

April 1994

**Health
Education
Employment
Social Security
Welfare
Veterans**

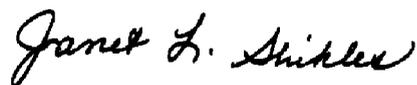
Preface

The General Accounting Office (GAO), an arm of the Congress, was established to independently audit government agencies. GAO's Health, Education, and Human Services (HEHS) Division [formerly the Human Resources Division (HRD)] 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 5 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.



Janet L. Shikles
Assistant Comptroller General

Contents

Preface		3
<hr/>		
Most Recent GAO Products (November 1993 - March 1994)		6
	Health	6
	Education	11
	Employment	14
	Social Security & Welfare	18
	Veterans and Military Health	21
<hr/>		
Health (Comprehensive 2-Year Listing)		24
	Access and Infrastructure	24
	Employee and Retiree Health Benefits	24
	Financing	25
	Health Care Reform Related Issues	26
	HHS Public Health Service Agencies	27
	Long-Term Care	28
	Malpractice	29
	Managed Care	30
	Medicare and Medicaid	30
	Prescription Drugs	34
	Public Health and Education	35
	Quality and Practice Standards	36
	Substance Abuse and Drug Treatment	37
	Other Health Issues	38
<hr/>		
Education (Comprehensive 2-Year Listing)		40
	Department of Education	40
	Early Childhood Development	40
	Elementary and Secondary Education	40
	Higher Education	42
	School-To-Work Transition	44
<hr/>		
Employment (Comprehensive 2-Year Listing)		45
	Equal Employment Opportunities	45
	Labor and Management Relations	45
	Training and Employment Assistance	46
	Workplace Quality	48
	Other Employment Issues	49

Contents

Social Security & Welfare (Comprehensive 2-Year Listing)	Aging	51
	Children's Issues	52
	Pensions	53
	Social Security	55
	Welfare	57
	Other Products Related to Social Security & Welfare	59
<hr/>		
Veterans and Military Health (Comprehensive 2-Year Listing)	Military Health Care	61
	Veterans' Health Care	62
	Veterans' Benefits	65
<hr/>		
Major Contributors		68
<hr/>		
Order Form		70
<hr/>		
Mailing List Request Form		72

Abbreviations

ADP	automatic data processing
AFDC	Aid to Families With Dependent Children
ADEA	Age Discrimination in Employment Act of 1967
AIDS	acquired immunodeficiency syndrome
AoA	Administration on Aging
BOP	Bureau of Prisons
CalPERS	California Public Employees' Retirement System
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
	Library of Congress
CRS	Congressional Research Service, Library of Congress
CPA	Certified Public Accountant
DA&A	drug addiction and alcoholism
DC	District of Columbia
DDS	disability determination services
DI	Social Security Disability Income
DOD	Department of Defense

Contents

DOE	Department of Energy
EDA	Education and Deaf Act of 1986
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EPA	Environmental Protection Agency
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office
GSA	General Services Administration
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
HUD	Department of Housing and Urban Development
INS	Immigration and Naturalization Service
IHS	Indian Health 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
LEP	limited English proficient
MSA	metropolitan statistical area
NAGB	National Assessment Governing Board, Department of Education
NTID	National Technical Institute for the Deaf
OIG	Office of Inspector General
OSHA	Occupational Safety and Health Administration
QMB	Qualified Medicare Beneficiary
PBGC	Pension Benefit Guarantee Corporation
PHS	HHS Public Health Service
PATH	Projects for Assistance in Transition from Homelessness
RBRVS	Medicare Resource-Based Relative Value Scale
RFP	Request for proposals

Contents

SSA	Social Security Administration
SSI	Supplemental Security Income
TAA	Trade Adjustment Assistance
TQM	total quality management
UI	unemployment insurance
USDA	United States Department of Agriculture
USPS	United States Postal Service
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 (November 1993 - March 1994)

Health

Selected Summaries

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).

Hawaii has the highest level of insurance coverage of any state in the nation. Hawaii's residents lacking health insurance in 1991 ranged from an estimated 3.75 to 7.0 percent in comparison to the national average of 14 percent. Nevertheless, Hawaii's employer mandate and government programs do not ensure coverage for everyone in the state. Further, even some residents with insurance encounter problems obtaining access to health services and need community health centers and other safety net programs. Hawaii has experienced the same trend of rising costs as the rest of the nation. Although Hawaii has a requirement that employers provide health insurance, large disruptions in Hawaii's small business sector have not resulted.

Medicare: Greater Investment in Claims Review Would Save Millions (Report, 3/2/94, GAO/HEHS-94-35).

Between January 1989 and September 1991, the Health Care Financing Administration (HCFA) conducted a study to determine whether giving carriers greater management discretion over medical review, as well as additional funding, would result in program improvements. The study involved five carriers: three carriers (referred to as demonstration carriers) were given added management flexibility and funding, and two carriers continued performing medical review operations with no modifications to their medical review process and funding. The demonstration carriers intensified efforts to identify unusual spending patterns and trends. These efforts netted increased savings, making the greater funding of medical review activities worthwhile. With additional resources, they were able to focus on examining spending data for individual procedures.

Health Care Reform: Implications of Geographic Boundaries for Proposed Alliances (Testimony, 2/24/94, GAO/T-HEHS-94-108).

A common feature of many health reform bills is the creation of health-purchasing groups, commonly called alliances, which pool risks and have the market power of a large group of purchasers. Three major

bills incorporate alliances. Decisions on alliance boundaries are left to the states except for provisions in all three bills that require Metropolitan Statistical Areas (MSA) remain intact. There is some potential that procedures for defining MSA and alliance boundaries could become political decisions that might affect existing health markets. The three issues often raised in regard to the drawing of alliance boundaries are (1) the impact on the provision of care, (2) the potential concentration of higher-risk populations, and (3) the redistribution of health care costs.

Bureau of Prisons Health Care: Inmates' Access to Health Care Is Limited by Lack of Clinical Staff (Report, 2/10/94, GAO/HEHS-94-36).

Inmates with special needs, including women, psychiatric patients, and patients with chronic illnesses, were not receiving all of the health care they needed at the three medical referral centers we visited. There were insufficient numbers of physician and nursing staff to perform required clinical and other related tasks. While the centers had quality assurance programs, two of the centers failed to correct identified quality assurance problems. Physicians at each of the centers were qualified to perform the work they were assigned. However, many physician assistants did not meet training and certification requirements of the medical community outside Bureau of Prisons (BOP). To reduce its reliance on community hospitals, BOP is considering constructing six large acute tertiary care hospitals, acquiring several military facilities, or both. BOP needs to determine its basic requirements and consider the costs and benefits of other alternatives before proceeding with the construction or acquisition of facilities.

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Testimony, 2/2/94, GAO/T-HEHS-94-91). Report on same topic (10/19/93, GAO/HRD-94-3).

Although many employers believe that, in principle, managed care plans save money, little empirical evidence exists on the cost savings of managed care. Most studies that compare firms' health care costs for employees under managed care to those under indemnity plans do not adequately control for key factors affecting cost, such as employees' age or health status. Some managed care plans have a potential for cost savings. Restrictions on employee choice of health care provider is viewed as the major constraint on employee acceptance of network-based managed care plans. Increasingly, employers are taking steps to address the need for adequate information on health plans' costs and quality.

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

About 2 million working Americans are providing significant unpaid care to their elderly relatives, who live in the community and need assistance with everyday activities. An additional 6 million employed persons have disabled parents or spouses who may also need assistance with these activities. The number of employed caregivers is expected to grow as the population ages. Work and family responsibilities often conflict, and many caregivers provide assistance long distance. Companies' support for their employed caregivers could be strengthened if managers identified and actively supported the use of flexible working schedule options for elder care. Caregivers struggling to balance work and family responsibilities may find useful company services that offer them flexible schedules and needed information, while employers may see reduced work disruption, such as turnover and absenteeism. Employer-sponsored elder care can also benefit the elderly persons being helped.

Medicare and Medicaid: Many Eligible People Not Enrolled in Qualified Medicare Beneficiary Program (Report, 1/20/94, GAO/HEHS-94-52).

Families USA's 1993 national estimate that 1.8 million senior citizens were eligible for but not enrolled in the Qualified Medicare Beneficiary (QMB) program is a reasonable estimate. Federal and state governments have taken a number of actions to alert potentially eligible people about the program. The reasons cited by federal and state officials for more people not enrolling include (1) eligible people perceiving a welfare stigma attached to the program, (2) the complicated application process, and (3) eligible people believing that the benefit of enrolling is not worth much in monetary terms. One action proposed to increase enrollment is to authorize the Social Security Administration (SSA) to determine QMB eligibility. SSA has opposed this option for a number of reasons, including insufficient resources to carry out the function.

Prescription Drugs: Companies Typically Charge More in the United States Than in the United Kingdom (Report, 1/12/94, GAO/HEHS-94-29).

We found significant differences in the prices that manufacturers charge wholesalers for identical, frequently dispensed prescription drugs sold in retail pharmacies in the United States and the United Kingdom. A market basket of 77 frequently dispensed drugs that we analyzed would cost wholesalers 60 percent more in the United States than in the United

Kingdom. Price differentials tended to be dramatically smaller for more recently introduced drugs in our sample than for older products. Price differentials tended to be smaller for single-source brand-name drugs in our sample than for brand-name drugs that have generic substitutes. We found that U.S.-U.K. drug price differences are primarily due to the regulatory constraints that manufacturers face in pricing their drugs on the U.K. market and to the lack of similar constraints in the United States.

Drug Use Among Youth: No Simple Answers to Guide Prevention (Report, 12/29/93, GAO/HRD-94-24).

While fewer adolescents report alcohol and illicit drug use in current surveys than in past years, adolescents still report use. Alcohol remains the drug of choice among adolescents, with more than 57 percent of high school seniors reporting current use. Our analysis of the National Longitudinal Survey of Youth identified some risk factors. Risk factor research reveals no simple answers to explain why young people use alcohol and/or drugs. Neither our work nor other research done on risk factors to date can provide answers for the optimum mix of prevention programs and strategies.

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).

Although state insurance departments are responsible for overseeing health insurers and protecting consumers, their authority extends over only part of the insurance market and varies widely among states. State insurance departments perform a variety of regulatory activities to protect consumers from insurer failures, unfair policy provisions, excessive premiums, and unscrupulous insurer business practices. However, each state insurance department's role in regulating health insurance is affected by its legal framework and regulatory philosophy. The resources state legislatures allocate to their insurance departments and the proportion the departments dedicate to regulating health insurance also varies among states. In analyzing various health care reform proposals, the Congress needs to consider what role, if any, state insurance departments will play in enforcing new requirements that may be imposed on health insurers.

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

The Public Employees' Retirement System (CalPERS) record of controlling the growth of health insurance premiums for participating employers has improved since 1992, outperforming most other employers. The recent trend toward slower growth in premiums, due in part to the weakened California economy, followed several years in which the average CalPERS premium increased at rates near or above nationwide averages. Several factors contributed to the System's success. CalPERS incorporates many features of a "health alliance" as proposed under managed competition in health care reform.

Other Health Products

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

Medicare Part B: Inconsistent Denial Rates for Medical Necessity Across Six Carriers (Testimony, 3/29/94, GAO/T-PEMD-94-17).

Los Angeles County Medi-Cal (Letter, 3/18/94, GAO/HEHS-94-116R).

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

Cancer Survival: An International Comparison of Outcomes (Report, 3/7/94, GAO/PEMD-94-5).

Bone Marrow Transplantation (Report, 3/7/94, GAO/PEMD-94-10).

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

Medical Malpractice Insurance Options (Letter, 2/28/94, GAO/HEHS-94-105R).

Medicaid: A Program Highly Vulnerable to Fraud (Testimony, 2/25/94, GAO/T-HEHS-94-106).

Homelessness: Appropriate Controls Implemented for 1990 McKinney Amendments' PATH Program (Report, 2/22/94, GAO/HEHS-94-82).

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

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

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

Medicare: New Claims Processing System Benefits and Acquisition Risks (Report, 1/25/94, GAO/HEHS/AIMD-94-79).

Health and Safety: DOE's Implementation of a Comprehensive Health Surveillance Program Is Slow (Report, 12/16/93, GAO/RCED-94-47).

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

Nuclear Health and Safety: Examples of Post World War II Radiation Releases at U.S. Nuclear Sites (Report, 11/24/93, GAO/RCED-94-51FS).

Medicare/Medicaid Data Bank Issues (Letter, 11/15/93, GAO/HRD-94-63R).

Medicare: Adequate Funding and Better Oversight Needed to Protect Benefit Dollars (Testimony, 11/12/93, GAO/T-HRD-94-59).

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

Education

Selected Summaries

School-Age Children: Poverty and Diversity Challenge Schools Nationwide (Testimony, 3/16/94, GAO/T-HEHS-94-125).

