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Preface

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

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

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past month and provides summaries for selected key products.
- Comprehensive 1-Year Listings: This section lists all products published in the last year, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

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



Janet L. Shikles
Assistant Comptroller General

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Abbreviations

AFDC	Aid to Families With Dependent Children
CARE	Comprehensive AIDS Resources Emergency
COLA	cost of living allowance
CSRS	Civil Service Retirement System
DC	District of Columbia
DI	Disability Insurance
DOD	Department of Defense
DOE	Department of Energy
DOL	Department of Labor
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
FDA	Food and Drug Administration
FHA	Federal Housing Administration
HEHS	Health, Education, and Human Services Division, GAO
HHS	Department of Health and Human Services
HMO	health maintenance organization
HUD	Department of Housing and Urban Development
JOBS	Job Opportunities and Basic Skills Training program
MSHA	Mine Safety and Health Administration
NASA	National Aeronautics and Space Administration
NIH	National Institutes of Health
NPR	National Performance Review
NRC	Nuclear Regulatory Commission
OHA	Office of Hearings and Appeals, SSA
OSHA	Occupational Safety and Health Administration
PASS	plan for achieving self-sufficiency
PBGC	Pension Benefit Guarantee Corporation
SSA	Social Security Administration
SSI	Supplemental Security Income
T&A	time and attendance
TRICARE	DOD nationwide managed health care program
VA	Department of Veterans Affairs

Most Recent GAO Products (February 1996)

Health

Selected Summaries

FHA Hospital Mortgage Insurance Program: Health Care Trends and Portfolio Concentration Could Affect Program Stability (Report, 2/27/96, GAO/HEHS-96-29).

The Hospital Mortgage Insurance Program administered by the Federal Housing Administration (FHA) in the Department of Housing and Urban Development (HUD) insures loans to finance the renovation or construction of hospitals that meet certain criteria. Although the program has had financial losses in several years, HUD data show an overall net positive cash flow from operations during the past 25 years. The program now faces potential financial risks, however, that could affect the future stability of its loan insurance portfolio. In addition, flaws in the methodology for estimating loan losses limit the reliability of FHA's loan loss reserve estimate, which, as a result, may be under- or overstated. GAO made specific recommendations to the Secretary of HUD that would (1) improve the reliability of FHA's loan loss reserve estimate, (2) ensure future compliance with federal performance measurement requirements, and (3) minimize potential financial losses from future projects.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact James O. McClyde, (202) 512-7152.

Other Health Products

Status of Federal Hospital Insurance Trust Fund (Testimony, 2/29/96, GAO/T-HEHS-96-94).

FDA Review and Approval Times (Testimony, 2/21/96, GAO/T-PEMD-96-6).

Medicare: Millions Can Be Saved by Screening Claims for Overused Services (Testimony, 2/8/96, GAO/T-HEHS-96-86). Report on same topic (1/30/96, GAO/HEHS-96-49).

Pharmacy Benefit Managers: Early Results on Ventures With Drug Manufacturers (Testimony, 2/7/96, GAO/T-HEHS-96-85). Report on same topic (11/9/95, GAO/HEHS-96-45).

Education

Education Products

Financial Audit: Federal Family Education Loan Program's Financial Statements (Report, 2/26/96, GAO/AIMD-96-22).

Social Security, Disability, and Welfare

Selected Summaries

PASS Program: SSA Work Incentive for Disabled Beneficiaries Poorly Managed (Report, 2/28/96, GAO/HEHS-96-51).

The Social Security Administration (SSA) has done a poor job implementing and managing the plan for achieving self-support (PASS) program, which helps disabled beneficiaries invest in skills and resources to undertake gainful employment. The PASS program, which served about 10,000 participants at a cost of approximately \$30 million in 1995, has not been designed or managed to provide the staff who administer it with the expertise, guidance, or data to evaluate participants' proposed employment plans. Program goals are unclear, and the impact of the PASS program on employment is unknown, although almost no former participants left the Supplemental Security Income or Disability Insurance rolls. Furthermore, a lack of safeguards on participation and expenditures has left the PASS program vulnerable to abuse.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Cynthia Bascetta, (202) 512-7207.

Social Security: Telephone Access Enhanced at Field Offices Under Demonstration Project (Report, 2/23/96, GAO/HEHS-96-70).

A demonstration project at 30 SSA field offices suggests that automated telephone attendant and voice mail equipment can help SSA better serve the public. For example, with one of the equipment configurations tested, the proportion of calls not put on hold at all or put on hold for less than 2 minutes improved 23 percentage points, and busy-signal rates dropped by more than 55 percentage points. Because staffing did not increase,

however, many callers still spent some time on hold before speaking with SSA staff. Field office staff strongly believed the equipment improved efficiency and public service.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Roland H. Miller III, (202) 512-7246.

