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Preface

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

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

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past 2 months and provides summaries for selected key products.
- Comprehensive 2-Year Listings: This section lists all products published in the last 2 years, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

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

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Contents

Abbreviations

AIDS	acquired immunodeficiency syndrome
AHCPR	Agency for Health Care Policy and Research
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CRS	Congressional Research Service, Library of Congress
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
DODDS	Department of Defense Dependents Schools
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office

GPRA	Government Performance and Results Act of 1993
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
HSA	Health Security Act
HUD	Department of Housing and Urban Development
IHS	Indian Health Service
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAGB	National Assessment Governing Board, Department of Education
OCSE	Office of Child Support Enforcement
OBRA	Omnibus Budget Reconciliation Act of 1990
OSHA	Occupational Safety and Health Administration
PBGC	Pension Benefit Guarantee Corporation
PATH	Projects for Assistance in Transition from Homelessness
SSA	Social Security Administration
UMWA	United Mine Workers of America Combined Benefit Fund
USDA	United States Department of Agriculture
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 (June - July 1994)

Health

Selected Summaries

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

Manufacturers of brand-name prescription drugs typically charge more for identical drugs in the United States compared to Canada and the United Kingdom. Canada, France, Germany, Sweden, and the United Kingdom each have adopted policies intended to control national prescription drug expenditures, but so far these policies have achieved only limited success. A positive correlation exists between prescription drug prices and pharmaceutical firms' expenditures on research and development; however, the precise size of this correlation is difficult to determine.

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

The Department of Health and Human Services (HHS) Public Health Service's Agency for Health Care Policy and Research (AHCPR) has few resources for its technology assessment activities. With five professional staff devoted to this activity, the agency is responsible for responding to Health Care Financing Administration (HCFA) requests for technology assessments on issues of national concern to Medicare. This staffing level has allowed, on average, fewer than 10 technology assessments per year, with about 60 percent of AHCPR's technology assessment devoted to HCFA requests. Recent legislation changing AHCPR's priorities may mean fewer assessments for HCFA than in the past. HCFA makes few national coverage decisions each year and does not devote substantial resources to technology assessments. HCFA has several methods to adjust hospital payment rates to account for changes in technology.

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

Many people who are potentially eligible for Medicaid never complete the application process. About half of the denials in the three states we visited were for procedural reasons—that is, applicants did not or could not provide the basic documentation needed to verify their eligibility or did

not appear for eligibility interviews. For the most part, state offices responsible for determining eligibility do not have the resources to routinely provide extensive assistance to all applicants. Because hospitals desperately need a payment source to cover the care of uninsured patients, in many states they rely on outside help—including private enrollment vendor firms—to enroll eligible patients in the Medicaid program. Lessons learned from the Medicaid experience may help in dealing with the increased administrative burdens of expanded coverage under health care reform.

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

Over the past decade, the supply of nearly all health professions has increased faster than the population. For most health professions, however, data are not available to demonstrate whether this increased supply has meant more access to care for people in rural and underserved areas. Data are inconclusive to support HHS' premise that further increases in minority recruitment will improve access to health care for underserved populations. While almost $2 billion has been provided for 30 title VII and VIII programs in the last 10 years, evaluations have not shown that these programs have significantly effected changes in the supply distribution and in minority representation of health professionals. The Congress recently took action to target title VII and VIII funding more specifically to primary care and underserved areas, but these actions are not likely to have much impact, at least in the short run.

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

Indian Health Service (IHS) salary schedules for health care professionals are set on a national basis. Thus, no differences exist in the base pay these individuals receive in different IHS regions or areas. However, IHS may pay certain bonuses and allowances to physicians who agree to work in hard-to-fill areas such as Aberdeen, South Dakota. In many IHS areas, providing health care has been hampered by IHS's difficulty in recruiting and retaining qualified health care professionals, especially physicians. For example, recruiting and retaining physicians in Aberdeen is hampered by several factors; Aberdeen has a higher vacancy rate for physicians than all but one other IHS area. The vacancy rate has been particularly high, over 31 percent, at the Pine Ridge Hospital. To address this problem, IHS is

currently examining the benefits of using a physician pay structure similar to that used by VA.