The face of school-age America is changing dramatically. By 1990, one out of every six children lived in poverty and many were from diverse racial and ethnic backgrounds. Along with these changes, schools face additional problems—one-sixth of the nation's third-graders change schools frequently, attending at least three different schools since the beginning of first grade. Many school districts are also teaching a large number of immigrant students, often who are limited English proficient. This testimony discusses changes in the demographic characteristics of

America's school-age children and the implications these changes have for America's schools and for education policy.

Elementary School Children: Many Change Schools Frequently, Harming Their Education (Report, 2/4/94, GAO/HEHS-94-45).

One in six of the nation's children who are third-graders—over a half million—have changed schools frequently, attending at least three different schools since the beginning of first grade. Unless policymakers focus greater attention on the needs of children who have changed schools frequently—often low-income, inner city, migrant, and limited English proficient (LEP)—these children may continue to be low achieving in math and reading. Local school districts generally provide little additional help to assist children who move frequently. The Department of Education can play a role in helping these children receive appropriate educational services in a timely manner. Specifically, the department could develop strategies to ensure that all children have access to Migrant Children and Chapter 1 services. School districts need access to a system that provides information on a more timely basis.

Limited English Proficiency: A Growing and Costly Educational Challenge Facing Many School Districts (Report, 1/28/94, GAO/HEHS-94-38).

The nation's ability to achieve the national education goals is increasingly dependent on its ability to educate LEP students. Many LEP students in the five districts that we visited received limited support in understanding academic subjects, such as math and social studies. Educators and researchers have developed approaches to provide academic subject instruction to LEP when native language instruction is not possible. The effectiveness of these programs, however, has not been definitely established. Federal programs targeted to LEP students provide important types of services for improving the education of these students; however, federal funding has not kept pace with the increase in the LEP population.

Student Loans: Millions Loaned Inappropriately to U.S. Nationals at Foreign Medical Schools (Report, 1/21/94, GAO/HEHS-94-28).

The U.S. Department of Education has not met its statutory responsibility to ensure the comparability of foreign medical schools to schools in the United States before authorizing their participation in the student loan program. As a result, GAO estimates that Education made \$118 million in loans between 1986 and 1991 to students attending foreign medical

schools without assuring that the schools met U.S. standards. State medical boards are often unable to get information they need to evaluate the education of foreign-trained physicians before licensing them. As a result, educationally underqualified physicians may be entering the mainstream of American medicine.

Higher Education: Information on Minority-Targeted Scholarships (Report, 1/14/94, GAO/HEHS-94-77).

Although many schools awarded minority-targeted scholarships, these scholarships accounted for a small proportion of total scholarships and scholarship dollars in the 1991-92 academic year. Most schools awarding minority-targeted scholarships used race or ethnicity as an eligibility requirement, while few used gender, religion, or other minority status. Race or ethnicity was rarely the sole criterion; most minority-targeted scholarships used additional criteria, such as financial need or academic merit, for awarding funds. Students receiving race-or ethnicity-based minority-targeted scholarships made up a small percentage of all racial or ethnic minority students. Four of the six schools we visited used minority-targeted scholarships to a great extent and found them valuable tools in recruiting and retaining minority students.

Rural Children: Increasing Poverty Rates Pose Educational Challenges (Report, 1/11/94, GAO/HEHS-94-75BR).

During the 1980s, the total number of rural children declined and the number of poor children in rural areas increased. In addition, other risk factors were prevalent among poor rural children, including a growth in the number of single-female-parent families and a continued high percentage of parents with low education levels. Rural poverty was concentrated by region and by race and ethnicity. Rural counties make up over 80 percent of the counties that, under the administration's proposed county eligibility changes in the Chapter 1 program, would no longer be eligible for basic or concentration grants.

School-Linked Human Services: A Comprehensive Strategy for Aiding Students at Risk of School Failure (Report, 12/30/93, GAO/HRD-94-21).

Many different models exist for coordinating human services in schools, and no two are exactly alike. Despite the variety of program models, we found that strong leadership was one of several common characteristics of the comprehensive school-linked programs we reviewed. Some programs

increase the likelihood that at-risk students will stay in school; however, few impact evaluations of these programs are available. The federal government could play an important role in promoting effective comprehensive programs for school-age children by providing support and guidance for the development of impact and cost effectiveness evaluations of these programs.

Other Education Products

Default Rates at Historically Black Colleges and Universities (Letter, 3/9/94, GAO/HEHS-94-97R).

Total Quality Education (Letter, 2/10/94, GAO/HEHS-94-76R).

Deaf Education: Improved Oversight Needed for National Technical Institute for the Deaf (Report, 12/16/93, GAO/HRD-94-23).

Food Assistance: Schools That Left the National School Lunch Program (Report, 12/3/93, GAO/RCED-94-36BR).

States' Regulatory Reform Efforts (Letter, 11/3/93, GAO/HRD-94-51R).

Employment

Selected Summaries

Multiple Employment Training Programs: Major Overhaul Is Needed (Testimony, 3/3/94, GAO/T-HEHS-94-109).

By GAO's count, at least 154 programs administered by 14 federal departments and agencies provide about \$25 million in employment training assistance. Too often the current fragmented system of programs (1) creates confusion and frustration for clients and administrators, (2) does not tailor services to the needs of those seeking assistance, and (3) creates the potential for duplication of effort and unnecessary administrative costs. In addition, some programs lack basic tracking and monitoring systems needed to ensure that assistance is provided efficiently and effectively. GAO is convinced that a major structural overhaul and consolidation of employment training programs is needed. The result would be to create a customer-driven employment system consisting of significantly fewer programs that embodies four guiding

principles—simplicity, tailored services, administrative efficiency, and accountability.

Multiple Employment Training Programs: Most Federal Agencies Do Not Know If Their Programs Are Working Effectively (Report, 3/2/94, GAO/HEHS-94-88).

Federal agencies closely monitor their expenditure of billions of dollars for employment training assistance for the economically disadvantaged. However, most agencies do not collect information on participant outcomes nor do they conduct studies of program effectiveness. For about half the programs in GAO's analysis, agencies did not collect data on what happened to program participants after they completed a particular program (i.e., neither whether they obtained jobs nor what wages they earned). Only about a third of the training programs in GAO's analysis used oversight and monitoring to assess participant outcomes. The federal agencies responsible for these programs seldom conducted studies that measure program effectiveness or impact.

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Report, 2/28/94, GAO/HEHS-94-10). Testimony on same topic (10/20/93, GAO/T-HRD-94-3).

The Occupational Safety and Health Administration's (OSHA) oversight of state-operated safety and health programs continues to have substantial weaknesses like those identified 5 years ago by GAO and the Office of Inspector General (OIG). OSHA focuses primarily on measures of program activities (for example, number of inspections conducted) rather than program outcome measures (such as reductions in workplace injuries). OSHA made some changes to its oversight process in the special evaluations conducted after a serious industrial accident in 1991, but few changes were incorporated since that time. OSHA and state programs pursue generally similar approaches to improving workplace safety and health. However, all state-administered programs differ from OSHA in that they cover state and local government employees, while OSHA does not.

EEOC's Expanding Workload: Increases in Age Discrimination and Other Charges Call for New Approach (Report, 2/9/94, GAO/HEHS-94-32).

The amount of time a person may wait to have the Equal Employment Opportunity Commission (EEOC) process a discrimination charge under the Age Discrimination in Employment Act of 1967 (ADEA) and other

nondiscrimination laws could more than double and approach 21 months by fiscal year 1996. The current trend of a steadily increasing workload without commensurate increases in resources is expected to continue. Former and current EEOC officials and civil rights experts have suggested several options that they believe could improve the federal government's ability to enforce nondiscrimination laws in the workplace. The one mentioned most often is increased use of alternative dispute resolution approaches, such as mediation. GAO believes that the Congress should establish a commission of experts to consider this and other options for improvement. EEOC officials do not believe EEOC will initiate substantially more systemic charges or litigate significantly more charges under ADEA and other nondiscrimination laws because resources are limited.

Multiple Employment Training Programs: Overlapping Programs Can Add Unnecessary Administrative Costs (Report, 1/28/94, GAO/HEHS-94-80).

Many federal employment training programs target the same populations. The overlap in client groups targeted by federal programs ranged from a low of 4 programs each, serving refugees and older workers, to a high of 18 programs, serving veterans. This overlap can add unnecessary administrative costs at each level of government—federal, state, and local. Individually, each employment training program generally has a well-intended purpose. However, collectively these programs create the potential for duplication of effort, raising questions concerning the administrative costs associated with the multitude of federal, state, and local agencies involved in operating these programs.

Multiple Employment Training Programs: Conflicting Requirements Hamper Delivery of Services (Report, 1/28/94, GAO/HEHS-94-78).

Conflicting eligibility requirements and differences in annual operating cycles are hampering the ability of programs to provide participants needed services. Despite decades of efforts to better coordinate employment training programs, conflicting requirements continue to make it difficult for program staff to coordinate activities and share resources. Differences in eligibility criteria make determining who is eligible for which program a complex process that confuses clients and frustrates administrators. Within each target group, differences in annual operating cycles also hamper the ability of program administrators to plan together to ensure participants receive the services they need.

Occupational Safety and Health: Differences Between Programs in the United States and Canada (Report, 12/6/93, GAO/HRD-94-15FS).

Programs to ensure occupational safety and health in the United States compared with those in Canada differ in three major areas: (1) the governmental entity responsible for operating and funding the programs, (2) the extent of worker involvement, and (3) the type of enforcement action taken. Several state-operated programs in the United States use program elements similar to those used in Canada. These states provide some information on how these programs might work in the United States. Little information is available on the effectiveness of the programs in Canada, although employer and worker representatives with whom we spoke expressed general satisfaction.

Other Employment
Products

Employment Discrimination: How Registered Representatives Face Discrimination (Report, 3/30/94, GAO/HEHS-94-17).

Federal Employment: Impact of the President's Budget on Federal Employees (Testimony, 03/10/94, GAO/T-GGD-94-108).

Multiple Employment Training Programs: Conflicting Requirements Underscore Need for Change (Testimony, 3/10/94, GAO/T-HEHS-94-120).

Sex Discrimination: Agencies' Handling of Sexual Harassment and Related Complaints (Testimony, 3/8/94, GAO/T-OSI-94-22).

Sex Discrimination: DEA's Handling of Sexual Harassment and Other Complaints (Report, 3/4/94, GAO/OSI-94-10).

Job Training Partnership Act: Labor Title IV Could Improve Relations With Native Americans (Report, 3/4/94, GAO/HEHS-94-67).

EEO at the National Park Service (Letter, 3/3/94, GAO/GGD-94-54R).

Department of Labor: Noncompetitive, Discretionary Grants (Report, 2/22/94, GAO/HEHS-94-9).

Federal Personnel: The EEO Implications of Reductions-In-Force (Testimony, 2/1/94, GAO/T-GGD-94-87).

Military Downsizing: Persons Returning to Civilian Life Need More Help From DOD (Report, 1/21/94, GAO/HEHS-94-39).

Dislocated Workers: A Look Back at the Redwood Employment Training Programs (Report, 12/13/93, GAO/HRD-94-16BR).

Dislocated Workers: Proposed Re-employment Assistance Program (Report, 11/12/93, GAO/HRD-94-61).

U.S.-Mexico Trade: The Work Environment at Eight U.S.-Owned Maquiladora Auto Parts Plants (Report, 11/1/93, GAO/GGD-94-22).

Social Security & Welfare

Selected Summaries

Social Security: Continuing Disability Review Process Improved, but More Targeted Reviews Needed (Testimony, 3/10/94, GAO/T-HEHS-94-121). Report on same topic (7/8/93, GAO/HRD-93-109).

GAO is encouraged by the Social Security Administration's (SSA) efforts to make the continuing disability review process more efficient and cost-effective through the use of computer profiling and beneficiary self-reported data. GAO is concerned, however, that SSA continues to do too few continuing disability reviews, particularly for beneficiaries with the greatest likelihood of being removed from the disability rolls. In GAO's view, finding ways to provide SSA with more money to do the reviews is worthwhile.

Social Security: Disability Benefits for Drug Addicts and Alcoholics Are Out of Control (Testimony, 2/10/94, GAO/T-HEHS-94-101).

The number of addicts receiving disability benefits has grown substantially during the last 5 years. Currently, about 250,000 addicts receive disability benefits at an annual cost of about \$1.4 billion under the Social Security Administration's Disability Insurance (DI) and Supplemental Security Income (SSI) programs. Under SSI, certain addicts are required to participate in treatment for their addiction and have a representative payee manage their benefits. As of August 31, 1993, about 70,000 were covered by that requirement, which provides benefits to addicts who

would not qualify for disability if their addiction ended. The DI program has no similar requirement. Virtually all of the addicts in the SSI drug addiction and alcoholism (DA&A) program have representative payees. However, for the rest of the addict population receiving benefits, less than half have payees. GAO believes that all addicts should have payees. In those situations where payees are present, it is questionable how tightly these payees control the use of benefits. GAO makes a number of recommendations to strengthen controls over benefit payments to addicts.

Social Security: Disability Rolls Keep Growing, While Explanations Remain Elusive (Report, 2/8/94, GAO/HEHS-94-34).

