Testimony on same topic (7/25/95, GAO/T-HEHS-95-223).

Financing

Medical Liability: Impact on Hospital and Physician Costs Extends Beyond Insurance (Report, 9/29/95, GAO/AIMD-95-169).

Health Insurance Portability: Reform Could Ensure Continued Coverage for up to 25 Million Americans (Report, 9/19/95, GAO/HEHS-95-257).

Cost Factors in CARE Act Formula (Letter, 9/15/95, GAO/HEHS-95-256R).

Medigap Insurance: Insurers' Compliance With Federal Minimum Loss Ratio Standards, 1988-93 (Report, 8/23/95, GAO/HEHS-95-151).

Health Insurance For Children: Many Remain Uninsured Despite Medicaid Expansion (Report, 7/19/95, GAO/HEHS-95-175).

Health Insurance Regulation: National Portability Standards Would Facilitate Changing Health Plans (Testimony, 7/18/95, GAO/T-HEHS-95-205).

Health Insurance Regulation: Variation in Recent State Small Employer Health Insurance Reforms (Report, 6/12/95, GAO/HEHS-95-161FS).

Ryan White Care Act of 1990: Opportunities Are Available to Improve Funding Equity (Testimony, 4/5/95, GAO/T-HEHS-95-126). Testimony on same topic (2/22/95, GAO/T-HEHS-95-91). Correspondence on same topic (2/14/95, GAO/HEHS-95-79R, and 3/31/95, GAO/HEHS-95-119R).

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

Biotech R & D, Reform, and Market Change (Letter, 12/15/94, GAO/HEHS-95-34R).

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

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

Health Care Reform Related Issues

Cost of Health Care Task Force Related Activities (Testimony, 3/14/95, GAO/T-GGD-95-114).

HHS Public Health Service Agencies

Cancer Drug Research: Contrary to Allegation, NIH Hydrazine Sulfate Studies Were Not Flawed (Report, 9/13/95, GAO/HEHS-95-141).

Health Care Shortage Areas: Designations Not a Useful Tool for Directing Resources to the Underserved (Report, 9/8/95, GAO/HEHS-95-200).

Health Research Misconduct: HHS' Handling of Cases is Appropriate, but Timeliness Remains a Concern (Report, 8/3/95, GAO/HEHS-95-134).

Practice Guidelines: Overview of Agency for Health Care Policy and Research Efforts (Testimony, 7/25/95, GAO/T-HEHS-95-221).

Reassignment of Two NIH Employees (Letter, 7/5/95, GAO/OSI-95-14R).
Immunization: HHS Could Do More to Increase Vaccination Among Older Adults (Report, 6/8/95, GAO/PEMD-95-14).

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

Long-Term Care and Aging

Immunization: HHS Could Do More to Increase Vaccination Among Older Adults (Report, 6/8/95, GAO/PEMD-95-14).

Long-Term Care: Current Issues and Future Directions (Report, 4/13/95, GAO/HEHS-95-109).

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

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

Managed Care

Medicare Managed Care: Enrollment Growth Underscores Need to Revamp HMO Payment Methods (Testimony, 7/12/95, GAO/T-HEHS-95-207).

Medicare Managed Care: Program Growth Highlights Need to Fix HMO Payment Problems (Testimony, 5/24/95, GAO/T-HEHS-95-174).

Community Health Centers: Challenges in Transitioning to Prepaid Managed Care (Report, 5/4/95, GAO/HEHS-95-138). Testimony on same topic (5/4/95, GAO/T-HEHS-95-143).

Defense Health Care: DOD's Managed Care Program Continues to Face Challenges (Testimony, 3/28/95, GAO/T-HEHS-95-117).

Medicare and Medicaid

Medicare Spending: Modern Management Strategies Needed to Curb Billions in Unnecessary Payments (Report, 9/19/95, GAO/HEHS-95-210).

Durable Medical Equipment: Regional Carriers' Coverage Criteria Are Consistent With Medicare Law (Report, 9/19/95, GAO/HEHS-95-185).

Preventing Abusive Medicare Billing (Letter, 9/5/95, GAO/HEHS-95-260R).

Medicaid: Tennessee's Program Broadens Coverage but Faces Uncertain Future (Report, 9/1/95, GAO/HEHS-95-186).

Medicare: Antifraud Technology Offers Significant Opportunity to Reduce Health Care Fraud (Report, 8/11/95, GAO/AIMD-95-77).

Medicare Competitive Bidding (Letter, 8/11/95, GAO/HEHS-95-238R).

Medicare: Excessive Payments for Medical Supplies Continue Despite Improvements (Report, 8/8/95, GAO/HEHS-95-171).