Other Health Products

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

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).

Electromagnetic Fields: Federal Efforts to Determine Health Effects Are Behind Schedule (Report, 6/21/94, GAO/RCED-94-115).

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

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

Education

Education Products

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

Financial Audit: Federal Family Education Loan Program's Financial Statements for Fiscal Years 1993 and 1992 (Report, 6/30/94, GAO/AIMD-94-131).

Title I Formula in S. 1513 (Letter, 6/7/94, GAO/HEHS-94-190R).

Employment

Selected Summaries

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

Overlap among federal programs targeting each client group in our analysis—the economically disadvantaged, dislocated workers, older workers, and youth—raised questions concerning the efficient and

effective use of resources. Of the 38 programs in our analysis, we found that 30 shared common goals, had comparable clients, provided similar services, and used parallel delivery mechanisms and administrative structures with at least one other program—enough that these programs could be described as overlapping. We also found that programs operating at the local level often shared resources and provided assistance to clients while the clients were enrolled in other programs. In some instances, the relationship between the programs was so close that it was difficult to determine which program was providing which services to the client.

Other Employment Products

Workplace Regulation: Information on Selected Employer and Union Experiences (Report, 6/30/94, GAO/HEHS-94-138, vols. I and II).

Application of Laws: Comments on the Congressional Accountability Act—S. 2071 (Testimony, 6/29/94, GAO/T-OGC-94-2).

Social Security and Welfare

Selected Summaries

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

Under current rules, early retirees on average pay about 20 percent for health benefits and companies, 80 percent. If the Health Security Act is passed, then beginning in 1998, early retirees with company-sponsored health benefits as well as their companies would realize a substantial savings in their health benefit costs. The federal government would pick up a portion of these costs.

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

The HHS Office of Child Support Enforcement (OCSE) has had difficulty meeting its responsibilities. Reorganization and budget cuts, the lack of a strategic vision, inadequate communications with HHS regional offices and states, and flawed program data have limited OCSE's capacity. In addition, federal audits—OCSE's main tool for assessing program effectiveness—offer limited insight into state program performance while

consuming over half of OCSE resources. Regarding welfare reform implications, new requirements common to several reform proposals would add to OCSE's responsibilities for providing guidance through regulations and technical assistance and monitoring state programs. OCSE has been selected as a pilot agency for the Government Performance and Results Act of 1993 (GPRA). We believe GPRA may provide a catalyst for program improvements at the national level and encourage a stronger federal-state partnership.

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

For the program year ending in 1992, the Job Opportunities and Basic Skills Training (JOBS) and Job Training Partnership Act (JTPA) programs spent $3 billion in federal and state funds providing employment and training services to economically disadvantaged individuals. Service delivery for these two programs is coordinated and often interrelated at the state and local level. The extent to which the two programs rely on each other for services, however, is unknown. In analyzing JOBS' and JTPA's expenditures for the program year ending in 1992, we found that the proportion of each program's total funds spent on education and training, participant support, and administration were fairly similar.

Other Social Security & Welfare Products

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

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

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

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

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

UMWA's Combined Fund Finances (Letter, 6/30/94, GAO/HEHS-94-201R).

Social Security: New Continuing Disability Review Process Could Be Enhanced (Report, 6/27/94, GAO/HEHS-94-118).

Proposal to Strengthen H.R. 3396 (Letter, 6/24/94, GAO/HEHS-94-181R). Testimony on same topic (6/15/94, GAO/T-HEHS-94-191), and 4/19/94, GAO/T-HEHS-94-149).

Americans with Disabilities Act: Effects of the Law on Access to Goods and Services (Report, 6/21/94, GAO/PEMD-94-14).

Underfunded Pension Plans: Stronger Funding Rules Needed to Reduce Federal Government's Growing Exposure (Testimony, 6/15/94, GAO/T-HEHS-94-191). Testimony on same topic (4/19/94, GAO/T-HEHS-94-149).

D.C. Pensions: Plans Consuming Growing Share of District Budget (Testimony, 6/14/94, GAO/T-HEHS-94-192).