In 1993, the SSA actuary forecasted that DI rolls would continue growing and would nearly double to over six million disabled workers in the next 10 years. Insured persons are applying for benefits at a higher rate, higher percentages of applicants are accepted for benefits, and the rate at which beneficiaries leave the program has been declining. Changes in the characteristics of new beneficiaries have accompanied this growth. Several reasons for the growth and change in the DI rolls have been identified. However, quantitative data on the impact of these reasons are lacking, and important questions remain. Without better information, neither SSA nor the Congress can be sure whether the current growth will continue or whether the trends might reverse as they have done in the past.

Residential Care: Some High-Risk Youth Benefit, But More Study Needed (Report, 1/28/94, GAO/HEHS-94-56).

Residential care appears to be a viable treatment option for some high-risk youths. Each of the 18 programs we contacted reported benefits for some youths in such areas as maintaining attendance in school and avoiding drug abuse and criminal behavior. However, the programs seldom conducted controlled or comparison studies to determine how outcomes are linked to their treatment efforts, and few programs have conducted studies to show what happened to participants more than 12 months after they left the programs.

Older Americans Act: Title III Funds Not Distributed According to Statute (Report, 1/18/94, GAO/HEHS-94-37).

The method followed by the Administration on Aging (AoA) in allotting funds under title III of the Older Americans Act is inconsistent with the

act's basic requirement that the distribution of funds among the states be proportional to their elderly populations to the maximum extent possible. Under AOA's method, the amounts allotted per elderly person are not equal in similarly populated states, and states with more rapidly growing elderly populations are underfunded.

Social Security: Increasing Number of Disability Claims and Deteriorating Service (Report, 11/10/93, GAO/HRD-94-11). Testimony on same topic (3/25/93, GAO/T-HRD-93-11).

Claim backlogs and processing times for Social Security DI and SSI programs reached an all-time high in fiscal year 1992. GAO found that between 1990 and 1992 these backlogs and processing times increased nearly 50 percent. In addition, some states take more than 5 months to process claims. SSA and the states' disability determination services (DDS) have not been able to keep up with the high rate of claims submitted for benefits. Problems resulting from increased workloads include increased workforce stress and use of overtime, employees not performing their normal duties, a decline in workforce morale, an increase in claims being set aside, and a decline in automated systems support.

Other Social Security & Welfare Products

Vietnamese Amerasian Resettlement: Education, Employment, and Family Outcomes in the United States (Report, 3/31/94, GAO/PEMD-94-15).

Social Security Administration: Many Letters Difficult to Understand (Testimony, 3/22/94, GAO/T-HEHS-94-126).

Automated Welfare Systems: Historical Costs and Projections (Report, 02/25/94, GAO/AIMD-94-52FS).

Older Americans Act: The National Eldercare Campaign (Report, 2/23/94, GAO/PEMD-94-7).

Davis-Bacon Act (Letter, 2/7/94, GAO/HEHS-94-95R).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1993 (Report, 12/22/93, GAO/HRD-94-73).

Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased (Report, 12/16/93, GAO/HRD-94-13).

Grant Administration: CDC Oversight of Grantees' Activities Needs Improvement (Report, 12/10/93, GAO/HRD-94-12).

Refugee Resettlement: Unused Federal Funds in 1991 and 1992 (Report, 12/7/93, GAO/HRD-94-44).

D.C. Pension Benefits (Report, 11/4/93, GAO/HRD-94-18).

Foster Care: Federal Policy on Title IV-E Share of Training Costs (Report, 11/3/93, GAO/HRD-94-7).

Veterans and Military Health

Selected Summaries

VA Health Care For Women: In Need of Continued VA Attention (Testimony, 3/9/94, GAO/T-HEHS-94-114). Testimony on same topic (7/2/92, GAO/T-HRD-92-33, and 7/19/92, GAO/T-HRD-92-42). Reports on same topic (9/24/82, GAO/HRD-82-98, and 1/23/92, GAO/HRD-92-23).

GAO conducted a limited follow-up to its January 1992 report on improvements needed in the Department of Veterans Affairs' (VA) provision of health care services to women veterans. Since 1992, VA's central office has repeatedly stressed the need for its facilities to improve services for women veterans and has issued guidance to its medical centers intended to address the problems identified in our report. Although its central office has not effectively monitored field facilities to ensure that they improved service for women veterans, VA has had great success in improving privacy for women veterans.

Homelessness: Demand for Services to Homeless Veterans Exceeds VA Program Capacity (Report, 2/23/94, GAO/HEHS-94-98).

Despite the good-faith efforts of VA program staff, the capacity at VA's programs to serve homeless veterans is far short of the demand for such services. Further, VA services for homeless veterans are not available in many localities in the United States. Prior to release of a patient from a VA medical center, Homeless Chronically Mentally Ill or Domiciliary Care for Homeless Veterans program, VA staff are expected to refer the veteran to other VA or community providers when further care is needed, and follow

up with veterans after discharge to monitor their post-treatment status. VA staff seldom monitored the veterans' progress after release from VA inpatient facilities. In addition, VA has made little progress in compiling a comprehensive inventory of the needs of the homeless veteran population as required by Public Law 102-405.

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

High-risk patients leaving a treatment setting without staff authorization is a significant problem at 39 of VA's 158 medical centers. Systemwide, about 7,000 searches were conducted for high-risk patients who were reported as missing from their treatment settings during the two-year period of October 1, 1990, through September 30, 1992. While 99 percent of these patients were ultimately found unharmed, VA officials discovered that 34 others were dead and 19 were injured. Further, 25 remained unaccounted for as of June 1, 1993.

Other Veterans and Military Health Products

VA Appropriations (Letter, 3/29/94, GAO/HRD-94-127R).

Homelessness: Demand for Services to Homeless Veterans Exceeds VA Program Capacity (Report, 2/23/94, GAO/HEHS-94-98).

Defense Health Care: Expansion of CHAMPUS Reform Initiative Into DOD's Region 6 (Report, 2/9/94, GAO/HEHS-94-100).

Military Downsizing: Persons Returning to Civilian Life Need More Help From DOD (Report, 1/21/94, GAO/HEHS-94-39).

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

VA Appropriations (Letter, 12/10/93, GAO/HRD-94-72R).

Veterans Benefits: Redirected Modernization Shows Promise (Report, 12/9/93, GAO/AIMD-94-26).

Disabled Veterans Programs: U.S. Eligibility and Benefit Types Compared With Five Other Countries (Report, 11/24/93, GAO/HRD-94-6).

**Most Recent GAO Products
(November 1993 - March 1994)**

Department of Veterans Affairs Appropriation (Letter, 11/12/93, GAO/HRD-94-57R).

VA Health Care: Tuberculosis Control Receiving Greater Emphasis at VA Medical Centers (Report, 11/9/93, GAO/HRD-94-5).

Armed Forces Retirement Home (Letter, 11/3/93, GAO/HRD-94-49R).

DOD Military Disability Retirement (Report, 11/3/93, (GAO/HRD-94-50R).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

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).

Access to Health Care: States Respond to Growing Crisis (Report, 6/16/92, GAO/HRD-92-70). Testimony on same topic (6/9/92, GAO/T-HRD-92-40).

Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children (Report, 5/28/92, GAO/HRD-92-73FS).

Access to Health Insurance: States Efforts to Assist Small Businesses (Report, 5/14/92, GAO/HRD-92-90). Testimony on same topic (5/14/92, GAO/T-HRD-92-30).

Small Group Market Reforms: Assessment of Proposals to Make Health Insurance More Readily Available to Small Businesses (Letter, 3/12/92, GAO/HRD-92-27R).

Employee and Retiree Health Benefits

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

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

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

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

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

Information on Federal Health Benefits Costs (Letter, 6/23/92, GAO/GGD-92-18R).

Federal Health Benefits Program (Letter, 5/4/92, GAO/GGD-92-11R).

Summary Information on Farmworkers (Letter, 4/10/92, GAO/HRD-92-30R).

Financing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Insurance: Vulnerable Payers Lose Billions to Fraud and Abuse (Report, 5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

Insurer Failures: Life/Health Insurer Insolvencies and Limitations of State Guaranty Funds (Testimony, 4/28/92, GAO/T-GGD-92-15). Report on same topic (3/19/92, GAO/GGD-92-44).

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, 4/7/92, GAO/HRD-92-18).

Maternal and Child Health: Block Grant Funds Should Be Distributed More Equitably (Report, 4/2/92, GAO/HRD-92-5).

Health Care Reform: Implications of Geographic Boundaries for Proposed Alliances (Testimony, 2/24/94, GAO/T-HEHS-94-108).

Health Care in Hawaii: Implications for National Reform (Report, 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).

Health Care: Problems and Potential Lessons for Reform (Testimony, 3/27/92, GAO/T-HRD-92-23).

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-STR).

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

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

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

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

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

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

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

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

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

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

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

Over the Counter Drugs: Gaps and Potential Vulnerabilities in the Regulatory System (Testimony, 4/28/92, GAO/T-PEMD-92-8). Report on same topic (1/10/92, GAO/PEMD-92-9).

Nonprescription Drugs: Over the Counter and Underemphasized (Testimony, 4/8/92, GAO/T-PEMD-92-5).

FDA Premarket Approval: Process of Approving Olestra as a Food Additive (Report, 4/7/92, GAO/HRD-92-86).

FDA Premarket Approval: Process of Approving Ansaïd as a Drug (Report, 4/7/92, GAO/HRD-92-85).

FDA Regulations: Sustained Management Attention Needed to Improve Timely Issuance (Testimony, 4/1/92, GAO/T-HRD-92-19). Report with same title (2/21/92, GAO/HRD-92-35).

Long-Term Care

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: 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).

Long-Term Care Insurance: Actions Needed to Reduce Risks to Consumers (Testimony, 6/23/92, GAO/T-HRD-92-44). Reports on same topic (3/27/92, GAO/HRD-92-66 and 12/26/91, GAO/HRD-92-14). Testimonies on same topic (5/20/92, GAO/T-HRD-92-31 and 4/11/91, GAO/T-HRD-91-14).

HHS Staff for Board and Care Issues (Letter, 4/1/92, GAO/HRD-92-29R).

Malpractice

Medical Malpractice Insurance Options (Letter, 2/28/94, GAO/HEHS-94-105R).

Medical Malpractice: Maine's Use of Practice Guidelines to Reduce Costs (Report, 10/25/93, GAO/HRD-94-8).

Medical Malpractice: Estimated Savings and Costs of Federal Insurance at Health Centers (Report, 9/24/93, GAO/HRD-93-130).

Medical Malpractice: Medicare/Medicaid Beneficiaries Account for a Relatively Small Percentage of Malpractice Losses (Report, 8/11/93, GAO/HRD-93-126).

Medical Malpractice: Experience With Efforts to Address Problems (Testimony, 5/20/93, GAO/T-HRD-93-24).

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

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

Managed Care

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Testimony, 2/2/94, GAO/T-HEHS-94-91). Report on same topic (10/19/93, GAO/HRD-94-3).

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Report, 10/19/93, GAO/HRD-94-3).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, 5/10/93, GAO/T-HRD-93-21).

Medicaid: HealthPASS—An Evaluation of a Managed Care Program for Certain Philadelphia Recipients (Report, 5/7/93, GAO/HRD-93-67).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, 3/17/93, GAO/HRD-93-46). Testimony on same topic (3/17/93, GAO/T-HRD-93-10).

Medicaid: Factors to Consider in Managed Care Programs (Testimony, 6/29/92, GAO/T-HRD-92-43).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, 6/19/92, GAO/HRD-92-89).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, 4/10/92, GAO/T-HRD-92-26).

Medicare and Medicaid

Medicare Part B: Inconsistent Denial Rates for Medical Necessity Across Six Carriers (Testimony, 3/29/94, GAO/T-PEMD-94-17).

Los Angeles County Medi-Cal (Letter, 3/18/94, GAO/HEHS-94-116R).

Medicare: Greater Investment in Claims Review Would Save Millions (Report, 3/2/94, GAO/HEHS-94-35).

Medicaid: A Program Highly Vulnerable to Fraud (Testimony, 2/25/94, GAO/T-HEHS-94-106).

Medicare: New Claims Processing System Benefits and Acquisition Risks (Report, 1/25/94, GAO/HEHS/AIMD-94-79).

Medicare and Medicaid: Many Eligible People Not Enrolled in Qualified Medicare Beneficiary Program (Report, 1/20/94, GAO/HEHS-94-52).

Medicare/Medicaid Data Bank Issues (Letter, 11/15/93, GAO/HRD-94-63R).

Medicare: Adequate Funding and Better Oversight Needed to Protect Benefit Dollars (Testimony, 11/12/93, GAO/T-HRD-94-59).

Medicare: Better Guidance Is Needed To Preclude Inappropriate General and Administrative Charges (Report, 10/15/93, GAO/NSIAD-94-13).

HCFA Payment Rate for Erythropoietin (Letter, 10/13/93, GAO/HRD-94-1R).

Psychiatric Fraud and Abuse: Increased Scrutiny of Hospital Stays is Needed for Federal Health Programs (Report, 9/17/93, GAO/HRD-93-92).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

Medicaid: Alternatives for Improving the Distribution of Funds to States (Report, 8/20/93, GAO/HRD-93-112FS).

