
July 1995

**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 reviews the government's health, education, employment, social security, disability, welfare, and veterans programs administered in the Departments of Health and Human Services, Labor, Education, Veterans Affairs, and some other agencies.

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

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

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

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Abbreviations

AFDC	Aid to Families With Dependent Children
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
	Services
DC	District of Columbia
DOD	Department of Defense
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
FDA	Food and Drug Administration
GAO	General Accounting Office
GPRA	Government Performance and Results Act
HCFA	Health Care Financing Administration
HEHS	Health, Education, and Human Services Division, GAO
HHS	Department of Health and Human Services
HMO	health maintenance organization
HRD	Human Resources Division, GAO
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAFTA	North American Free Trade Agreement
NAIC	National Association of Insurance Commissioners
NASA	National Aeronautics and Space Administration
NPR	National Performance Review
NRC	Nuclear Regulatory Commission
OBRA	Omnibus Budget Reconciliation Act of 1990
OBRA 1993	Omnibus Budget Reconciliation Act of 1993
PBGC	Pension Benefit Guarantee Corporation
SBA	Small Business Administration
SSA	Social Security Administration
SSI	Supplemental Security Income
T&A	time and attendance
VA	Department of Veterans Affairs

Most Recent Gao Products

(June 1995)

Health

Selected Summaries

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

Last fiscal year, federal spending for Medicare totaled \$162 billion. In March 1995, the Congressional Budget Office estimated that Medicare expenditures would approach \$350 billion by 2002. The broad-based payment system reforms of the 1980s slowed the escalation of aggregate spending, at least temporarily; yet Medicare expenditures are now growing by more than 11 percent a year. While the need for further reforms is widely recognized, the nature of such reforms is the subject of much debate. What is less disputed, however, is the need for immediate steps directed at correcting the practices whereby Medicare pays too much for certain services and supplies. Fiscal pressures have increasingly led private and state-government payers to negotiate discounts with providers and to manage the form and volume of care, but for many services Medicare has not exercised its potential market power in similar fashion. GAO believes that a viable strategy for restraining the unmanaged components of Medicare would involve adapting the health care management approach of private payers to Medicare's public payer role.

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

The growth of the Medicaid program, on which federal and state governments spent \$142 billion in 1994, outpaces most major items in the federal budget, including Medicare. Without some modification, spending could double in the next 5 to 7 years. Medicaid is also the fastest growing component in most state budgets at a time when states are feeling pressured by many financial constraints and when many are looking for ways to provide care to their uninsured populations. In response, states are one by one reinventing their Medicaid programs under the authority of section 1115 waivers. Named for section 1115(a) of the Social Security Act, these waivers free states from certain Medicaid restrictions on the use of managed care delivery systems. They also allow states to expand Medicaid-financed coverage to individuals not normally eligible for Medicaid. GAO's analysis suggests that some approved statewide section

1115 waivers may not be budget neutral. GAO believes granting additional waivers merits further scrutiny.

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

Medicare's vulnerability to fraud and abuse stems from a combination of factors: (1) higher than market rates paid for certain services, (2) inadequate checks for detecting fraud and abuse, (3) superficial criteria for confirming the authenticity of providers billing the program, and (4) weak enforcement efforts. Various health care management techniques help private payers alleviate these problems, but these techniques are not generally used in Medicare. The program's pricing methods and controls over utilization, consistent with health care financing and delivery 30 years ago, are not well aligned with today's major financing and delivery changes. GAO believes a viable strategy for remedying the program's weaknesses consists of adapting the health care management approach of private payers to Medicare's public payer role. Such a strategy would focus on pre-enforcement efforts and would entail (1) more competitively developed payment rates, (2) enhanced fraud and abuse detection efforts through modernized information systems, and (3) more rigorous criteria for granting authorization to bill the program.

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

Most state governments have recently passed legislation designed to improve portability, access, and rating practices for the small employer health insurance market. GAO used a model act developed by the National Association of Insurance Commissioners (NAIC) as a benchmark for comparing 45 states' reforms passed between 1990 and 1994. While most state laws address commonly perceived small employer health insurance problems, approaches adopted by the states vary, often substantially, with no states following the NAIC model in all of the key provisions. There is substantial variation among states in both the way they define small employers and how they define which employees are eligible for coverage. Provisions affecting guaranteed issue, guaranteed renewal, limitations on preexisting conditions, portability, and premium rate restrictions are included in most state reforms. The provision least likely to be adopted by states is guaranteed issue of insurance products.