Other Social Security,
Disability, and Welfare
Products

Food Stamp Program: Achieving Cost Neutrality in Minnesota's Family Investment Program (Report, 2/12/96, GAO/RCED-96-54).

Supplemental Security Income: Noncitizens Have Been a Major Source of Caseload Growth (Testimony, 2/6/96, GAO/T-HEHS-96-88).

Veterans Affairs and
Military Health

Selected Summaries

Veterans' Health Care: Facilities' Resource Allocations Could Be More Equitable (Report, 2/7/96, GAO/HEHS-96-48).

The Department of Veterans Affairs (VA) has chosen to make limited use of the data from its resource allocation system to redistribute funding among its facilities to reflect changes in patient workload. While some facilities' workloads rose by as much as 15 percent and others' fell by as much as 8 percent between 1993 and 1995, VA increased or decreased facilities' budgets only by about 1 percent. Facilities at which the growth in patient workload has outpaced funding increases have rationed care. As a result, similar veterans in different parts of the country do not have the same access to care. The report recommends ways VA can eliminate some of the barriers that prevent it from using the allocation system to allocate funds more equitably.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Frank C. Pasquier, (206) 287-4861.

VA Health Care: Exploring Options to Improve Veterans' Access to VA Facilities (Report, 2/6/96, GAO/HEHS-96-52).

In its efforts to improve access to VA health care, VA faces two basic decisions: where to locate new facilities and how to deliver care. For instance, VA could locate new facilities to improve convenience for existing users, improve access for all veterans, or improve access for specific veteran groups or eligibility categories. In deciding how to deliver care, VA could compare the costs and other factors involved in providing care in VA-operated facilities with those involved in contracting with private providers. For example, although VA-operated facilities typically are more expensive in the short run, they give VA more control over resources. The report concludes that if VA medical centers used all means at their disposal to expand access, they could significantly improve veterans' access to care.

To order this report, call (202) 512-6000. For information on the topics discussed in this report, contact Paul R. Reynolds, (202) 512-7109.

Health (Comprehensive 1-Year Listing)

Access and Infrastructure

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Sarah F. Jaggar, (202) 512-7119.

Status of Federal Hospital Insurance Trust Fund (Testimony, 2/29/96, GAO/T-HEHS-96-94).

FHA Hospital Mortgage Insurance Program: Health Care Trends and Portfolio Concentration Could Affect Program Stability (Report, 2/27/96, GAO/HEHS-96-29).

Mammography Services: Initial Impact of New Federal Law Has Been Positive (Report, 10/27/95, GAO/HEHS-96-17).

Employee and Retiree Health Benefits

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Michael F. Gutowski, (202) 512-7119.

Small Employer Association Health Plans (Letter, 12/6/95, GAO/HEHS-96-59R).

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

Financing

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Jonathan Ratner or William J. Scanlon, (202) 512-7119.

Health Insurance for Children: State and Private Programs Create New Strategies to Insure Children (Report, 1/18/96, GAO/HEHS-96-35).

Ryan White CARE Act of 1990: Opportunities to Enhance Funding Equity (Report, 11/13/95, GAO/HEHS-96-26). Testimony on same topic (4/5/95, GAO/T-HEHS-95-126, and 2/22/95, GAO/T-HEHS-95-91). Correspondence on same topic (2/14/95, GAO/HEHS-95-79R, and 3/31/95, GAO/HEHS-95-119R).

Community Health Center Grants (Letter, 10/11/95, GAO/HEHS-96-13R).

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

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

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

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

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

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

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

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

Health Care Reform Related Issues

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Michael F. Gutowski, Rosamond Katz, or Scott L. Smith, (202) 512-7119.

Health Care Task Force (Letter, 11/9/95, GAO/GGD-96-45R).

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

HHS Public Health Service Agencies

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Bruce D. Layton, James O. McClyde, or Sarah F. Jaggar, (202) 512-7119.

FDA Review and Approval Times (Testimony, 2/21/96, GAO/T-PEMD-96-6).

FDA Export Reform (Letter, 12/21/95, GAO/HEHS-96-60R).

Changes in FDA Structure (Letter, 12/8/95, GAO/HEHS-96-53R).

Medical Devices: FDA Review Time (Letter Report, 10/30/95, GAO/PEMD-96-2).

FDA Drug Approval: Review Time Has Decreased in Recent Years (Report, 10/20/95, GAO/PEMD-96-1).

FDA Import Automation: Serious Management and Systems Development Problems Persist (Report, 9/28/95, GAO/AIMD-95-188).

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

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

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

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

Reassignment of Two NIH Employees (Letter, 7/5/95, GAO/OSI-95-14R).

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

Long-Term Care and Aging

To order these reports, call (202) 512-6000. For information on the topics discussed, contact James C. Musselwhite or William J. Scanlon, (202) 512-7119.