Medical Malpractice: Medicare/Medicaid Beneficiaries Account for a Relatively Small Percentage of Malpractice Losses (Report, 8/11/93, GAO/HRD-93-126).

Medicare Part B: Reliability of Claims Processing Across Four Carriers (Report, 8/11/93, GAO/PEMD-93-27).

Medicaid Drug Fraud: Federal Leadership Needed to Reduce Program Vulnerabilities (Report, 8/2/93, GAO/HRD-93-118). Testimony on same topic (8/2/93, GAO/T-HRD-93-28).

Medicare: Separate Payment for Fitting Braces and Artificial Limbs Is Not Needed (Report, 7/21/93, GAO/HRD-93-98).

Medicare Physician Payment: Geographic Adjusters Appropriate But Could Be Improved With New Data (Report, 7/20/93, GAO/HRD-93-93).

Medicaid Estate Planning (Letter, 7/20/93, GAO/HRD-93-29R).

Overhead Costs: Unallowable and Questionable Costs Charged to Medicare by Hospital Corporation of America (Testimony, 6/23/93, GAO/T-NSIAD-93-16).

Medicare: Renal Facility Cost Reports Probably Overstate Costs of Patient Care (Report, 5/18/93, GAO/HRD-93-70).

Medicaid: Data Improvements Needed to Help Manage Health Care Program (Report, 5/13/93, GAO/IMTEC-93-18).

Medicaid: HealthPASS—An Evaluation of a Managed Care Program for Certain Philadelphia Recipients (Report, 5/7/93, GAO/HRD-93-67).

Medicaid: The Texas Disproportionate Share Program Favors Public Hospitals (Report, 4/30/93, GAO/HRD-93-86).

Screening Mammography: Higher Medicare Payments Could Increase Costs Without Increasing Use (Report, 4/22/93, GAO/HRD-93-50).

Medicare: Physicians Who Invest in Imaging Centers Refer More Patients for More Costly Services (Testimony, 4/20/93, GAO/T-HRD-93-14). Report on same topic (5/27/92, GAO/HRD-92-59).

Medicare Secondary Payer Program: Identifying Beneficiaries With Other Insurance Coverage Is Difficult (Testimony, 4/2/93, GAO/T-HRD-93-13).

Medicaid Formula Alternatives (Letter, 3/31/93, GAO/HRD-93-18R). Letter on same topic (3/2/93, GAO/HRD-93-17R).

Medicaid: Outpatient Drug Costs and Reimbursements for Selected Pharmacies in Illinois and Maryland (Report, 3/18/93, GAO/HRD-93-55FS).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, 3/17/93, GAO/HRD-93-46). Testimony on same topic (3/17/93, GAO/T-HRD-93-10).

Medicare: Funding and Management Problems Result in Unnecessary Expenditures (Testimony, 2/17/93, GAO/T-HRD-93-4).

Medicaid: Changes in Drug Prices Paid by HMOs and Hospitals Since Enactment of Rebate Provisions (Report, 1/15/93, GAO/HRD-93-43).

High-Risk Series: Medicare Claims (Report, 12/92, GAO/HR-93-6).

Medicare: Millions in End-Stage Renal Disease Expenditures Shifted to Employer Health Plans (Report, 12/31/92, GAO/HRD-93-31).

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

Medicaid: Disproportionate Share Policy (Letter, 12/22/92, GAO/HRD-93-3R).

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

Medicare: HCFA Monitoring of the Quality of Part B Claims Processing (Testimony, 9/23/92, GAO/T-PEMD-92-14).

Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, 9/10/92, GAO/T-HRD-92-56).

Medicare: One Scheme Illustrates Vulnerabilities to Fraud (Report, 8/26/92, GAO/HRD-92-76).

D.C. Government: District Medicaid Payments to Hospitals (Report, 8/24/92, GAO/GGD-92-138FS).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, 7/29/92, GAO/T-HRD-92-48).

Medicare: Reimbursement Policies Can Influence the Setting and Cost of Chemotherapy (Report, 7/17/92, GAO/PEMD-92-28).

Resource-Based Relative Value Scale (RBRVS) and Administrative Costs (Letter, 7/13/92, GAO/HRD-92-38R).

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

Medicaid: Factors to Consider in Managed Care Programs (Testimony, 6/29/92, GAO/T-HRD-92-43).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, 6/19/92, GAO/HRD-92-89).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, 6/17/92, GAO/HRD-92-80).

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, 6/12/92, GAO/HRD-92-64).

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, 5/27/92, GAO/HRD-92-59).

Medicare: Contractor Oversight and Funding Need Improvement (Testimony, 5/21/92, GAO/T-HRD-92-32).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, 4/10/92, GAO/T-HRD-92-26).

Prescription Drugs

Prescription Drugs: Companies Typically Charge More in the United States Than in the United Kingdom (Report, 1/12/94, GAO/HEHS-94-29).

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Testimony, 2/22/93, GAO/T-HRD-93-5). Report with same title (9/30/92, GAO/HRD-92-110).

Prescription Drug Prices: Analysis of Canada's Patented Medicine Prices Review Board (Report, 2/17/93, GAO/HRD-93-51).

Prescription Drugs: Changes in Prices for Selected Drugs (Report, 8/24/92, GAO/HRD-92-128).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, 7/29/92, GAO/T-HRD-92-48).

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, 7/21/92, GAO/HRD-92-115).

Pharmaceutical Industry: Tax Benefits of Operating in Puerto Rico
(Report, 5/4/92, GAO/GGD-92-72BR).

Public Health and Education

Homelessness: Appropriate Controls Implemented for 1990 McKinney
Amendments' PATH Program (Report, 2/22/94, GAO/HEHS-94-82).

Residential Care: Some High-Risk Youth Benefit, But More Study Needed
(Report, 1/28/94, GAO/HEHS-94-56).

Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased
(Report, 12/16/93, GAO/HRD-94-13).

Preventive Health Care for Children: Experience From Selected Foreign
Countries (Report, 8/4/93, GAO/HRD-93-62).

Drug Education: Limited Progress in Program Evaluation (Testimony,
3/31/93, GAO/T-PEMD-93-2).

Childhood Immunization: Opportunities to Improve Immunization Rates at
Lower Cost (Report, 3/24/93, GAO/HRD-93-41). Testimony on same topic
(6/1/92, GAO/T-HRD-92-36).

Community-Based Drug Prevention: Comprehensive Evaluations of Efforts
Are Needed (Report, 3/24/93, GAO/GGD-93-75).

Needle Exchange Programs: Research Suggests Promise as an AIDS
Prevention Strategy (Report, 3/23/93, GAO/HRD-93-60).

Childhood Immunizations (Letter, 2/8/93, GAO/HRD-93-12R).

Integrating Human Services: Linking At-Risk Families With Services More
Successful Than System Reform Efforts (Report, 9/24/92, GAO/HRD-92-108).

Women's Health Information: HHS Lacks an Overall Strategy (Testimony,
8/5/92, GAO/T-HRD-92-51).

Health Care: Most Community and Migrant Health Center Physicians Have
Hospital Privileges (Report, 7/16/92, GAO/HRD-92-98).

Foreign Assistance: Combating HIV/AIDS in Developing Countries (Report,
6/19/92, GAO/NSIAD-92-244).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, 5/15/92, GAO/RCED-92-186).

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, 4/7/92, GAO/HRD-92-18).

Diabetes: Status of the Disease Among American Indians, Blacks, and Hispanics (Testimony, 4/6/92, GAO/T-PEMD-92-7).

Quality and Practice Standards

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

Cancer Survival: An International Comparison of Outcomes (Report, 3/7/94, GAO/PEMD-94-5).

Bone Marrow Transplantation (Report, 3/7/94, GAO/PEMD-94-10).

Bureau of Prisons Health Care: Inmates' Access to Health Care Is Limited by Lack of Clinical Staff (Report, 2/10/94, GAO/HEHS-94-36).

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

Psychiatric Fraud and Abuse: Increased Scrutiny of Hospital Stays is Needed for Federal Health Programs (Report, 9/17/93, GAO/HRD-93-92).

Medicaid: HealthPASS—An Evaluation of a Managed Care Program for Certain Philadelphia Recipients (Report, 5/7/93, GAO/HRD-93-67).

Cataract Surgery: Patient-Reported Data on Appropriateness and Outcomes (Testimony, 4/21/93, GAO/T-PEMD-93-3). Report on same topic (4/20/93, GAO/PEMD-93-14).

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

VA Health Care: Medical Centers Are Not Correcting Identified Quality Assurance Problems (Report, 12/30/92, GAO/HRD-93-20).

Utilization Review: Information on External Review Organizations (Report, 11/24/92, GAO/HRD-93-22FS).

Health Care: Reduction in Resident Physician Work Hours Will Not Be Easy to Attain (Report, 11/20/92, GAO/HRD-93-24BR).

Home Health Care: HCFA Properly Evaluated JCAHO's Ability to Survey Home Health Agencies (Report, 10/26/92, GAO/HRD-93-33).

AIDS: CDC's Investigation of HIV Transmissions by a Dentist (Report, 9/29/92, GAO/PEMD-92-31).

Medical Technology: For Some Cardiac Pacemaker Leads, the Public Health Risks Are Still High (Report, 9/23/92, GAO/PEMD-92-20).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, 7/16/92, GAO/HRD-92-98).

Screening Mammography: Federal Quality Standards Are Needed (Testimony, 6/5/92, GAO/T-HRD-92-39).

Home Health Care: HCFA Evaluation of Community Health Accreditation Program Inadequate (Report, 4/20/92, GAO/HRD-92-93).

Substance Abuse and Drug Treatment

Drug Use Among Youth: No Simple Answers to Guide Prevention (Report, 12/29/93, GAO/HRD-94-24).

Drug Control: Reauthorization of the Office of National Drug Control Policy (Report, 9/29/93, GAO/GGD-93-144).

Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement (Report, 6/25/93, GAO/PEMD-93-18).

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

Drug Education: Limited Progress in Program Evaluation (Testimony, 3/31/93, GAO/T-PEMD-93-2).

Community-Based Drug Prevention: Comprehensive Evaluations of Efforts Are Needed (Report, 3/24/93, GAO/GGD-93-75).

Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Report, 3/23/93, GAO/HRD-93-60).

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, 7/21/92, GAO/HRD-92-115).

Employee Drug Testing: Estimated Cost to Test All Executive Branch Employees and New Hires (Report, 6/10/92, GAO/GGD-92-99).

Other Health Issues

Environmental Impact on Health

Nuclear Health and Safety: Examples of Post World War II Radiation Releases at U.S. Nuclear Sites (Report, 11/24/93, GAO/RCED-94-51FS).

Environmental Tobacco Smoke (Letter, 2/8/93, GAO/RCED-93-77R).

Nuclear Health and Safety: Mortality Study of Atmospheric Nuclear Test Participants Is Flawed (Report, 8/10/92, GAO/RCED-92-182).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, 5/15/92, GAO/RCED-92-186).

Nuclear Health and Safety: Increased Rating Results in Award Fee to Rocky Flats Contractor (Report, 4/24/92, GAO/RCED-92-162).

Miscellaneous

Automating Medical Information (Letter, 10/22/93, GAO/AIMD-94-47R).

Medical Technology: Quality Assurance Systems and Global Markets (Report, 8/18/93, GAO/PEMD-93-15).

Federal Health Care: Increased Information Sharing Could Improve Service, Reduce Costs (Report, 6/29/93, GAO/IMTEC-93-33BR).

Automated Medical Records: Leadership Needed to Expedite Standards Development (Report, 4/30/93, GAO/IMTEC-93-17).

Health Reports (Bibliography, 12/92, GAO/HRD-93-66).

Health and Human Services Issues (Report, 12/92, GAO/OCG-93-20TR).

**Health
(Comprehensive
2-Year Listing)**

Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land (Report, 8/31/92, GAO/RCED-92-231). Testimony on same topic (3/4/92, GAO/T-RCED-92-36)

Food Safety and Quality: USDA Improves Inspection Program for Canadian Meat, But Some Concerns Remain (Report, 8/26/92, GAO/RCED-92-250).

Education (Comprehensive 2-Year Listing)

Department of Education

Student Loans: Millions Loaned Inappropriately to U.S. Nationals at Foreign Medical Schools (Report, 1/21/94, GAO/HEHS-94-28).

HEAF 1992 Financial Condition (Letter, 6/18/93, GAO/HRD-93-21R).

Direct Student Loans: The Department of Education's Implementation of Direct Lending (Testimony, 6/10/93, GAO/T-HRD-93-26).

Financial Audit: Federal Family Education Loan Programs' Financial Statements (Report, 6/30/93, GAO/AIMD-93-4).

Department of Education: Long-Standing Management Problems Hamper Reforms (Report, 5/28/93, GAO/HRD-93-47).

Systemwide Education Reform: Federal Leadership Could Facilitate District-Level Efforts (Testimony, 5/4/93, GAO/T-HRD-93-20). Testimony on same topic (4/30/93, GAO/HRD-93-97).

