

GAO

Health, Education, and Human
Services Division Reports

March 1996

**Health
Education
Employment
Social Security
Welfare
Veterans**

**Five-Year Report
1991-96**

Preface

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

This booklet lists the GAO products issued on these programs during the five years from March 1991 through February 1996. It is organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

You may obtain single copies of the products free of charge, by telephoning your request to (202) 512-6000 or faxing it to (301) 258-4066. Additional ordering details appear at the end of this booklet. Instructions for getting on GAO's mailing list appear on page 111 of this booklet.

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

Janet L. Shikles
Assistant Comptroller General

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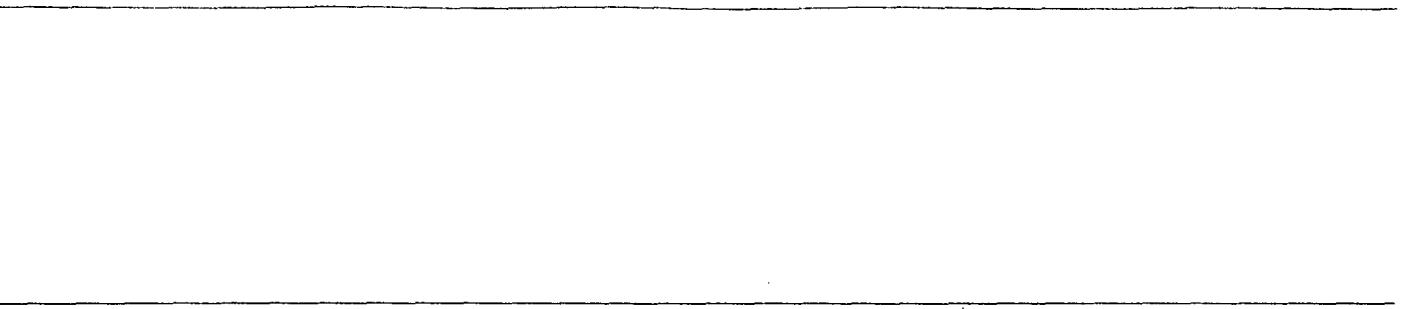
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Abbreviations

AFDC	Aid to Families with Dependent Children
AIDS	acquired immunodeficiency syndrome
ADP	automatic data processing
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
COLA	cost-of-living adjustment
CRS	Congressional Research Service, Library of Congress
CSRS	Civil Service Retirement System
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
DODDS	DOD Dependents Schools
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act

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FAA	Federal Aviation Administration
FDA	Food and Drug Administration
GAO	General Accounting Office
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, GAO
HUD	Department of Housing and Urban Development
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
MSHA	Mine Safety and Health Administration
NAFTA	North American Free Trade Agreement
NAFTA/TAA	NAFTA/Trade Adjustment Assistance
NAGB	National Assessment Governing Board, Department of Education
NASA	National Aeronautics and Space Administration
NIH	National Institutes of Health
NRC	Nuclear Regulatory Commission
OBRA	Omnibus Budget Reconciliation Act of 1990
OHA	Office of Hearings and Appeals, Social Security Administration
OSHA	Occupational Safety and Health Administration
PASS	Plan for achieving self-support
PATH	Projects for Assistance in Transition from Homelessness
PBGC	Pension Benefit Guarantee Corporation
PRO	peer review organization
SBA	Small Business Administration
SSA	Social Security Administration
SSI	Supplemental Security Income
UI	unemployment insurance
UMWA	United Mine Workers of America Combined Benefit Fund
VA	Department of Veterans Affairs
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children



Health (Comprehensive 5-Year Listing)

Access and Infrastructure

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Attempt to Correct Problems in Small Business Health Insurance Market (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).

Hispanic Access to Health Care: Significant Gaps Exist (Report, 1/15/92, GAO/PEMD-92-6). Testimony on same topic (9/19/91, GAO/T-PEMD-91-13).

Rural Hospitals: Closures and Issues of Access (Testimony, 9/4/91, GAO/T-HRD-91-46).

Employee and Retiree Health Benefits

For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Michael F. Gutowski at (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).

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

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

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

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

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).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Testimony, 3/11/92, GAO/T-GGD-92-20). Report with same title (2/12/92, GAO/GGD-92-37).

Hired Farmworkers: Health and Well-Being at Risk (Report, 2/14/92, GAO/HRD-92-46).

Employee Benefits: Effect of Bankruptcy on Retiree Health Benefits (Report, 8/30/91, GAO/HRD-91-115).

Farmworkers Face Gaps in Protection and Barriers to Benefits (Testimony, 7/17/91, GAO/T-HRD-91-40).