Medicare: Increased HMO Oversight Could Improve Quality and Access to Care (Report, 8/3/95, GAO/HEHS-95-155). Testimony on same topic (8/3/95, GAO/T-HEHS-95-229).

Medicare: Modern Management Strategies Could Curb Fraud, Waste, and Abuse (Testimony, 7/31/95, GAO/T-HEHS-95-227).

Medicaid: Local Contributions (Letter, 7/28/95, GAO/HEHS-95-215R).

Medicare: Enhancing Health Care Quality Assurance (Testimony, 7/27/95, GAO/T-HEHS-95-224).

Medicaid: Matching Formula's Performance and Potential Modifications (Testimony, 7/27/95, GAO/T-HEHS-95-226).

Medicare: Adapting Private Sector Techniques Could Curb Losses to Fraud and Abuse (Testimony, 7/19/95, GAO/T-HEHS-95-211).

Health Insurance For Children: Many Remain Uninsured Despite Medicaid Expansion (Report, 7/19/95, GAO/HEHS-95-175).

Medicare: Allegations Against ABC Home Health Care (Testimony, 7/19/95, GAO/T-OSI-95-18). Report on same topic (7/19/95, GAO/OSI-95-17).

Medicare Providers' Legal Expenses (Letter, 7/18/95, GAO/HEHS-95-214R).

Medicare Managed Care: Enrollment Growth Underscores Need to Revamp HMO Payment Methods (Testimony, 7/12/95, GAO/T-HEHS-95-207).

Medicaid: State Flexibility in Implementing Managed Care Programs Requires Appropriate Oversight (Testimony, 7/12/95, GAO/T-HEHS-95-206).

Medicare: Rapid Spending Growth Calls for More Prudent Purchasing (Testimony, 6/28/95, GAO/T-HEHS-95-193).

Medicaid: Statewide Section 1115 Demonstrations' Impact on Eligibility, Service Delivery, and Program Cost (Testimony, 6/21/95, GAO/T-HEHS-95-182).

Medicare: Modern Management Strategies Needed to Curb Program Exploitation (Testimony, 6/15/95, GAO/T-HEHS-95-183).

Medicare Managed Care: Program Growth Highlights Need to Fix HMO Payment Problems (Testimony, 5/24/95, GAO/T-HEHS-95-174).

Medicare: Reducing Fraud and Abuse Can Save Billions (Testimony, 5/16/95, GAO/T-HEHS-95-157).

Medicare Claims: Commercial Technology Could Save Billions Lost to Billing Abuse (Report, 5/5/95, GAO/AIMD-95-135).

Medicaid Managed Care: More Competition and Oversight Would Improve California's Expansion Plan (Report, 4/28/95, GAO/HEHS-95-87).

Medicaid: Spending Pressures Drive States Toward Program Reinvention (Report, 4/4/95, GAO/HEHS-95-122). Testimony on same topic (GAO/T-HEHS-95-129).

Medicaid: Restructuring Approaches Leave Many Questions (Report, 4/4/95, GAO/HEHS-95-103).

Medicare: Tighter Rules Needed to Curtail Overcharges for Therapy in Nursing Homes (Report, 3/30/95, GAO/HEHS-95-23).

Medicaid: Experience With State Waivers to Promote Cost Control and Access to Care (Testimony, 3/23/95, GAO/T-HEHS-95-115).

Medicare and Medicaid: Opportunities to Save Program Dollars by Reducing Fraud and Abuse (Testimony, 3/22/95, GAO/T-HEHS-95-110).

Medicare Secondary Payer Program (Letter, 3/6/95, GAO/HEHS-95-101R).

GAO's 1995 High Risk Reports: Medicare Claims (Report, 2/95, GAO/HR-95-8).

Medicare Secondary Payer Program: Actions Needed to Realize Savings (Testimony, 2/23/95, GAO/T-HEHS-95-92).

Uninsured and Children on Medicaid (Letter, 2/14/95, GAO/HEHS-95-83R).

Medicare: Opportunities Are Available to Apply Managed Care Strategies (Testimony, 2/10/95, GAO/T-HEHS-95-81).

Medicare: High Spending Growth Calls for Aggressive Action (Testimony, 2/6/95, GAO/T-HEHS-95-75).

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

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans (Report, 10/24/94, GAO/HEHS-95-13).

Medicare: Referrals to Physician-Owned Imaging Facilities Warrant HCFA's Scrutiny (Report, 10/20/94, GAO/HEHS-95-2).

Prescription Drugs

Nonprescription Drugs: Value of a Pharmacist-Controlled Class Has Yet to Be Demonstrated (Report, 8/24/95, GAO/PEMD-95-12).

Prescription Drugs and the Elderly: Many Still Receive Potentially Harmful Drugs Despite Recent Improvements (Report, 7/24/95, GAO/HEHS-95-152).