Transition Series: Education Issues (Report, 12/92, GAO/OCG-93-18TR)

Department of Education Grant Award (Letter, 12/9/92, GAO/HRD-93-8R).

Guaranty Agency Solvency: Can the Government Recover HEAF's First-Year Liquidation Cost of \$212 Million? (Report, 11/13/92, GAO/HRD-93-12BR).

Stafford Student Loans: Prompt Payment of Origination Fees Could Reduce Costs (Report, 7/24/92, GAO/HRD-92-61).

Early Childhood Development

Poor Preschool-Aged Children: Numbers Increase but Most Not in Preschool (Report, 7/21/93, GAO/HRD-93-111BR).

Remedial Education: Modifying Chapter 1 Formula Would Target More Funds to Those Most in Need (Report, 7/28/92, GAO/HRD-92-16).

Elementary and Secondary Education

School-Age Children: Poverty and Diversity Challenge Schools Nationwide (Testimony, 3/16/94, GAO/T-HEHS-94-125).

Total Quality Education (Letter, 2/10/94, GAO/HEHS-94-76R).

Elementary School Children: Many Change Schools Frequently, Harming Their Education (Report, 2/4/94, GAO/HEHS-94-45).

Limited English Proficiency: A Growing and Costly Educational Challenge Facing Many School Districts (Report, 1/28/94, GAO/HEHS-94-38).

Rural Children: Increasing Poverty Rates Pose Educational Challenges (Report, 1/11/94, GAO/HEHS-94-75BR).

School-Linked Human Services: A Comprehensive Strategy for Aiding Students at Risk of School Failure (Report, 12/30/93, GAO/HRD-94-21).

Food Assistance: Schools That Left the National School Lunch Program (Report, 12/3/93, GAO/RCED-94-36BR).

States' Regulatory Reform Efforts (Letter, 11/3/93, GAO/HRD-94-51R).

School Age Demographics: Recent Trends Pose New Educational Challenges (Report, 8/5/93, GAO/HRD-93-105BR).

Exchange Programs: Inventory of International Educational, Cultural and Training Programs (Report, 6/23/93, GAO/NSIAD-93-157BR).

Educational Achievement Standards: NAGB's Approach Yields Misleading Interpretations (Report, 6/23/93, GAO/PEMD-93-12).

Systemwide Education Reform: Federal Leadership Could Facilitate District-Level Efforts (Testimony, 5/4/93, GAO/T-HRD-93-20). Testimony on same topic (4/30/93, GAO/HRD-93-97).

Educational Testing: The Canadian Experience with Standards, Examinations, and Assessments (Report, 4/28/93, GAO/PEMD-93-11).

School Construction: Sallie Mae Financing Activities (Report, 4/13/93, GAO/HRD-93-61).

Planning for Education Standards (Letter, 4/12/93, GAO/PEMD-93-21R).

Exiting Program Improvement (Letter, 3/30/93, GAO/HRD-93-2R).

Chapter 1 Accountability: Greater Focus on Program Goals Needed (Report, 3/29/93, GAO/HRD-93-69).

**Education
(Comprehensive
2-Year Listing)**

Exchange Programs: Observations on International, Educational, Cultural and Training Programs (Report, 3/23/93, GAO/NSIAD-93-7).

Compensatory Education: Difficulties in Measuring Comparability of Resources Within School Districts (Report, 3/11/93, GAO/HRD-93-37).

Compensatory Education: Additional Funds Help More Private School Students Receive Chapter 1 Services (Report, 2/26/93, GAO/HRD-93-65).

Student Achievement Standards and Testing (Testimony, 2/18/93, GAO/T-PEMD-93-1).

Student Testing: Current Extent and Expenditures, With Cost Estimates for a National Examination (Report, 1/13/93, GAO/PEMD-93-8). Testimony on same topic (2/18/93, GAO/T-PEMD-93-1).

Department of Education: The Eisenhower Math and Science State Grant Program (Report, 11/10/92, GAO/HRD-93-25).

Compensatory Education: Most Chapter 1 Funds in Eight Districts Used for Classroom Services (Report, 9/30/92, GAO/HRD-92-136FS).

Remedial Education: Modifying Chapter 1 Formula Would Target More Funds to Those Most in Need (Report, 7/28/92, GAO/HRD-92-16).

Higher Education

Default Rates at Historically Black Colleges and Universities (Letter, 3/9/94, GAO/HEHS-94-97R).

Higher Education: Information on Minority-Targeted Scholarships (Report, 1/14/94, GAO/HEHS-94-77).

Deaf Education: Improved Oversight Needed for National Technical Institute for the Deaf (Report, 12/16/93, GAO/HRD-94-23).

Student Financial Aid Programs: Pell Grant Program Abuse (Testimony, 10/27/93, GAO/T-OSI-94-8).

Financial Management: Education's Student Loan Program Controls Over Lenders Need Improvement (Report, 9/9/93, GAO/AIMD-93-33).

Vocational Rehabilitation: Evidence for Federal Program's Effectiveness Is Mixed (Report, 8/27/93, GAO/PEMD-93-19).

Student Loans: Default Rates at Historically Black Colleges and Universities (Report, 8/19/93, GAO/HRD-93-117FS).

Direct Student Loan Savings (Letter, 7/15/93, GAO/HRD-93-25R).

HEAF 1992 Financial Condition (Letter, 6/18/93, GAO/HRD-93-21R).

Direct Student Loans: The Department of Education's Implementation of Direct Lending (Testimony, 6/10/93, GAO/T-HRD-93-26).

Department of Education: Long-Standing Management Problems Hamper Reforms (Report, 5/28/93, GAO/HRD-93-47).

Athletic Department Profiles (Letter, 5/21/93, GAO/HRD-93-24R).

Comments on CRS Direct Loan Report (Letter, 4/29/93, GAO/HRD-93-20R).

Financial Audit: Guaranteed Student Loan Program's Internal Controls and Structure Need Improvement (Report, 3/16/93, GAO/AFMD-93-20).

Direct Loan Debate (Letter, 2/8/93, GAO/HRD-93-15R).

Sallie Mae Activities (Letter, 12/1/92, GAO/HRD-93-6R).

High Risk Series: Guaranteed Student Loans (Report, 12/92, GAO/HR-93-2)

Student Loans: Direct Loans Could Save Billions in First 5 Years With Proper Implementation (Report, 11/25/92, GAO/HRD-93-27).

Guaranty Agency Solvency: Can the Government Recover HEAF's First-Year Liquidation Cost of \$212 Million? (Report, 11/13/92, GAO/HRD-93-12BR).

Nonfederal Student Loans (Letter, 10/30/92, GAO/HRD-93-1R).

Parent and Supplemental Student Loans: Volume and Default Trends for Fiscal Years 1989 to 1991 (Report, 9/22/92, GAO/HRD-92-138FS).

Intercollegiate Athletics: Compensation Varies for Selected Personnel in Athletic Departments (Report, 8/19/92, GAO/HRD-92-121). Testimony on same topic (4/9/92, GAO/T-HRD-92-25).

Stafford Student Loans: Prompt Payment of Origination Fees Could Reduce Costs (Report, 7/24/92, GAO/HRD-92-61).

Guaranteed Student Loans: Eliminating Interest Rate Floors Could Generate Substantial Savings (Report, 7/21/92, GAO/HRD-92-113).

School-To-Work Transition

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Vocational Education: Status in 2-Year Colleges in 1990-91 and Early Signs of Change (Report, 8/16/93, GAO/HRD-93-89).

School Age Demographics: Recent Trends Pose New Educational Challenges (Report, 8/5/93, GAO/HRD-93-105BR).

Vocational Education: Status in School Year 1990-91 and Early Signs of Change at Secondary Level (Report, 7/13/93, GAO/HRD-93-71).

Skill Standards: Experience in Certification Systems Shows Industry Involvement to Be Key (Report, 5/18/93, GAO/HRD-93-90). Testimony on same topic (5/14/93, GAO/T-HRD-93-23).

Systemwide Education Reform: Federal Leadership Could Facilitate District-Level Efforts (Testimony, 5/4/93, GAO/T-HRD-93-20). Testimony on same topic (4/30/93, GAO/HRD-93-97).

Employment (Comprehensive 2-Year Listing)

Equal Employment Opportunities

Employment Discrimination: How Registered Representatives Face Discrimination (Report, 3/30/94, GAO/HEHS-94-17).

Sex Discrimination: Agencies' Handling of Sexual Harassment and Related Complaints (Testimony, 3/8/94, GAO/T-OSI-94-22).

Sex Discrimination: DEA's Handling of Sexual Harassment and Other Complaints (Report, 3/4/94, GAO/OSI-94-10).

EEO at the National Park Service (Letter, 3/3/94, GAO/GGD-94-54R).

EEOC's Expanding Workload: Increases in Age Discrimination and Other Charges Call for New Approach (Report, 2/9/94, GAO/HEHS-94-32).

Federal Personnel: The EEO Implications of Reductions-In-Force (Testimony, 2/1/94, GAO/T-GGD-94-87).

Pay Equity: Experiences of Canada and the Province of Ontario (Report, 11/2/93, GAO/GGD-94-27BR).

EEOC: An Overview (Testimony, 7/27/93, GAO/T-HRD-93-30).

Assessing EEO Progress at INS (Letter, 7/15/93, GAO/GGD-93-54R).

Legislative Employment: EEO Complaint Processing by the Office of Fair Employment Practices (Testimony, 5/27/93, GAO/GGD-93-30).

Federal Employment: Progress of Women and Minorities in Key Federal Jobs and Handling EEO Complaints at the Bureau of Arms, Tobacco, and Firearms (Testimony, 5/26/93, GAO/T-GGD-93-33).

Monetary Payments in Federal EEO Cases (Letter, 5/25/93, GAO/GGD-93-45R).

Information on Black Employment at INS (Letter, 5/17/93, GAO/GGD-93-44R).

Age Employment Discrimination: EEOC's Investigation of Charges Under 1967 Law (Report, 9/4/92, GAO/HRD-92-82).

Labor and Management Relations

Federal Trade Commission: Enforcement of the Trade Regulation Rule on Franchising (Report, 7/13/93, GAO/HRD-93-83).

Minimum Wages and Overtime Pay: Change in Statute of Limitations Would Better Protect Employees (Report, 9/22/92, GAO/HRD-92-144).
Testimony on same topic (9/22/92, GAO/T-HRD-92-59).

Training and Employment Assistance

Multiple Employment Training Programs: Conflicting Requirements Underscore Need for Change (Testimony, 3/10/94, GAO/T-HEHS-94-120).

Job Training Partnership Act: Labor Title IV Could Improve Relations With Native Americans (Report, 3/4/94, GAO/HEHS-94-67).

Multiple Employment Training Programs: Major Overhaul is Needed (Testimony, 3/3/94, GAO/T-HEHS-94-109).

Multiple Employment Training Programs: Most Federal Agencies Do Not Know If Their Programs Are Working Effectively (Report, 3/2/94, GAO/HEHS-94-88).

Multiple Employment Training Programs: Overlapping Programs Can Add Unnecessary Administrative Costs (Report, 1/28/94, GAO/HEHS-94-80).

Multiple Employment Training Programs: Conflicting Requirements Hamper Delivery of Services (Report, 1/28/94, GAO/HEHS-94-78).

Military Downsizing: Persons Returning to Civilian Life Need More Help from DOD (Report, 1/21/94, GAO/HEHS-94-39).

Dislocated Workers: A Look Back at the Redwood Employment Training Programs (Report, 12/13/93, GAO/HRD-94-16BR).

Dislocated Workers: Proposed Re-employment Assistance Program (Report, 11/12/93, GAO/HRD-94-61).

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Testimony, 10/20/93, GAO/T-HRD-94-3).

Dislocated Workers: Trade Adjustment Assistance Program Flawed (Testimony, 10/19/93, GAO/T-HRD-94-4).

Transition From School to Work: S. 1361 Addresses Components of Comprehensive Strategy (Testimony, 9/28/93, GAO/T-HRD-93-31). Report on same topic (9/7/93, GAO/HRD-93-139).

Unemployment Insurance: Program's Ability to Meet Objectives Jeopardized (Report, 9/28/93, GAO/HRD-93-107).

Vocational Rehabilitation: Evidence for Federal Programs Effectiveness is Mixed (Report, 8/27/93, GAO/PEMD-93-19).

Multiple Employment Programs: National Employment Training Strategy Needed (Testimony, 6/18/93, GAO/T-HRD-93-27).

Multiple Employment Programs (Letter, 6/15/93, GAO/HRD-93-26R).

Prisoner Labor: Perspectives on Paying the Federal Minimum Wage (Report, 5/20/93, GAO/GGD-93-98).

The Job Training Partnership Act: Potential for Program Improvements but National Job Training Strategy Needed (Testimony, 4/29/93, GAO/T-HRD-93-18).

Acquisition Management: Waivers to Acquisition Workforce Training, Education, and Experience Requirements (Report, 3/30/93, GAO/NSIAD-93-128).