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

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

Managed Care

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Medicare Managed Care Growth (Letter, 10/18/95, GAO/HEHS-96-47R).

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

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

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

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

Medicare and Medicaid

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Kathryn G. Allen, Thomas G. Dowdal, or Barry D. Tice, (202) 512-7119.

Medicare: Millions Can Be Saved by Screening Claims for Overused Services (Testimony, 2/8/96, GAO/T-HEHS-96-86). Report on same topic (Report, 1/30/96, GAO/HEHS-96-49).

Fraud and Abuse: Providers Target Medicare Patients in Nursing Facilities (Report, 1/24/96, GAO/HEHS-96-18).

Medicare HMOs: Rapid Enrollment Growth Concentrated in Selected States (Report, 1/18/96, GAO/HEHS-96-63).

Medicaid: Spending Pressures Spur States Toward Program Restructuring (Testimony, 1/18/96, GAO/T-HEHS-96-75).

State Medicaid Financing Practices (Letter, 1/23/96, GAO/HEHS-96-76R).

Medigrant: Hawaii's Base Year Funding (Letter, 12/15/95, GAO/HEHS-96-74R).

Medicare: Enrollment Growth and Payment Practices for Kidney Dialysis Services (Report, 11/22/95, GAO/HEHS-96-33).

Medicare Transaction System: Strengthened Management and Sound Development Approach Critical to Success (Testimony, 11/16/95, GAO/T-AIMD-96-12).

Medicaid Section 1115 Waivers: Flexible Approach to Approving Demonstrations Could Increase Federal Costs (Report, 11/8/95, GAO/HEHS-96-44).

Medicare Managed Care: Growing Enrollment Adds Urgency to Fixing HMO Payment Problem (Report, 11/8/95, GAO/HEHS-96-21).

Fraud and Abuse: Medicare Continues to Be Vulnerable to Exploitation by Unscrupulous Providers (Testimony, 11/2/95, GAO/T-HEHS-96-7).

Medicaid and Children's Insurance (Letter, 10/20/95, GAO/HEHS-96-50R).

Medicare Managed Care Growth (Letter, 10/18/95, GAO/HEHS-96-47R).

Fraud and Abuse Provisions in H.R. 2425 (Letter, 10/7/95, GAO/HEHS-96-37R).

Arizona Medicaid: Competition Among Managed Care Plans Lowers Program Costs (Report, 10/4/95, GAO/HEHS-96-2).

Medigrant: Florida (Letter, 10/2/95, GAO/HEHS-96-11R).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prescription Drugs

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Pharmacy Benefit Managers: Early Results on Ventures With Drug Manufacturers (Testimony, 2/7/96, GAO/T-HEHS-96-85). Report on same topic (11/9/95, GAO/HEHS-96-45).

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

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

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

Provider Issues

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National Health Service Corps: Opportunities to Stretch Scarce Dollars and Improve Provider Placement (Report, 11/24/95, GAO/HEHS-96-28).

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

Public Health and Education

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Community Health Center Grants (Letter, 10/11/95, GAO/HEHS-96-13R).

Montana's Medical Assistance Facilities (Letter, 10/2/95, GAO/HEHS-96-12R).

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

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

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

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

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

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

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

Quality and Practice Standards

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Mammography Services: Initial Impact of New Federal Law Has Been Positive (Report, 10/27/95, GAO/HEHS-96-17).

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

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

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

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

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

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

Substance Abuse and Drug Treatment

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

Other Health Issues

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Environmental Impact on Health

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

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

Miscellaneous

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

Education

(Comprehensive 1-Year Listing)

Department of Education

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Joseph J. Eglin, Jr., (202) 512-7009; Lawrence J. Horinko, (202) 512-7001; Eleanor L. Johnson, (202) 512-7209; or Wayne B. Upshaw, (202) 512-7006.

Financial Audit: Federal Family Education Loan Program's Financial Statements (Report, 2/26/96, GAO/AIMD-96-22).

Department of Education: Efforts by the Office for Civil Rights to Resolve Asian-American Complaints (Report, 12/11/95, GAO/HEHS-96-23).

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

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

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

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

Early Childhood Development

To order these reports, call (202) 512-6000. For information on the topics discussed, contact Eleanor L. Johnson, (202) 512-7209, or Fred E. Yohey, Jr., (202) 512-7218.

Head Start: Information on Federal Funds Unspent by Program Grantees (Report, 12/29/95, GAO/HEHS-96-64).

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

Elementary and Secondary Education

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School Facilities: America's Schools Not Designed or Equipped for 21st Century (Report, 4/4/95, GAO/HEHS-95-96). Testimony on same topic (4/4/95, GAO/T-HEHS-95-127).

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

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Social Security Disability: Management Action and Program Redesign
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