Prescription Drug Prices: Official Index Overstates Producer Price Inflation (Report, 4/28/95, GAO/HEHS-95-90).

Family Planning Clinics: Strain of Norplant's High Up-Front Costs Has Subsided (Report, 10/7/94, GAO/HEHS-95-7).

Provider Issues

Indian Health Service: Improvements Needed in Credentialing Temporary Physicians (Report, 4/21/95, GAO/HEHS-95-46).

Medical Education: Curriculum and Financing Strategies Need to Encourage Primary Care Training (Report, 10/21/94, GAO/HEHS-95-9).

Public Health and Education

Planned Parenthood (Letter, 8/9/95, GAO/HEHS-95-216R).

Hospital-Based Home Health Agencies (Letter, 7/19/95, GAO/HEHS-95-209R).

Vaccines for Children: Reexamination of Program Goals and Implementation Needed to Ensure Vaccination (Report, 6/22/95, GAO/PEMD-95-22).

Immunization: HHS Could Do More to Increase Vaccination Among Older Adults (Report, 6/8/95, GAO/PEMD-95-14).

Vaccines for Children: Barriers to Immunization (Testimony, 5/4/95, GAO/T-PEMD-95-21).

Community Health Centers: Challenges in Transitioning to Prepaid Managed Care (Report, 5/4/95, GAO/HEHS-95-138). Testimony on same topic (5/4/95, GAO/T-HEHS-95-143).

Tuberculosis: Costly and Preventable Cases Continue in Five Cities (Report, 3/16/95, GAO/HEHS-95-11).

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

Quality and Practice Standards

Health Care: Employers and Individual Consumers Want Additional Information on Quality (Report, 9/29/95, GAO/HEHS-95-201).

Patient Self-Determination Act: Providers Offer Information on Advance Directives but Effectiveness Uncertain (Report, 8/28/95, GAO/HEHS-95-135).

Impact of Organ Allocation Variances (Letter, 7/31/95, GAO/HEHS-95-203R).

Medicare: Enhancing Health Care Quality Assurance (Testimony, 7/27/95, GAO/T-HEHS-95-224).

Maine Practice Guidelines (Letter, 4/4/95, GAO/HEHS-95-118R).

Electromagnetic Interference with Medical Devices (Letter, 3/17/95, GAO/RCED-95-96R).

Cholesterol Measurement: Variability in Methods and Test Results (Testimony, 2/13/95, GAO/T-PEMD-95-17). Report on same topic (12/30/94, GAO/PEMD-95-8).

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

Substance Abuse and Drug Treatment

Treatment of Hardcore Cocaine Users (Letter, 7/31/95, GAO/HEHS-95-179R).

Other Health Issues

Environmental Impact on Health

Superfund: Information on Current Health Risks (Report, 7/19/95, GAO/RCED-95-205).

Health and Safety: DOE's Epidemiological Data Base Has Limited Value for Research (Report, 6/6/95, GAO/RCED-95-126).

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

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

Miscellaneous

Financial Audit: U.S. Senate Health Promotion Revolving Fund for the Periods Ended 9/30/93 and 12/31/92 (Report, 5/3/95, GAO/AIMD-95-105).

Education (Comprehensive 1-Year Listing)

Department of Education

Adult Education: Measuring Program Results Has Been Challenging (Report, 9/6/95, GAO/HEHS-95-153).

Student Financial Aid: Data Not Fully Utilized to Identify Inappropriately Awarded Loans and Grants (Report, 7/11/95, GAO/HEHS-95-89).

Federal Family Education Loan Information System: Weak Computer Controls Increase Risk of Unauthorized Access to Sensitive Data (Report, 6/12/95, GAO/AIMD-95-117).

Department of Education: Information on Consolidation Opportunities and Student Aid (Testimony, 4/6/95, GAO/T-HEHS-95-130).

Adult Education Act (Letter, 2/16/95, GAO/HEHS-95-65R).

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

Early Childhood Development

Early Childhood Centers: Services to Prepare Children for School Often Limited (Report, 3/21/95, GAO/HEHS-95-21).

Early Childhood Programs: Promoting the Development of Young Children in Denmark, France, and Italy (Report, 2/22/95, GAO/HEHS-95-45BR).

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

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

Early Childhood Programs: Multiple Programs and Overlapping Target Groups (Report, 10/31/94, GAO/HEHS-95-4FS).

Elementary and Secondary Education

School Finance: Trends in U.S. Education Spending (Report, 9/15/95, GAO/HEHS-95-235).

DOD Dependents Schools: Enrollment Categories, Numbers, and Locations(Report, 9/18/95, GAO/HEHS-95-149).