Dislocated Workers: Implementation of the Worker Adjustment and Retraining Notification Act (WARN) (Testimony, 2/23/93, GAO/T-HRD-93-6).
Report on same topic (2/23/93, GAO/HRD-93-18).

Job Corps Costs and Outcomes (Letter, 2/19/93, GAO/HRD-93-16R).

Transition Series: Labor Issues (Report, 12/92, GAO/OCG-93-19TR).

Dislocated Workers: Improvements Needed in Trade Adjustment Assistance Certification Process (Report, 10/19/92, GAO/HRD-93-36).

Minimum Wages and Overtime Pay: Change in Statute of Limitations Would Better Protect Employees (Report, 9/22/92, GAO/HRD-92-144).
Testimony on same topic (9/22/92, GAO/T-HRD-92-59).

Dislocated Workers: Comparison of Assistance Programs (Report, 9/10/92, GAO/HRD-92-153BR). Testimony on same topic (9/10/92, GAO/T-HRD-92-57).

The Job Training Partnership Act: Abuse of On-The-Job Training and Other Contracting Is an Ongoing Problem (Testimony, 7/30/92, GAO/T-HRD-92-47).

**Employment
(Comprehensive
2-Year Listing)**

Multiple Employment Programs (Letter, 7/24/92, GAO/HRD-92-39R).

Job Training Partnership Act: Actions Needed to Improve Participant Support Services (Report, 6/12/92, GAO/HRD-92-124).

Comments on JTPA Bills (Letter, 5/20/92, GAO/HRD-92-35R).

Declining UI Reciprocity (Letter, 4/28/92, GAO/HRD-92-34R).

Workplace Quality

Health and Safety: Protecting Department of Energy Workers' Health and Safety (Testimony, 03/9/94, GAO/T-RCED-94-143).

Nuclear Health and Safety: Safety and Health Oversight at DOE Defense Nuclear Facilities (Testimony, 3/1/94, GAO/T-RCED-94-138).

Occupational Safety and Health: Changes Needed in the Combined Federal-State Approach (Report, 2/28/94, GAO/HEHS-94-10). Testimony on same topic (10/20/93, GAO/T-HRD-94-3).

Pesticides on Farms: Limited Capability Exists to Monitor Occupational Illnesses and Injuries (Letter Report, 12/15/93, GAO/PEMD-94-6).

Aviation Safety: FAA Can Better Prepare General Aviation Pilots for Mountain Flying Risks (Report, 12/9/93, GAO/RCED-94-15).

Occupational Safety and Health: Differences Between Programs in the United States and Canada (Report, 12/6/93, GAO/HRD-94-15FS).

Toxic Substances: Information on Lead Hazards in Child Care Facilities and Schools is Limited (Testimony, 9/15/93, GAO/T-RCED-93-48).

Pesticide Reregistration May Not Be Completed Until 2006 (Report, 5/21/93, GAO/RCED-93-94).

Americans With Disabilities Act: Initial Accessibility Good but Important Barriers Remain (Report, 5/19/93, GAO/PEMD-93-16).

Safety and Health: Key Independent Oversight Program at DOE Needs Strengthening (Report, 5/17/93, GAO/RCED-93-85).

Nuclear Health and Safety: Corrective Actions on Tigers Teams' Findings Progressing Slower Than Planned (Report, 3/25/93, GAO/RCED-93-66).

Mine Safety and Health: Tampering Scandal Led to Improved Sampling Devices (Report, 2/25/93, GAO/HRD-93-63).

Occupational Safety and Health: Uneven Protections Provided to Congressional Employees (Report, 10/2/92, GAO/HRD-93-1).

Minimum Wages and Overtime Pay: Change in Statute of Limitations Would Better Protect Employees (Report, 9/22/92, GAO/HRD-92-144).
Testimony on same topic (9/22/92, GAO/T-HRD-92-59).

Occupational Safety and Health: Improvements Needed in OSHA's Monitoring of Federal Agencies' Programs (Report, 8/28/92, GAO/HRD-92-97).

Risk-Risk Analysis: OMB's Review of a Proposed OSHA Rule (Report, 7/2/92, GAO/PEMD-92-33).

Foreign Farm Workers in U.S.: Department of Labor Action Needed to Protect Florida Sugar Cane Workers (Report, 6/30/92, GAO/HRD-92-95).

Child Labor: Information on Federal Enforcement Efforts (Report, 6/15/92, GAO/HRD-92-127FS).

Occupational Safety and Health: Worksite Safety and Health Programs Show Promise (Report, 5/19/92, GAO/HRD-92-68).

Occupational Safety and Health: Options to Improve Hazard-Abatement Procedures in the Workplace (Report, 5/12/92, GAO/HRD-92-105).

Occupational Safety and Health: Employers' Experiences in Complying With the Hazard Communication Standard (Report, 5/8/92, GAO/HRD-92-63BR).

Summary Information on Farmworkers (Letter, 4/10/92, GAO/HRD-92-30R).

Occupational Safety and Health: Penalties for Violations Are Well Below Maximum Allowable Penalties (Report, 4/6/92, GAO/HRD-92-48).

Other Employment Issues

Federal Employment: Impact of the President's Budget on Federal Employees (Testimony, 03/10/94, GAO/T-GGD-94-108).

**Employment
(Comprehensive
2-Year Listing)**

Davis-Bacon Act (Letter, 2/7/94, GAO/HEHS-94-95R).

Department of Labor: Noncompetitive, Discretionary Grants (Report, 2/22/94, GAO/HEHS-94-9).

U.S.-Mexico Trade: The Work Environment at Eight U.S.-Owned Maquiladora Auto Parts Plants (Report, 11/1/93, GAO/GGD-94-22).

North American Free Trade Agreement: A Focus on the Substantive Issues (Testimony, 9/21/93, GAO/T-GGD-93-44). Report on same topic (9/9/93, GGD-93-137).

U.S.-Mexico Trade: The Maquiladora Industry and U.S. Employment (Report, 7/20/93, GAO/GGD-93-129).

Social Security & Welfare

(Comprehensive 2-Year Listing)

Aging

Older Americans Act: The National Eldercare Campaign (Report, 2/23/94, GAO/PEMD-94-7).

Older Americans Act: Title III Funds Not Distributed According to Statute (Report, 1/18/94, GAO/HEHS-94-37).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1993 (Report, 12/22/93, GAO/HRD-94-73).

Older Americans Act: Eldercare Partnerships Generate Few Additional Funds for Public Services (Testimony, 5/27/93, GAO/T-PEMD-93-4).

Older Americans Act: Eldercare Public-Private Partnerships (Report, 4/16/93, GAO/PEMD-93-20).

Rental Housing: Serving the Elderly Through the Section 8 Program (Report, 3/29/93, GAO/RCED-93-12FS).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1992 (Report, 12/23/92, GAO/HRD-93-57).

Public Housing: Housing Persons With Mental Disabilities With the Elderly (Report, 8/12/92, GAO/RCED-92-81).

Supportive Housing: HUD Is Not Assessing the Needs of Elderly Residents (Testimony, 8/12/92, GAO/T-PEMD-92-12).

Elderly Americans: Nutrition Information Is Limited and Guidelines Are Lacking (Testimony, 7/30/92, GAO/T-PEMD-92-11).

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

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, 6/24/92, GAO/PEMD-92-29). Testimony on same topic (6/24/92, GAO/T-PEMD-92-10).

Administration on Aging: Operations Have Been Strengthened but Weaknesses Remain (Report, 6/11/92, GAO/PEMD-92-27).

Administration on Aging: Autonomy Has Increased but Harmonization of Mission and Resources Is Still Needed (Testimony, 6/11/92, GAO/T-PEMD-92-9).

The Older Americans Act: Access to and Utilization of the Ombudsman Program (Report, 5/6/92, GAO/PEMD-92-21).

Children's Issues

Child Support

Child Support Enforcement: States Proceed With Immediate Wage Withholding; More HHS Action Needed (Report, 6/15/93, GAO/HRD-93-99).

Child Support Assurance: Effect of Applying State Guidelines to Determine Fathers' Payments (Report, 1/21/93, GAO/HRD-93-26).

Child Support Enforcement: Timely Action Needed to Correct System Development Problems (Report, 8/13/92, GAO/IMTEC-92-46).

Child Support Enforcement: Opportunity to Defray Burgeoning Federal and State Non-AFDC Costs (Report, 6/5/92, GAO/HRD-92-91).

Other Children's Issues

Residential Care: Some High-Risk Youth Benefit, But More Study Needed (Report, 1/28/94, GAO/HEHS-94-56).

Foster Care: Federal Policy on Title IV-E Share of Training Costs (Report, 11/3/93, GAO/HRD-94-7).

Lead-Based Paint Poisoning: Children in Public Housing Are Not Adequately Protected (Report, 9/17/93, GAO/RCED-93-138).

Toxic Substances: The Extent of Lead Hazards in Child Care Facilities and Schools Is Unknown (Report, 9/14/93, GAO/RCED-93-197). Testimony on same topic (9/15/93, GAO/T-RCED-93-48).

Foster Care: Services to Prevent Out-of-Home Placements Are Limited by Funding Barriers (Report, 6/29/93, GAO/HRD-93-76).

Intercountry Adoption: Procedures Are Reasonable, but Sometimes Inefficiently Administered (Report, 4/26/93, GAO/NSIAD-93-83).

Lead-Based Paint Poisoning: Children Not Fully Protected When Federal Agencies Sell Homes to Public (Report, 4/5/93, GAO/RCED-93-38).

Foster Care: State Agencies Other Than Child Welfare Can Access Title IV-E Funds (Report, 2/9/93, GAO/HRD-93-6).

Child Care: States Face Difficulties Enforcing Standards and Promoting Quality (Report, 11/20/92, GAO/HRD-93-13).

Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (Report, 9/24/92, GAO/HRD-92-108).

Child Abuse: Prevention Programs Need Greater Emphasis (Report, 8/3/92, GAO/HRD-92-99).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, 5/15/92, GAO/RCED-92-186).

Pensions

Pension Benefit Guaranty Corporation

Financial Audit: Pension Benefit Guaranty Corporation's 1992 and 1991 Financial Statements (Report, 9/29/93, GAO/AIMD-93-21).

Private Pensions: Most Underfunded Plan Sponsors Are Not Making Additional Contributions (Testimony, 4/20/93, GAO/T-HRD-93-16).

Pension Plans: Underfunded Plans Threaten PBGC (Testimony, 2/4/93, GAO/T-HRD-93-2). Report on same topic (12/30/92, GAO/HRD-93-7).

Government Management: Status of Progress in Correcting Selected High-Risk Areas (Testimony, 2/3/93, GAO/T-AFMD-93-1). Report on same topic (3/2/92, GAO/AFMD-92-35).

Assessing PBGC's Short-Run and Long-Run Conditions. (Testimony, 2/2/93, GAO/T-HRD-93-1). Report on same topic (12/30/92, GAO/HRD-93-7).

Pension Plans: Hidden Liabilities Increase Claims Against Government Insurance Program (Report, 12/30/92, GAO/HRD-93-7). Testimonies on same topic (2/4/93, GAO/T-HRD-93-2), (2/3/93, GAO/T-AFMD-93-1), (2/2/93, GAO/T-HRD-93-1),

(9/25/92, GAO/T-HRD-92-60), and (8/11/92, GAO/T-HRD-92-52). Report on same topic (3/2/92, GAO/AFMD-92-35).

Pension Restoration Act (Letter, 12/18/92, GAO/HRD-93-7R).

High-Risk Series (Report, 12/92, GAO/HR-93-5).

Improving the Financial Condition of the Pension Benefit Guaranty Corporation (Testimony, 9/25/92, GAO/T-HRD-92-60). Report on same topic (12/30/92, GAO/HRD-93-7).

Pension Plans: Benefits Lost When Plans Terminate (Testimony, 9/24/92, GAO/T-HRD-92-58).

Financial Condition of the Pension Benefit Guaranty Corporation (Testimony, 8/11/92, GAO/T-HRD-92-52). Report on same topic (12/30/92, GAO/HRD-93-7).

Premium Accounting System: Pension Benefit Guaranty Corporation System Must Be an Ongoing Priority (Report, 8/11/92, GAO/IMTEC-92-74).

Pension Plans: Pension Benefit Guaranty Corporation Needs to Improve Premium Collections (Report, 6/30/92, GAO/HRD-92-103).

PBGC's Premium Accounting System RFP (Letter, 5/6/92, GAO/IMTEC-92-49R).

Public and Private Pension Issues

D.C. Pension Benefits (Report, 11/4/93, GAO/HRD-94-18).

ERISA Targeting (Letter, 9/30/93, GAO/HRD-93-34R).

Federal Personnel: Employment Policy Challenges Created by an Aging Workforce (Report, 9/23/93, GAO/GGD-93-138).

Small Pension Plans: Concerns About the IRS Actuarial Audit Program (Report, 6/30/93, GAO/HRD-93-64).

Private Pensions: Protections for Retirees' Insurance Annuities Can Be Strengthened (Report, 3/31/93, GAO/HRD-93-29).

District's Workforce: Annual Report Required by the District of Columbia Retirement Reform Act (Report, 3/31/93, GAO/GGD-93-81).