Fraud and Abuse: Stronger Controls Needed in Federal Employees Health Benefits Program (Report, 7/16/91, GAO/GGD-91-95).

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (Testimony, 5/6/91, GAO/T-HRD-91-25).

Financing

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

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).

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

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

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

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

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

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

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

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

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

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

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

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

Hospitals: Chief Executives' Compensation, 1989-1991 (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
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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).

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

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).

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).

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

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: State 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).

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

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).

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal
Minimum Standards in 1988-89 (Report, 2/28/92, GAO/HRD-92-54).

Health Care Spending: Nonpolicy Factors Account for Most State
Differences (Report, 2/13/92, GAO/HRD-92-36).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Report, 1/15/92,
GAO/OCG-92-1).

Health Care Spending Control: The Experience of France, Germany, and
Japan (Report, 11/15/91, GAO/HRD-92-9). French translation available
(11/15/91, GAO/HRD-92-9ES-F) and German translation available (11/15/91,
GAO/HRD-92-9ES-G). Testimony on same topic (11/19/91, GAO/T-HRD-92-12).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their
Choice of Cancer Therapies (Report, 9/27/91, GAO/PEMD-91-14).

Managed Care: Oregon Program Appears Successful But Expansion
Should Be Implemented Cautiously (Testimony, 9/16/91, GAO/T-HRD-91-48).

Rural Hospitals: Closures and Issues of Access (Testimony, 9/4/91, GAO/T-HRD-91-46).

Nonprofit Hospitals: Better Standards Needed for Tax Exemption (Testimony, 7/10/91, GAO/T-HRD-91-43). Report on same topic (5/30/90, GAO/HRD-90-84). Testimony on same topic (6/28/90, GAO/T-HRD-90-45).

Private Health Insurance: Problems Caused by a Segmented Market (Report, 7/2/91, GAO/HRD-91-114). Testimony on same topic (5/2/91, GAO/T-HRD-91-21).

U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform (Report, 6/10/91, GAO/HRD-91-102). French and German translations available (6/10/91, GAO/HRD-91-102). Testimony on same topic (4/17/91, GAO/T-HRD-91-16).

Canadian Health Insurance: Lessons for the United States (Report, 6/4/91, GAO/HRD-91-90). Testimony on same topic (6/4/91, GAO/T-HRD-91-35).

Trauma Care: Lifesaving System Threatened by Unreimbursed Costs and Other Factors (Report, 5/17/91, GAO/HRD-91-57).

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (Testimony, 5/6/91, GAO/T-HRD-91-25).

Workers at Risk: Increased Numbers in Contingent Employment Lack Insurance, Other Benefits (Report, 3/8/91, GAO/HRD-91-56).

Medigap Insurance: Better Consumer Protection Should Result From 1990 Changes to Baucus Amendment (Report, 3/5/91, GAO/HRD-91-49).

Health Care Reform Related Issues

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

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Health Care Reform: Considerations for Risk Adjustment Under Community Rating (Report, 9/22/94, GAO/HEHS-94-173).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/RCED-94-240).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HHS Public Health Service Agencies

For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Bruce D. Layton, James O. McClyde, or Sarah F. Jaggat at (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).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact John C. Hansen at (202) 512-7119.

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For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Sarah F. Jaggat at (202) 512-7119.

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For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Sarah F. Jaggat at (202) 512-7119.

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For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Sandra K. Isaacson at (202) 512-7174 or George F. Poindexter at (202) 512-7213.

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

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Other Health Issues

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

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Education (Comprehensive 5-Year Listing)

Department of Education

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Employment (Comprehensive 5-Year Listing)

Equal Employment Opportunities

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For information on ordering these reports, call (202) 512-6000. For more information on the topics discussed, contact Michael D. Packard at (202) 512-7250 or Donald C. Snyder at (202) 512-7204.

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

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Social Security and Disability

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Social Security Disability: Management Action and Program Redesign Needed to Address Long-Standing Problems (Testimony, 8/3/95, GAO/T-HEHS-95-233).

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Social Security, Disability, and Welfare
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**Social Security, Disability, and Welfare
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5-Year Listing)**

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Welfare To Work: Approaches That Help Teenage Mothers Complete High School (Report, 9/29/95, GAO/HEHS/PEMD-95-20).

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

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Child Welfare: Monitoring Out-of-State Placements (Report, 9/3/91, GAO/HRD-91-107BR).

Mother-Only Families: Low Earnings Will Keep Many Children in Poverty (Report, 4/2/91, GAO/HRD-91-62).

Welfare Benefits: States Need Social Security's Death Data to Avoid Payment Error or Fraud (Report, 4/2/91, GAO/HRD-91-73).

Other Products Related to Social Security, Disability, and Welfare

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