Schools and Workplaces: An Overview of Successful and Unsuccessful Practices (Report, 8/31/95, GAO/PEMD-95-28).

D.C. Public School Enrollment (Letter, 8/28/95, GAO/AIMD-95-229R).

Vocational Education: Changes at High School Level After Amendments to Perkins Act (Report, 7/12/95, GAO/HEHS-95-144).

District of Columbia: Weaknesses in Personnel Records and Public Schools' Management Information and Controls (Testimony, 6/14/95, GAO/T-AIMD-95-170).

School Safety: Promising Initiatives for Addressing School Violence (Report, 4/25/95, GAO/HEHS-95-106).

School Facilities: America's Schools Not Designed or Equipped for 21st Century (Report, 4/4/95, GAO/HEHS-95-95). Testimony on same topic (4/4/95, GAO/T-HEHS-95-127).

School Facilities: Condition of America's Schools (Report, 2/1/95, GAO/HEHS-95-61).

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

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

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

Education Finance: Extent of Federal Funding in State Education Agencies (Report, 10/14/94, GAO/HEHS-95-3).

Higher Education

AmeriCorps*USA Clarifications (Letter, 9/11/95, GAO/HEHS-95-267R).

AmeriCorps*USA Benefit-Cost Study (Letter, 9/7/95, GAO/HEHS-95-255R).

National Service Programs AmeriCorps*USA—Early Program Resource and Benefit Information (Report, 8/29/95, GAO/HEHS-95-222).

Direct Student Loans (Letter, 8/25/95, GAO/HEHS-95-225R).

College Savings: Information on State Tuition Prepayment Programs (Report, 8/3/95, GAO/HEHS-95-131).

Vocational Education: 2-Year Colleges Improve Programs, Maintain Access for Special Populations (Report, 7/26/95, GAO/HEHS-95-163).

Teacher Training: Status and Participants' Views of Delta Teachers Academy (Report, 6/29/95, GAO/RCED-95-208).

Student Loan Defaults: Department of Education Limitations in Sanctioning Problem Schools (Report, 6/19/95, GAO/HEHS-95-99).

Direct Student Loans: Selected Characteristics of Participating Schools (Testimony, 3/30/95, GAO/T-HEHS-95-123).

Higher Education: Restructuring Student Aid Could Reduce Low-Income Student Dropout Rate (Report, 3/23/95, GAO/HEHS-95-48).

GAO's 1995 High Risk Reports: Student Financial Aid (Report, 2/95, GAO/HR-95-10).

Guaranteed Student Loans: Actions to Ensure Continued Student Access to Subsidized Loans (Report, 2/24/95, GAO/HEHS-95-64).

Multiple Teacher Training Programs: Information on Budgets, Services, and Target Groups (Report, 2/22/95, GAO/HEHS-95-71FS).

Adult Education Act (Letter, 2/16/95, GAO/HEHS-95-65R).

GAO Education Reports (Letter, 2/3/95, GAO/HEHS-72R).

NCAA Student Athlete Pell Grants (Letter, 1/10/95, GAO/OSI-95-13R).

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

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

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

Employment (Comprehensive 1-Year Listing)

Equal Employment Opportunities

Equal Employment Opportunity: Women and Minority Representation at Interior, Agriculture, Navy, and State (Report, 9/29/95, GAO/GGD-95-211).

Equal Employment Opportunity: DOL Contract Compliance Reviews Could Better Target Federal Contractors (Report, 9/28/95, GAO/HEHS-95-177).

Employment Discrimination: Most Private-Sector Employers Use Alternative Dispute Resolution (Report, 7/5/95, GAO/HEHS-95-150).

Federal Affirmative Employment: Progress of Women and Minority Criminal Investigators at Selected Agencies (Report, 4/25/95, GAO/GGD-95-85).

Equal Employment Opportunity: Group Representation in Key Jobs at the National Institutes of Health (Report, 3/16/95, GAO/GGD-95-83).

Equal Opportunity: DOD Studies on Discrimination in the Military (Report, 3/95, GAO/NSIAD-95-103).

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

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

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

Labor and Management Relations

Federal Personnel Management: Views on Selected NPR Human Resource Recommendations (Report, 9/18/95, GAO/GGD-95-221BR).

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

Training and Employment Assistance

Job Corps: High Costs and Mixed Results Raise Questions About Program's Effectiveness (Report, 6/30/95, GAO/HEHS-95-180).

Department of Labor: Rethinking the Federal Role in Worker Protection and Workforce Development (Testimony, 4/4/95, GAO/T-HEHS-95-125).

Multiple Employment Training Programs: Information Crosswalk on 163 Employment Training Programs (Report, 2/14/95, GAO/HEHS-95-85FS).