Pension Plans: Labor Should Not Ignore Some Small Plans That Report Violations (Report, 3/26/93, GAO/HRD-93-45).

The Public Service: Issues Confronting the Federal Civilian Workforce (Report, 3/16/93, GAO/GGD-93-53).

Underfunded State and Local Pensions Plans (Letter, 12/3/92, GAO/HRD-93-9R).

District's Pensions: Billions of Dollars in Liability Not Funded (Report, 11/30/92, GAO/HRD-93-32).

Lump-Sum Retirements (Letter, 10/20/92, GAO/GGD-93-2R).

Private Pensions: Changes Can Produce a Modest Increase in Use of Simplified Employee Pensions (Report, 7/1/92, GAO/HRD-92-119).

Pension Plans: Investments in Affordable Housing Possible With Government Assistance (Report, 6/12/92, GAO/HRD-92-55).

Financial Reporting: Accounting for the Postal Service's Postretirement Health Care Costs (Report, 5/20/92, GAO/AFMD-92-32).

Employee Benefits: Improved Plan Reporting and CPA Audits Can Increase Protection Under ERISA (Report, 4/9/92, GAO/AFMD-92-14).

Social Security

Social Security Programs

Social Security: Continuing Disability Review Process Improved, But More Targeted Reviews Needed (Testimony, 3/10/94, GAO/T-HEHS-94-121). Report on same topic (7/8/93, GAO/HRD-93-109).

Social Security: Disability Benefits for Drug Addicts and Alcoholics Are Out of Control (Testimony, 2/10/94, GAO/T-HEHS-94-101).

Social Security: Disability Rolls Keep Growing, While Explanations Remain Elusive (Report, 2/8/94, GAO/HEHS-94-34).

Social Security: Increasing Number of Disability Claims and Deteriorating Service (Report, 11/10/93, GAO/HRD-94-11). Testimony on same topic (3/25/93, GAO/T-HRD-93-11).

Social Security Disability: SSA Needs to Improve Continuing Disability Review Program (Report, 7/8/93, GAO/HRD-93-109).

Social Security: Rising Disability Rolls Raise Questions That Must Be Answered (Testimony, 4/22/93, GAO/T-HRD-93-15).

Social Security: SSA's Processing of Continuing Disability Reviews (Testimony, 3/9/93, GAO/T-HRD-93-9).

Social Security: Racial Difference in Disability Decisions (Testimony, 9/22/92, GAO/T-HRD-92-41). Report on same topic (4/21/92, GAO/HRD-92-56).

Comments on the Social Security Notch Issue (Testimony, 7/23/92, GAO/T-HRD-92-46).

Public Pension Offset (Letter, 5/15/92, GAO/GGD-92-15R).

Social Security Disability: Growing Funding and Administrative Problems (Testimony, 4/27/92, GAO/T-HRD-92-28).

**Social Security
Administration**

Social Security Administration: Many Letters Difficult to Understand (Testimony, 3/22/94, GAO/T-HEHS-94-126).

Social Security: Sustained Effort Needed to Improve Management and Prepare for the Future (Report, 10/27/93, GAO/HRD-94-22). Testimony on same topic (10/28/93, GAO/T-HRD-94-46).

Social Security Administration as an Independent Agency (Testimony, 9/14/93, GAO/T-HRD-93-31).

Status of Agency Use of SSA Death Information (Letter, 7/20/93, GAO/HRD-93-31R).

Social Security: Need to Improve Postentitlement Service to the Public (Report, 5/7/93, GAO/HRD-93-21).

Social Security: IRS Tax Identity Data Can Help Improve SSA Earnings Records (Report, 3/29/93, GAO/HRD-93-42).

Social Security: Telephone Busy Signal Rates at Local SSA Field Offices (Report, 3/4/93, GAO/HRD-93-49).

SSA Problems in Processing Wage Reports (Letter, 1/27/93, GAO/HRD-93-10R).

Social Security: Causes of Increased Overpayments, 1986 to 1989 (Report, 9/28/92, GAO/HRD-92-107).

Social Security: Need for Better Coordination of Food Stamp Services for Social Security Clients (Report, 9/25/92, GAO/HRD-92-92).

Social Security: Reporting and Processing of Death Information Should Be Improved (Report, 9/4/92, GAO/HRD-92-88).

Social Security: Reconciliation Improved SSA Earnings Records, but Efforts Were Incomplete (Report, 9/1/92, GAO/HRD-92-81).

Social Security: Beneficiary Payment for Representative Payee Services (Report, 6/29/92, GAO/HRD-92-112).

Welfare

Automated Welfare Systems: Historical Costs and Projections (Report, 2/25/94, GAO/AIMD-94-52FS).

Tax Policy: Earned Income Tax Credit: Design and Administration Could Be Improved (Report, 9/24/93, GAO/GGD-93-145).

Homelessness: Information on and Barriers to Assistance Programs Providing Foreclosed Property (Report, 9/30/93, GAO/RCED-93-182).

Self-Sufficiency: Opportunities and Disincentives on the Road to Economic Independence (Report, 8/6/93, GAO/HRD-93-23).

Public Housing: Low-Income Housing Tax Credit as an Alternative Development Method (Report, 7/16/93, GAO/RCED-93-31).

Welfare to Work: States Move Unevenly to Serve Teen Parents in JOBS (Report, 7/7/93, GAO/HRD-93-74).

Welfare to Work: JOBS Participation Rate Data Unreliable for Assessing States' Performance (Report, 5/5/93, GAO/HRD-93-73).

Earned Income Tax Credit: Effectiveness of Design and Administration (Testimony, 3/30/93, GAO/T-GGD-93-20).

Homelessness: McKinney Act Programs and Funding Through Fiscal Year 1991 (Report, 12/21/92, GAO/RCED-93-39).

Health and Human Services Issues (Letter, 12/92, OCG-93-20TR).

Food Stamp Program Provisions (Letter, 11/25/92, GAO/RCED-93-70R).

Welfare to Work: States Serve Least Job-Ready While Meeting JOBS Participation Rates (Report, 11/12/92, GAO/HRD-93-2).

Welfare to Work: Implementation and Evaluation of Transitional Benefits Need HHS Action (Report, 9/29/92, GAO/HRD-92-118).

Poverty Trends, 1980-88: Changes in Family Composition and Income Sources Among the Poor (Report, 9/10/92, GAO/PEMD-92-34).

Homelessness: HUD Improperly Restricts Applicants for Supplemental Assistance Program (Report, 8/13/92, GAO/RCED-92-200).

Asistencia Alimentaria: Situacion Nutricional y Programas Alternativos en Puerto Rico (Report, 7/21/92, GAO/RCED-92-114SV).

Food Assistance: Nutritional Conditions and Program Alternatives in Puerto Rico (Report, 7/21/92, GAO/RCED-92-114).

Welfare Programs: Ineffective Federal Oversight Permits Costly Automated System Problems (Report, 5/27/92, GAO/IMTEC-92-29).

Unemployed Parents: An Evaluation of the Effects of Welfare Benefits on Family Stability (Report, 4/29/92, GAO/PEMD-92-19BR).

Tax Policy: Effects of Changing the Tax Treatment of Fringe Benefits (Report, 4/7/92, GAO/GGD-92-43).

Other Products
Related to Social
Security & Welfare

Vietnamese Amerasian Resettlement: Education, Employment, and Family Outcomes in the United States (Report, 3/31/94, GAO/PEMD-94-15).

Grant Administration: CDC Oversight of Grantees' Activities Needs Improvement (Report, 12/10/93, GAO/HRD-94-12).

Refugee Resettlement: Unused Federal Funds in 1991 and 1992 (Report, 12/7/93, GAO/HRD-94-44).

State and Local Finances: Some Jurisdictions Confronted by Short- and Long-Term Problems (Report, 10/6/93, GAO/HRD-94-1). Testimony on same topic (10/6/93, GAO/T-HRD-94-1).

Benefits for Illegal Aliens: Some Program Costs Increasing, But Total Costs Unknown (Testimony, 9/29/93, GAO/T-HRD-93-33).

Federal Personnel: Employment Policy Challenges Created by an Aging Workforce (Report, 9/23/93, GAO/GGD-93-138).

Illegal Aliens: Despite Data Limitations, Current Methods Provide Better Population Estimates (Report, 8/5/93, GAO/PEMD-93-25).

Refugee Resettlement: Initial Reception and Placement Assistance (Report, 6/18/93, GAO/NSIAD-93-193BR).

Rural Disaster Assistance (Letter, 6/14/93, GAO/RCED-93-170R).

Puerto Rico: Confusion Over Applicability of the Electoral Law to Referendum Process (Report, 5/28/93, GAO/HRD-93-84).

Tax Abatement (Letter, 5/21/93, GAO/HRD-93-27R).

Income Security: Reports Issued During 1990-92 and Testimonies Delivered in 1992 (Bibliography, 3/93, GAO/HRD-93-80).

Legal Services Corporation: National Support Center Grantees' Activities (Report, 2/5/93, GAO/HRD-93-9).

Michigan Communities: Services Cut in Response to Fiscal Distress (Report, 9/29/92, GAO/HRD-92-142).

**Social Security & Welfare
(Comprehensive
2-Year Listing)**

Waste, Fraud, and Abuse Under the State and Local Fiscal Assistance Act of 1972 (Letter, 8/28/92, GAO/HRD-92-143R).

Block Grants: Increases in Set-Asides and Cost Ceilings Since 1982 (Report, 7/27/92, GAO/HRD-92-58FS).

Urban Poor: Tenant Income Misreporting Deprives Other Families of HUD-Subsidized Housing (Report, 7/17/92, GAO/HRD-92-60).

Income Security: Reports Issued From FY 1988 Through June 1992 (Bibliography, 7/92, GAO/HRD-92-122).

Veterans and Military Health (Comprehensive 2-Year Listing)

Military Health Care

Defense Health Care: Expansion of CHAMPUS Reform Initiative Into DOD's Region 6 (Report, 2/9/94, GAO/HEHS-94-100).

Defense Health Care: Expansion of the CHAMPUS Reform Initiative Into Washington and Oregon (Report, 9/20/93, GAO/HRD-93-149).

Psychiatric Fraud and Abuse: Increased Scrutiny of Hospital Stays is Needed for Federal Health Programs (Report, 9/17/93, GAO/HRD-93-92).

Operation Desert Storm: Army Medical Supply Issues (Report, 8/11/93, GAO/NSIAD-93-206).

Operation Desert Storm: Improvements Required in the Navy's Wartime Medical Care Program (Report, 7/28/93, GAO/NSIAD-93-189).

Medical Readiness Training: Limited Participation by Army Medical Personnel (Report, 6/30/93, GAO/NSIAD-93-205).

DOD Health Care: Further Testing and Evaluation of Case-Managed Home Care Is Needed (Report, 5/21/93, GAO/HRD-93-59).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, 5/10/93, GAO/T-HRD-93-21).

Defense Health Care: Additional Improvements Needed to CHAMPUS's Mental Health Program (Report, 5/6/93, GAO/HRD-93-34).

DOD Mental Health Review Efforts (Letter, 3/31/93, GAO/HRD-93-19R).

Defense Health Care: CHAMPUS Mental Health Demonstration Project in Virginia (Report, 12/30/92, GAO/HRD-93-53).

Composite Health Care System: Outpatient Capability Is Nearly Ready for Worldwide Deployment (Report, 12/15/92, GAO/IMTEC-93-11).

Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War (Report, 10/15/92, GAO/HRD-93-5).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Report, 8/18/92, GAO/NSIAD-92-175). Testimony on same topic (2/5/92, GAO/T-NSIAD-92-8).

Disability Benefits: Selected Data on Military and VA Recipients (Report, 8/13/92, GAO/HRD-92-106).

Medical ADP Systems: Composite Health Care System Is Not Ready to be Deployed (Report, 5/20/92, GAO/IMTEC-92-54).

Army Force Structure: Plans to Restructure and Reduce Medical Corps (Testimony, 5/1/92, GAO/T-NSIAD-92-37).

Defense Health Care: Efforts to Manage Mental Health Care Benefits to CHAMPUS Beneficiaries (Testimony, 4/28/92, GAO/T-HRD-92-27).

Defense Health Care: Obstacles in Implementing Coordinated Care (Testimony, 4/7/92, GAO/T-HRD-92-24).

Veterans' Health Care

VA Appropriations (Letter, 3/29/94, GAO/HRD-94-127R).

VA Health Care For Women: In Need of Continued VA Attention (Testimony, 3/9/94, GAO/T-HEHS-94-114). Testimony on same topic (7/2/92, GAO/T-HRD-92-33, and 7/19/92, GAO/T-HRD-92-42). Report on same topic (1/23/92, GAO/HRD-92-23).

Homelessness: Demand for Services to Homeless Veterans Exceeds VA Program Capacity (Report, 2/23/94, GAO/HEHS-94-98).

VA Health Care: VA Medical Centers Need to Improve Monitoring of High-Risk Patients (Report, 12/10/93, GAO/HRD-94-27).