Other Health Products

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

Education

Selected Summaries

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

As of September 30, 1994, 250 schools had administrative appeals pending with the Department of Education challenging the accuracy of their default rates. In general, the default rate is the percentage of a school's borrowers who enter repayment in one fiscal year and default by the end of the next fiscal year. In GAO's view, the 1993 amendments to the Higher Education Act will not eliminate challenges to the Department's default rate determination, but should reduce the likelihood of such challenges. The amendments require that schools be given an opportunity to verify the accuracy of loan data and examine loan servicing records. Regulations issued in November 1994 to implement these amendments should make adjudication of appeals more straightforward and less time-consuming. However, these recent changes did not contain measures to fully protect the government's interest in such disputes. Current policies and practices leave open the possibility that unscrupulous schools can saddle the government with additional loan default costs by continuing their same pattern of operation during the appeals process.

Other Education Products

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

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

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).

Employment

Selected Summaries

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

GAO found that Job Corps is serving its intended population—severely disadvantaged youth—and provides them with intensive services in a residential setting, factors that account for the program's high cost. While Job Corps reported nationally that 59 percent of its students obtained jobs (and another 11 percent enrolled in further education programs), GAO found that about half of the jobs obtained by students from the six sites visited were low-skill jobs—such as fast food worker—not related to the training provided by Job Corps. GAO's survey of employers who hired Job Corps students showed that employers were generally satisfied with the students' basic work habits and the specific technical training the program provided. However, GAO has raised serious questions about the availability of reported job placements and whether Job Corps' long-standing practice of awarding sole source contracts to national contractors for about a third of Job Corps' vocational training is cost-effective.

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

The proposed Department of Education and Employment would consolidate many of the programs and functions within the existing Departments of Education and Labor and the Equal Employment Opportunity Commission (EEOC) as well as some programs currently administered by other agencies. The new Department's budget would be approximately \$71 billion and support over 25,000 full-time equivalent positions and about 1,200 field offices. Administrative cost savings could total about \$1.65 billion. GAO believes a phased-in approach to staff reductions could allow for a more orderly transition and would increase the likelihood of using other alternatives to reduce staffing. The proposal identifies specific categorical programs to be consolidated. On the basis of our past work, GAO has identified additional categorical programs that may be candidates for consolidation. GAO believes an in-depth examination of the proposal and its components is needed before considering such a merger.

Other Employment
Products

Federal Hiring: Reconciling Managerial Flexibility with Veterans' Preference (Report, 6/16/95, GAO/GGD-95-102).

Federal Employees' Compensation Act: Redefining Continuation of Pay Could Result in Additional Refunds to the Government (Report, 6/8/95, GAO/GGD-95-135).

Social Security,
Disability, and Welfare

Selected Summaries

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

Increasing state recovery efforts and extending effective federal recovery provisions to one or more programs could help recover hundreds of millions of dollars more in benefit overpayments in the AFDC, Food Stamp, and Medicaid programs. GAO found that the states with the highest percentages of overpayments recovered in fiscal year 1992 established more claims for overpayments than states with low percentages. To help recover overpayments, these states used certain practices, and more of them, than did states with the lowest recovery rates. These practices included more timely efforts to verify potential overpayments and establishing claims for overpayments on more difficult cases, such as those involving clients who subsequently moved out of state. If all states had recovered overpayments at the same rate as the high-performing states, GAO estimates that an additional \$262 million could potentially have been recovered in 1992. Extending effective federal recovery provisions to one or more of the three welfare programs could potentially increase states' recovery of overpayments. Federal laws and regulations that facilitate recovery in one program are not always in place in the other two. GAO estimates that extending such laws to all programs could increase recovered overpayments by millions of dollars annually.

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

This report (1) describes the condition of child welfare in America that precipitated the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993), (2) assesses federal and state efforts to implement its provisions, and

(3) highlights areas in which these efforts could be enhanced. Reliance on foster care decreased in the early years following enactment of the Adoption Assistance and Child Welfare Act of 1980. However, by the mid-1980s, the incidence of poverty, substance abuse, and child abuse and neglect began to rise. Greater demands were being made on an ill-equipped service-delivery system. States' efforts to stem this tide were often constrained by funding limitations and fragmented service-delivery systems. Each state's implementation of the family preservation and support provisions of the OBRA 1993 has appropriately focused on understanding the law and federal guidelines, applying for funds, and initiating a comprehensive process designed to culminate in a long-range plan. Opportunities exist to further enhance state efforts to develop a viable plan and monitor results.