Multiple Employment Training Programs: Major Overhaul Needed to Create a More Efficient, Customer-Driven System (Testimony, 2/6/95).

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

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

Workplace Quality

Schools and Workplaces: An Overview of Successful and Unsuccessful Practices (Report, 8/31/95, GAO/PEMD-95-28).

Department of Labor: Rethinking the Federal Role in Worker Protection and Workforce Development (Testimony, 4/4/95, GAO/T-HEHS-95-125).

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

Other Employment Issues

Federal Reorganization: Congressional Proposal to Merge Education, Labor, and EEOC (Report, 6/7/95, GAO/HEHS-95-140). Testimony on same topic (6/29/95, GAO/T-HEHS-95-188).

Personnel Practices: Selected Characteristics of Recent Ramspeck Act Appointments (Testimony, 5/24/95, GAO/T-GGD-95-173).

Title 6 T&A Data (NASA) (Letter, 5/23/95, GAO/AIMD-95-140R).

Title 6 T&A Data (NRC) (Letter, 5/23/95, GAO/AIMD-95-139R).

Administratively Uncontrollable Overtime (Letter, 4/14/95, GAO/GGD-95-129R).

Federal Quality Management: Strategies for Involving Employees (Report, 4/18/95, GAO/GGD-95-79).

Federal Downsizing: The Administration's Management of Workforce Reductions (Testimony, 3/2/95, GAO/T-GGD-95-108).

Labor's Regional Structure and Trust Funds (Letter, 2/10/95, GAO/HEHS-95-82R).

Block Grants: Characteristics, Experience, and Lessons Learned (Report, 2/9/95, GAO/HEHS-95-74). Testimony on same topic (2/9/95, GAO/T-HEHS-95-80).

GAO Labor Products (1990-1995) (Letter, 2/3/95, GAO/HEHS-95-73R).

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

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

Social Security, Disability, and Welfare (Comprehensive 1-Year Listing)

Children's Issues

Child Support

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

Other Children's Issues

Child Welfare: Complex Needs Strain Capacity to Provide Services (Report, 9/26/95, GAO/HEHS-95-208).

Children and Families Services Programs (Letter, 9/1/95, GAO/HEHS-95-191R).

Federal Reimbursement for Foster Care (Letter, 8/11/95, GAO/HEHS-95-197R).

Child Welfare: Opportunities to Further Enhance Family Preservation and Support Activities (Report, 6/15/95, GAO/HEHS-95-112).

Child Support Enforcement: Opportunity to Reduce Federal and State Costs (Testimony, 6/13/95, GAO/T-HEHS-95-181).

Foster Care: Health Needs of Many Young Children Are Unknown and Unmet (Report, 5/26/95, GAO/HEHS-95-114).

Child Care: Recipients Face Service Gaps and Supply Shortages (Testimony, 3/1/95, GAO/T-HEHS-95-96).

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

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

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

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

Pensions

Pension Bennefit Guaranty Corporation

PBGC (Letter, 8/24/95, GAO/AIMD-95-225R).

Public and Private Pension Issues

Private Pension Plans: Efforts to Encourage Infrastructure Investment (Report, 9/8/95, GAO/HEHS-95-173).

Penson COLAs (Letter, 8/11/95, GAO/HEHS-95-219R).

Combined Fund Analysis (Letter, 8/7/95, GAO/HEHS-95-230R).

Federal Retirement System Financing (Testimony, 6/28/95, GAO/T-GGD-95-197).

Overview of Federal Retirement Programs (Testimony, 5/22/95, GAO/T-GGD-95-172).

Federal Retirement: Benefits for Members of Congress, Congressional Staff, and Other Employees (Report, 5/15/95, GAO/GGD-95-78). Testimony on same topic (5/15/95, GAO/T-GGD-95-165).

CSRS Funding (Letter, 4/3/95, GAO/GGD-95-200R).

Federal Retirement Issues (Testimony, 3/10/95, GAO/T-GGD-95-111).

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

Private Pensions: Funding Rule Change Needed to Reduce PBGC's Multibillion Dollar Exposure (Report, 10/5/94, GAO/HEHS-95-5).

Social Security and Disability

Disability

Disability Insurance: Broader Management Focus Needed to Better Control Caseload (Testimony, 5/23/95, GAO/T-HEHS-95-164).

D.C. Disability Retirement Rate (Report, 3/31/95, GAO/GGD-95-133).
Supplemental Security Income: Recipient Population Has Changed as Caseloads Have Burgeoned (Testimony, 3/27/95, GAO/T-HEHS-95-120).

Social Security: New Functional Assessments for Children Raise Eligibility Questions (Report, 3/10/95, GAO/HEHS-95-66).

Social Security: Federal Disability Programs Face Major Issues (Testimony, 3/2/95, GAO/T-HEHS-95-97).