VA Appropriations (Letter, 12/10/93, GAO/HRD-94-72R).

Department of Veterans Affairs Appropriation (Letter, 11/12/93, GAO/HRD-94-57R).

VA Health Care: Tuberculosis Control Receiving Greater Emphasis at VA Medical Centers (Report, 11/9/93, GAO/HRD-94-5).

Veterans Affairs: Service Delays at VA Outpatient Facilities (Testimony, 10/27/93, GAO/T-HRD-94-5). Testimony on same topic (7/21/93, GAO/T-HRD-93-29). Report on same topic (10/15/93, GAO/HRD-94-4).

VA Health Care: Restructuring Ambulatory Care System Would Improve Services to Veterans (Report, 10/15/93, GAO/HRD-94-4).

VA Health Care: Medical Care Cost Recovery Activities Improperly Funded
(Report, 10/12/93, GAO/HRD-94-2)

VA Health Care: Labor Management and Quality-of-Care Issues at the Salem
VA Medical Center (Report, 9/23/93, GAO/HRD-93-108).

VA Health Care: Comparison of VA Benefits With Other Public and Private
Programs (Report, 7/29/93, GAO/HRD-93-94).

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

Veterans Affairs: Accessibility of Outpatient Care at VA Medical Centers
(Testimony, 7/21/93, GAO/T-HRD-93-29).

VA Health Care: Variabilities in Outpatient Care Eligibility and Rationing
Decisions (Report, 7/16/93, GAO/HRD-93-106).

VA Health Care: Veterans' Efforts to Obtain Outpatient Care From
Alternative Sources (Report, 7/14/93, GAO/HRD-93-123).

VA Health Care: Delays in Awarding Major Construction Contracts (Report,
5/26/93, GAO/HRD-93-101).

VA Health Care: Problems in Implementing Locality Pay for Nurses Not
Fully Addressed (Report, 5/21/93, GAO/HRD-93-54).

VA Health Care: Enforcement of Federal Ethics Requirements at VA Medical
Centers (Testimony, 5/19/93, GAO/T-HRD-93-22). Reports on same topic
(5/12/93, GAO/HRD-93-39S) and (4/30/93, GAO/HRD-93-39).

Veterans' Health Care: Potential Effects of Health Care Reforms on VA's
Major Construction Program (Testimony, 5/6/93, GAO/T-HRD-93-19).

Veterans' Affairs: Establishing Patient Smoking Areas at VA Facilities
(Report, 5/3/93, GAO/HRD-93-104).

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

Management of VA: Improved Human Resource Planning Needed to
Achieve Strategic Goals (Report, 3/18/93, GAO/HRD-93-10).

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

VA Health Care: Selection of a Planned Medical Center in East Central Florida (Report, 3/1/93, GAO/HRD-93-77). Letter on same topic (6/2/93, GAO/HRD-93-23R).

VA Health Care: Actions Needed to Control Major Construction Costs (Report, 2/26/93, GAO/HRD-93-75).

Veterans Disability: Information From Military May Help VA Assess Claims Related to Secret Tests (Report, 2/18/93, GAO/NSIAD-93-89).

Transition Series: Veterans' Affairs Issues (Report, 12/92, GAO/OCG-93-21TR).

VA Health Care: Medical Centers Are Not Correcting Identified Quality Assurance Problems (Report, 12/30/92, GAO/HRD-93-20).

VA Health Care: Closure and Replacement of the Medical Center in Martinez, California (Report, 12/1/92, GAO/HRD-93-15).

VA Health Care: Use of Private Providers Should Be Better Controlled (Report, 9/28/92, GAO/HRD-92-109).

VA Health Care: Verifying Veterans' Reported Income Could Generate Millions in Copayment Revenues (Report, 9/15/92, GAO/HRD-92-159).

VA Health Care: VA Did Not Thoroughly Investigate All Allegations by the Froelich Trust Group (Report, 9/4/92, GAO/HRD-92-141).

VA Health Care: Offsetting Long-Term Care Costs by Adopting State Copayment Practices (Report, 8/12/92, GAO/HRD-92-96).

VA Health Care: Demonstration Project Concerning Future Structure of Veterans' Health Program (Testimony, 8/11/92, GAO/T-HRD-92-53).

VA Health Care: Inadequate Controls Over Scarce Medical Specialist Contracts (Testimony, 8/5/92, GAO/T-HRD-92-50). Report with same title (7/29/92, GAO/HRD-92-114).

VA Health Care: Role of the Chief of Nursing Service Should be Elevated (Report, 8/4/92, GAO/HRD-92-74).

VA Health Care for Women: Despite Progress, Improvements Needed (Testimony, 7/2/92, GAO/T-HRD-92-33). Testimony on same topic (7/19/92, GAO/T-HRD-92-42). Report on same topic (1/23/92, GAO/HRD-92-23).

VA Health Care: Alternative Health Insurance Reduces Demand for VA Health Care (Report, 6/30/92, GAO/HRD-92-79).

VA Health Care: Copayment Exemption Procedures Should Be Improved (Report, 6/24/92, GAO/HRD-92-77).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, 6/11/92, GAO/HRD-92-111).

VA Health Care: Efforts to Improve Pharmacies' Controls Over Addictive Drugs (Testimony, 6/10/92, GAO/T-HRD-92-38).

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Testimony, 6/3/92, GAO/T-HRD-92-37). Report with same title (4/22/92, GAO/HRD-92-17).

Health Care: VA's Implementation of the Nurse Pay Act of 1990 (Testimony, 6/3/92, GAO/T-HRD-92-35).

Medical ADP Systems: Composite Health Care System Is Not Ready to be Deployed (Report, 5/20/92, GAO/IMTEC-92-54).

Veterans' Benefits

Military Downsizing: Persons Returning to Civilian Life Need More Help From DOD (Report, 1/21/94, GAO/HEHS-94-39).

Veterans Benefits: Redirected Modernization Shows Promise (Report, 12/9/93, GAO/AIMD-94-26).

Disabled Veterans Programs: U.S. Eligibility and Benefit Types Compared With Five Other Countries (Report, 11/24/93, GAO/HRD-94-6).

Armed Forces Retirement Home (Letter, 11/3/93, GAO/HRD-94-49R).

DOD Military Disability Retirement (Report, 11/3/93, (GAO/HRD-94-50R).

Homeownership: Appropriations Made to Finance VA's Housing Program May Be Overestimated (Report, 9/8/93, GAO/RCED-93-173).

**Veterans and Military Health
(Comprehensive
2-Year Listing)**

Veterans' Compensation: Premature Closing of VA Office in the Philippines Could Be Costly (Report, 7/15/93, GAO/HRD-93-96).

Transition Series: Veterans Affairs Issues (Report, 12/92, GAO/OCG-93-21TR).

Veterans' Benefits: Availability of Benefits in American Samoa (Report, 11/18/92, GAO/HRD-93-16).

Vocational Rehabilitation: VA Needs to Emphasize Serving Veterans With Serious Employment Handicaps (Report, 9/28/92, GAO/HRD-92-133).

Vocational Rehabilitation: Better VA Management Needed to Help Disabled Veterans Find Jobs (Report, 9/4/92, GAO/HRD-92-100).

Disability Benefits: Selected Data on Military and VA Recipients (Report, 8/13/92, GAO/HRD-92-106).

VA Life Insurance: Premiums and Program Reserves Need More Timely Adjustments (Report, 7/20/92, GAO/HRD-92-71).

Major Contributors

David W. Bieritz
Susan Y. Higgins
James L. Kirkman
Tara J. Toliver
Stephen F. Palincsar

Major Contributors



53150

United States General Accounting Office

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)

Grid for 8 digit customer ID

or your full mailing address below:

Grids for Name, Organization, Address, City, State and ZIP

Sample Order*

(to order
GAO/HEHS-94-83W

Sample order grid: G A O / H E H S - 94 - 83 W

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

Multiple grids for ordering, each starting with G A O /

Mailing List Request Form

Address Information

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

Name: _____
Organization: _____
Address: _____

Areas of Interest

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

HEALTH

- Access and Infrastructure
- Employee and Retiree Benefits
- Financing
- Health Care Reform
- HHS Public Health Service
- Long-Term Care
- Malpractice
- Managed Care
- Medicare and Medicaid
- Prescription Drugs
- Public Health and Education
- Substance Abuse and Treatment
- Other Health Issues

EDUCATION

- Department of Education
- Early Childhood Development
- Armed Forces
- Elementary and Secondary
- Higher Education
- School-to-Work Transition

EMPLOYMENT

- Equal Employment Opportunities
- High Performance Workplaces
- Labor and Management Relations
- Training and Employment Assistance
- Workplace Quality
- Other Employment Issues

SOCIAL SECURITY & WELFARE

- Aging
- Childrens' Issues
- Pensions
- Social Security
- Welfare
- Other Social Security & Welfare Issues

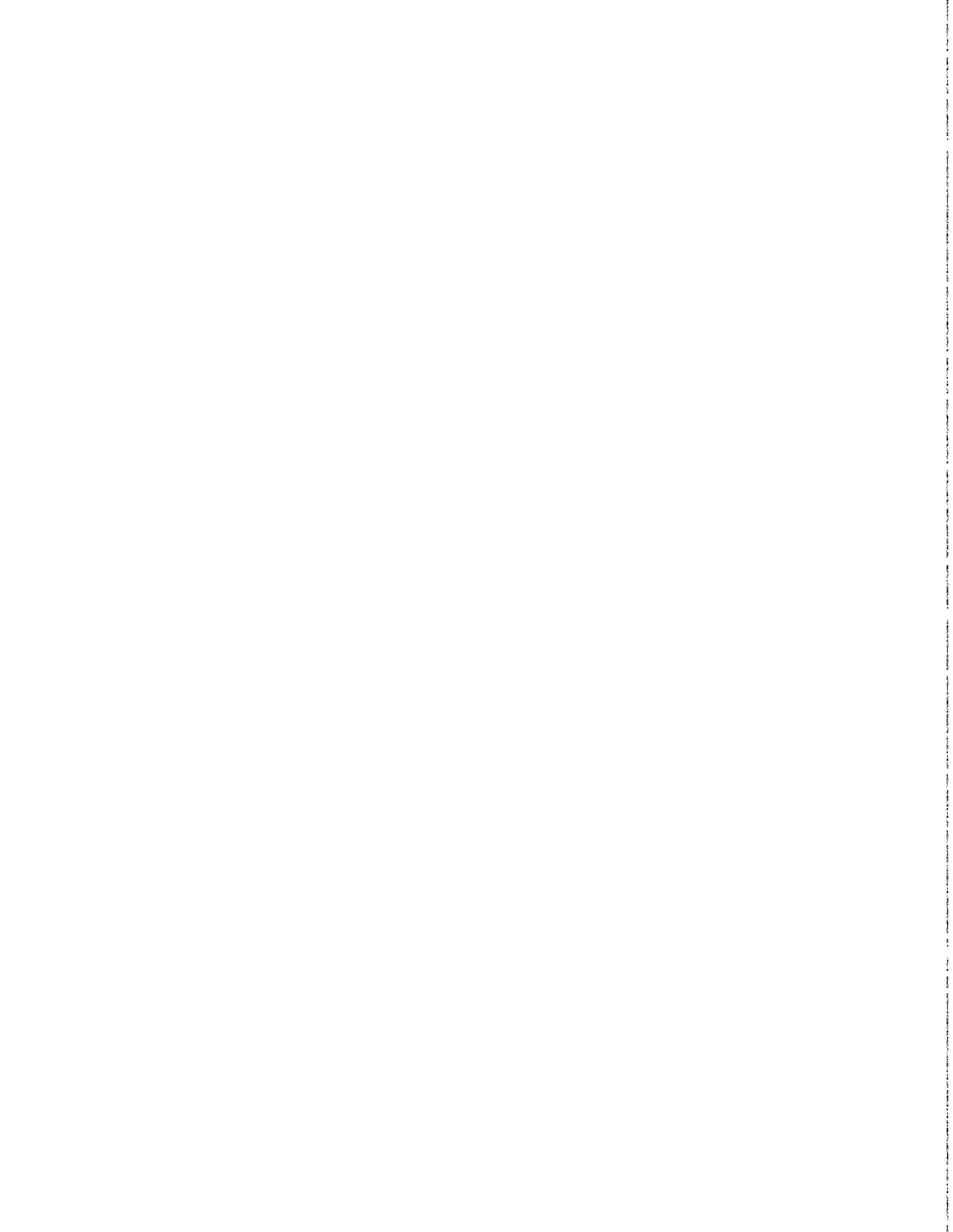
VETERANS & MILITARY HEALTH

- Military Health
- Veterans' Health Care
- Veterans' Benefits

Mail or Fax To:

Janet Shikles, Assistant Comptroller General
Health, Education, and Human Services Division, NGB/ACG
U.S. General Accounting Office
441 G Street, N.W.
Washington, D.C. 20548

Fax Number (202) 512-5806.



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 1000
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.**

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

Bulk Mail
Postage & Fees Paid
GAO
Permit No. G100

Official Business
Penalty for Private Use \$300

Address Correction Requested