Disability Benefits for Addicts (Letter, 6/8/94, GAO/HEHS-94-178R).

Welfare to Work: JOBS Automated Systems Do Not Focus on Program's Employment Objective (Report, 6/8/94, GAO/AIMD-94-44).

Child Welfare: HHS Begins to Assume Leadership to Implement National and State Systems(Report, 6/8/94, GAO/AIMD-94-37).

Child Support Enforcement: Credit Bureau Reporting Shows Promise (Report, 6/3/94, GAO/HEHS-94-175).

Social Security Disability: SSA Quality Assurance Improvements Can Produce More Accurate Payments (Report, 6/3/94, GAO/HEHS-94-107).

Veterans Affairs and Military Health

Selected Summaries

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

The proposed Health Security Act would make fundamental changes both in how VA operates and in the benefits to which veterans using VA are entitled. In this regard, the act would (1) transform VA facilities into a series of managed care plans to compete with private-sector plans and (2) expand entitlement to free comprehensive health care services for

veterans choosing to enroll in a VA health plan. The Health Security Act also contains several new financing mechanisms to help offset the costs of VA health plans. GAO performed a section-by-section analysis of the veterans' health care provisions of the act.

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

Australia, Canada, Finland, the United Kingdom, and the United States operate military health care systems that are based primarily on direct care delivery. All systems provide comprehensive medical and surgical services on both an inpatient and outpatient basis. The U.S. military health care system has the broadest eligibility criteria. Implementation of universal care in Australia, Canada, Finland, and the United Kingdom had little effect on demand for services from military health care facilities. Because U.S. eligibility criteria are so broad, the potential for universal care to significantly affect demand for military health care services is greater than in other countries.

Other Veterans and Military Health Products

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

Veterans' Benefits: Status of Claims Processing Initiative in VA's New York Regional Office (Report, 6/17/94, GAO/HEHS-94-183BR).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, 6/17/94, GAO/HEHS-94-170).

Defense Health Care: Uniformed Services Treatment Facility Health Care Program (Report, 6/2/94, GAO/HEHS-94-174).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

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

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

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

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

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

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

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

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

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

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

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

Employee and Retiree Health Benefits

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

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

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

Financing

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

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

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

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

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

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

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

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

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

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

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

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

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

topic (5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

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

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

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

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

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

Health Care Reform Related Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Transition Series: Health Care Reform (Report, 12/92, GAO/OCG-93-8TR).

State Health Care Reform: Federal Requirements Influence State Reforms (Testimony, 9/9/92, GAO/T-HRD-92-55). Report on same topic (6/16/92, GAO/HRD-92-70). Testimony on same topic (6/9/92, GAO/T-HRD-92-40).

HHS Public Health Service Agencies

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

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

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

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

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

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

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

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

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

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

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

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

Long-Term Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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).

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).

Medicare and Medicaid

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

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

Medicare: Shared System Conversion Led to Disruptions in Processing Maryland Claims (Report, 5/23/94, GAO/HEHS-94-66).

Medicaid Prenatal Care: States Improve Access and Enhance Services, but Face New Challenges (Report, 5/10/94, GAO/HEHS-94-152BR).

Medicare/Medicaid: Data Bank Unlikely to Increase Collections From Other Insurers (Report, 5/6/94, GAO/HEHS-94-147). Testimony on same topic (5/6/94, GAO/T-HEHS-94-162).

Medicare: Graduate Medical Education Payment Policy Needs to be Reexamined (Report, 5/5/94, GAO/HEHS-94-33).

Medicare: Inadequate Review of Claims Payments Limits Ability to Control Spending (Report, 4/29/94, GAO/HEHS-94-42).

Medicare: Impact of OBRA-90's Dialysis Provision on Providers and Beneficiaries (Report, 4/25/94, GAO/HEHS-94-65).

Medicare Transaction System (Letter, 4/20/94, GAO/HEHS-94-143R).

Medicare: Beneficiary Liability for Certain Paramedic Services May Be Substantial (Report, 4/15/94, GAO/HEHS-94-122BR).

Medicare Diagnostic Imaging Rates (Letter, 4/5/94, GAO/HEHS-94-129R).

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).

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