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

Social Security Administration

Supplemental Security Income: Disability Program Vulnerable to Applicant Fraud When Middlemen Are Used (Report, 8/31/95, GAO/HEHS-95-116).

OHA Backlogs (Letter, 7/28/95, GAO/HEHS-95-228R).

Supplemental Security Income: Growth and Changes in Recipient Population Call for Reexamining Program (Report, 7/7/95, GAO/HEHS-95-137).

Social Security Administration: Leadership Challenges Accompany Transition to an Independent Agency (Report, 2/15/95, GAO/HEHS-95-59).

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

Other Social Security Programs

SSA's Rehabilitation Programs (Letter, 9/7/95, GAO/HEHS-95-253R).

Welfare

Welfare To Work: Child Care Assistance Limited; Welfare Reform May Expand Needs (Report, 9/21/95, GAO/HEHS-95-220).

Welfare to Work: State Programs Have Tested Some of the Proposed Reforms (Report, 7/14/95, GAO/PEMD-95-26).

Low-Income Families (Letter, 6/28/95, GAO/HEHS-95-162R).

Welfare Benefits: Potential to Recover Hundreds of Millions More in Overpayments (Report, 6/20/95, GAO/HEHS-95-111).

Welfare Programs: Opportunities to Consolidate and Increase Program Efficiencies (Report, 5/31/95, GAO/HEHS-95-139).

Welfare to Work: Most AFDC Training Programs Not Emphasizing Job Placement (Report, 5/19/95, GAO/HEHS-95-113).

Welfare to Work: Measuring Outcomes for JOBS Participants (Report, 4/17/95, GAO/HEHS-95-86).

Means-Tested Programs (Letter, 2/24/95, GAO/HEHS-95-94R).

Welfare Reform: Implications of Proposals on Legal Immigrants' Benefits (Report, 2/2/95, GAO/HEHS-95-58).

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

Other Products Related to Social Security, Disability, and Welfare

Block Grants: Issues in Designing Accountability Provisions (Report, 9/1/95, GAO/AIMD-95-226).

Illegal Aliens: National Net Cost Estimates Vary Widely (Report, 7/25/95, GAO/HEHS-95-133).

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

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

Financial Audit: House Child Care Center—Fiscal Years Ended 9-30-93, 9-30-92, and Month Ended 9-30-91 (Report, 10/14/94, GAO/AIMD-95-2).

Veterans Affairs and Military Health (Comprehensive 1-Year Listing)

Military Health Care

Military Physicians: DOD's Medical School and Scholarship Program (Report, 9/29/95, GAO/HEHS-95-244).

Defense Health Care: Despite TRICARE Procurement Improvements, Problems Remain (Report, 8/3/95, GAO/HEHS-95-142).

Defense Health Care: Problems With Medical Care Overseas Are Being Addressed (Report, 7/12/95, GAO/HEHS-95-156).

Operation Desert Storm: Health Concerns of Selected Indiana Persian Gulf War Veterans (Report, 5/16/95, GAO/HEHS-95-102).

Wartime Medical Care: Aligning Sound Requirements with New Combat Care Approaches Is Key to Restructuring Force (Testimony, 3/30/95, GAO/T-NSIAD-95-129).

Defense Health Care: DOD's Managed Care Program Continues to Face Challenges (Testimony, 3/28/95, GAO/T-HEHS-95-117).

Defense Health Care: Issues and Challenges Confronting Military Medicine (Report, 3/22/95, GAO/HEHS-95-104).

VA/DOD Health Care: More Guidance Needed to Implement CHAMPUS-Funded Sharing Agreements (Report, 10/28/94, GAO/HEHS-95-15).

Veterans' Benefits

Veterans' Benefits: Effective Interaction Needed Within VA to Address Appeals Backlog (Report, 9/27/95, GAO/HEHS-95-190).

Veterans' Benefits: VA Can Prevent Millions in Compensation and Pension Overpayments (Report, 4/28/95, GAO/HEHS-95-88).

Concurrent Receipt (Letter, 4/27/95, GAO/HEHS-95-136R).

Veterans Compensation: Offset of DOD Separation Pay and VA Disability Compensation (Report, 4/3/95, GAO/NSIAD-95-123).

Veterans' Benefits: Basing Survivors' Compensation on Veterans' Disability Is a Viable Option (Report, 3/6/95, GAO/HEHS-95-30).

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

Fiscal Year 1995 VA Certification (Letter, 11/10/94, GAO/HEHS-95-32R).

Veterans' Health Care

VA Health Care Delivery: Top Management Leadership Critical to Success of Decision Support Systems (Report, 9/29/95, GAO/AIMD-95-182).