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

GAO's work has shown that providing child support enforcement services to non-AFDC clients is costly. Since 1984, federal and state government non-AFDC administrative costs have risen over 600 percent to over \$1.1 billion in fiscal year 1994. During this time, non-AFDC caseloads have also risen sharply, and many non-AFDC clients being served may not be within the low-income population to whom the Congress envisioned providing services. Federal law provides states considerable discretion in establishing fee policies to help defray non-AFDC child support administrative expenditures. GAO believes a minimum fee structure would help recover taxpayers' costs. States have exercised their discretion to charge these clients only minimal application and optional service fees, such as for offsetting federal and state tax refunds and, thus, are doing little to help recover the federal government's 66-percent share of program costs. While non-AFDC service costs increased significantly from 1984 through 1994, recoveries of these costs only increased from 2 percent to about 3 percent or from \$3 million to \$33 million.

Other Social Security,
Disability, and Welfare
Products

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

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

Health (Comprehensive 1-Year Listing)

Access and Infrastructure

Ryan White Care Act: Access to Services by Minorities, Women, and Substance Abusers (Report, 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).

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).

Financing

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

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

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

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

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

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

Insurance Ratings: Comparison of Private Agency Ratings for Life/Health Insurers (Report, 9/29/94, GAO/GGD-94-204BR).

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 Reform Related Issues

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).

Hhs Public Health Service Agencies

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).

Long-Term Care and Aging

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

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

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

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

Long-Term Care: Other Countries Tighten Budgets While Seeking Better Access (Report, 8/30/94, GAO/HEHS-94-154).

Medicaid Long-Term Care: Successful State Efforts to Expand Home Services While Limiting Costs (Report, 8/11/94, GAO/HEHS-94-167).

Survey of Long-Term Care for the Elderly (Letter, 7/21/94, GAO/HEHS-94-214R).

Managed Care

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

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

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

Medicare and Medicaid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medicare: Changes to HMO Rate Setting Method Are Needed to Reduce
Program Costs (Report, 9/2/94, GAO/HEHS-94-119).

Financial Management: Oversight of Small Facilities for the Mentally
Retarded and Developmentally Disabled (Report, 8/12/94,
GAO/AIMD-94-152).

Medicaid Long-Term Care: Successful State Efforts to Expand Home
Services While Limiting Costs (Report, 8/11/94, GAO/HEHS-94-167).

Medicaid: Changes in Best Price for Outpatient Drugs Purchased by HMOs
and Hospitals (Report, 8/5/94, GAO/HEHS-94-194FS).

Medicare: HCFA's Contracting Authority for Processing Medicare Claims
(Report, 8/2/94, GAO/HEHS-94-171).

Medicaid: States Use Illusory Approaches to Shift Program Costs to
Federal Government (Report, 8/1/94, GAO/HEHS-94-133).

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).

Prescription Drugs

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

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

Prescription Drug Prices in France (Letter, 8/12/94, GAO/HEHS-94-200R).

Prescription Drugs: Automated Prospective Review Systems Offer
Significant Potential Benefits for Medicaid (Report, 8/5/94,
GAO/AIMD-94-130).

Medicaid: Changes in Best Price for Outpatient Drugs Purchased by HMOs and Hospitals (Report, 8/5/94, GAO/HEHS-94-194FS).

Immunosuppressant Drugs (Letter, 8/1/94, GAO/HEHS-94-207R).

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).

Provider Issues

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

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

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

Public Health and Education

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

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

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

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

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

Vaccines for Children: Major Implementation Hurdles Remain (Testimony, 7/21/94, GAO/T-PEMD-94-29). Report on same topic (7/18/94, GAO/PEMD-94-28).

Quality and Practice Standards

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

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

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

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

Other Health Issues

Environmental Impact on Health

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

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

Health and Safety: Protecting Workers and the Public Continues to Challenge DOE (Testimony, 9/22/94, GAO/T-RCED-94-283).

Nuclear Health and Safety: Consensus on Acceptable Radiation Risk to the Public Is Lacking (Report, 9/19/94, GAO/RCED-94-190).

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

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).

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

Buyouts at the Department of Education (Letter, 8/17/94, GAO/GGD-94-197R).

Early Childhood Development

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

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

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

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

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

Elementary and Secondary Education

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

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

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(Comprehensive 1-Year Listing)

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and Welfare

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Veterans Affairs and Military Health

(Comprehensive 1-Year Listing)

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**Veterans Affairs and Military Health
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