VA Clinic Funding (Letter, 9/19/95, GAO/HEHS-95-273R).

Proposed VA Hospital at Travis Air Force Base (Letter, 9/19/95, GAO/HEHS-95-268R).

VA Medical Resources Allocation (Letter, 9/12/95, GAO/HEHS-95-252R).

Medical Care Budget Alternatives (Letter, 9/12/95, GAO/HEHS-95-247R).

VA Health Care: Need for Brevard Hospital Not Justified (Report, 8/29/95, GAO/HEHS-95-192).

VA Construction Contract Award Delays (Letter, 8/25/95, GAO/HEHS-95-240R).

VA Health Care: Physician Peer Review Identifies Quality of Care Problems but Actions to Address Them Are Limited (Report, 7/7/95, GAO/HEHS-95-121).

VA Savings Options (Letter, 5/18/95, GAO/HEHS-95-165R).

VA's Florida Network Planning (Letter, 5/16/95, GAO/HEHS-95-160R).

Operation Desert Storm: Health Concerns of Selected Indiana Persian Gulf War Veterans (Report, 5/16/95, GAO/HEHS-95-102).

VA Health Care: Challenges and Options for the Future (Testimony, 5/9/95, GAO/T-HEHS-95-147).

VA Health Care: Retargeting Needed to Better Meet Veterans' Changing Needs (Report, 4/21/95, GAO/HEHS-95-39).

Barriers to VA Managed Care (Letter, 4/20/95, GAO/HEHS-95-84R).

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

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

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

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

Fiscal Year 1995 VA Certification (Letter, 11/10/94, GAO/HEHS-95-32R).

VA/DOD Health Care: More Guidance Needed to Implement CHAMPUS-Funded Sharing Agreements (Report, 10/28/94, GAO/HEHS-95-15).

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans (Report, 10/24/94, GAO/HEHS-95-13).

Major Contributors

Jessie L. Battle
David W. Bieritz
Susan Y. Higgins
James L. Kirkman
Stephen F. Palincsar

GAO Order Form

U.S. General Accounting Office
P.O. Box 6015
Gaithersburg, MD 20884-6015
Fax Number (301) 258-4066
Telephone Number (202) 512-6000

For ordering single copies only.

(No Cover Page Required)

8 Digit Customer ID*
(top of mailing label)

or your full mailing address below:*

Name

Organization

Address

Address

City, State and ZIP

Sample Order*
(to order
GAO/HEHS-94-83W

GAO/HEHS-94-83W

***Note: Please fill the blanks as shown in this example without touching the sides of the box.**

GAO/

GAO/

GAO/

GAO/

GAO/

GAO/

GAO/

GAO/

GAO/

GAO/

Postage
Required
Post Office will
not deliver
without proper
postage

U.S. General Accountng Office
PO Box 6015
Gaithersburg, MD 20884-6015

Mailing List Request Form

Address Information

To receive this booklet each month, check here._____.

Name: _____
Organization: _____
Address: _____
_____

Which of the following best describes your organization?

- ___ Congress (2)
- ___ Press (3)
- ___ Library (Non-University) (5)
- ___ University (6)
- ___ Private Industry (7)
- ___ Other Federal Government (8)
- ___ State/Local Government (9)
- ___ Trade/Interest Group (10)
- ___ Law Firm (11)
- ___ All Others (99)

Areas of Interest

To receive future reports and testimonies, check your area(s) of interest.

HEALTH
- ___ Access/Infrastructure (78)
- ___ Employee/Retiree Benefits (77)
- ___ Financing (64)
- ___ Health Care Reform (85)
- ___ HHS Public Health Service (8)
- ___ Long-Term Care/Aging (73)
- ___ Malpractice (79)
- ___ Managed Care (80)
- ___ Medicare/Medicaid (11)
- ___ Prescription Drugs (81)
- ___ Provider Issues (82)
- ___ Public Health/Education (83)
- ___ Quality/Practice Standards (25)
- ___ Substance Abuse/Treatment (84)
- ___ Other Health Issues (86)

EDUCATION
- ___ Department of Education (27)
- ___ Early Childhood Develop. (70)
- ___ Armed Forces (35)
- ___ Elementary/Secondary (2)
- ___ Higher Education (39)
- ___ School-to-Work Transition (1)

EMPLOYMENT
- ___ Equal Opportunities (00)
- ___ High Performance Work (38)
- ___ Labor/Mgt.Relations (57)
- ___ Training/Employment Assistance (60)
- ___ Workplace Quality (7)
- ___ Other Employment Issues (47)

SOCIAL SECURITY, DISABILITY, & WELFARE
- ___ Children's Issues (59)
- ___ Pensions (61)
- ___ Social Security & Disability (58)
- ___ Welfare (75)
- ___ Other Social Security, Disability & Welfare Issues (96)

VETERANS AFFAIRS & MILITARY HEALTH
- ___ Military Health (5)
- ___ Veterans' Benefits (74)
- ___ Veterans' Health Care (10)

Fax or Mail To:

Janet Shikles, Assistant Comptroller General
U.S. General Accounting Office
Fax (202) 512-5806

(10/95)

Turn this page over, fold on the dotted lines, and affix stamp.

Postage Required
Post Office will not deliver without proper postage

Janet Shikles, Assistant Comptroller General
U.S. General Accounting Office
HEHS, NGB/ACG
441 G Street, NW.
Washington, D.C. 20548

Change of Address Notification Form

Requesting Changes

Please complete the following information.

To change name, organization, or address, enter appropriate changes below.

Old Information

_____
(Customer Number on Mailing Label above Name)

Name: _____
Organization: _____
Address: _____
_____
_____

New Information

Name: _____
Organization: _____
Address: _____
_____
_____

Fax or Mail To:

Janet Shikles, Assistant Comptroller General
U.S. General Accounting Office
Fax (202) 512-5806

(10/95)

Turn this page over, fold on the dotted lines, and affix stamp.

Postage Required
Post Office will not deliver without proper postage.

Janet Shikles, Assistant Comptroller General
U.S. General Accounting Office
HEHS, NGB/ACG
441 G Street, NW.
Washington, D.C. 20548

Internet Instructions

To access this publication as a FULL TEXT ASCII or PDF (Portable Document Format) electronic file from the Government Printing Office (GPO) , follow these steps: (Note: PDF files are available only via World Wide Web (WWW) or a Wide Area Information Server (WAIS) client.).

Via WWW via UCSD:

1) Go to: \http://ssdc.ucsd.edu/gpo/gao.html.
2) Perform search for "Health Education Employment Social Security Welfare Veterans".
3) Mail the file(s) to yourself.

Via WWW via Perdue:

1) Go to: \http://thorplus.lib.purdue.edu/gpo/.
2) Select GAO database (near bottom of 2nd screen).
3) Perform search for "Health Education Employment Social Security Welfare Veterans". <(MUST use quotes in searches).
4) Use the "m" command to mail the file to yourself.

Via TELNET:

1) TELNET to: <swais.access.gpo.go>.
2) Login as > gao < (MUST be lower case).
3) Follow steps #3 & #4 above for Via WWW via Perdue.

Via WAIS (for PDF files, also):

1) Obtain source file information through anonymous FTP at \eids04.eids.gpo.gov.
2) Login as "anonymous".
3) Use your own e-mail address as PASSWORD.
4) Follow steps #3 & #4 listed above for Via WWW via Perdue.

Via Dial-in:

1) Modem settings: VT-100 emulation (8,N,1).
2) Dial (202) 512-1661.
3) Type "SWAIS".
4) Login as > gao < (MUST be lower case).
5) Follow step #3 listed above for VIA WWW via Perdue.
6) For downloading files, follow your modem software guidelines.

Via CapAccess: <http://www.capaccess.or>.

1) Type GO GAO at any CapAccess prompt.
2) Select WAIS menu item - #5.
3) Follow steps #3 & #4 listed above for VIA WWW via Perdue.

See "Helpful Hints" and "WAIS Manual" files for more information on searching techniques. For additional access options or questions on using the GPO system, contact GPO at <help@eids05.eids.gpo.go> or (202) 512-1530. Please do NOT use this GAO e-mail address for questions about the GPO system or for ordering reports.

Electronic access information is also available via GAO's FaxBack system. The automated voice menu number is (301) 258-4097.

Select option #4 to receive INTERNET access info via FAX.

Ordering Information

The first copy of each GAO report and testimony is free. Additional copies are $2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

Orders by mail:

U.S. General Accounting Office
P.O. Box 6015
Gaithersburg, MD 20884-6015

or visit:

Room 1100
700 4th St. NW (corner of 4th and G Sts. NW)
U.S. General Accounting Office
Washington, DC

Orders may also be placed by calling (202) 512-6000
or by using fax number (301) 258-4066, or TDD (301) 413-0006.

Each day, GAO issues a list of newly available reports and testimony. To receive facsimile copies of the daily list or any list from the past 30 days, please call (301) 258-4097 using a touchtone phone. A recorded menu will provide information on how to obtain these lists.

For information on how to access GAO reports on the INTERNET, send an e-mail message with "info" in the body to:

info@www.gao.gov

United States
General Accounting Office
Washington, D.C. 20548-0001

Bulk Rate
Postage & Fees Paid
GAO
Permit No. G100

Official Business
Penalty for Private Use $300

Address Correction Requested