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December 1995

**Health  
Education  
Employment  
Social Security  
Welfare  
Veterans**

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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.

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 43 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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**Abbreviations**

AFDC	Aid to Families With Dependent Children
COLA	Cost of living allowance
CSRS	Civil Service Retirement System
DC	District of Columbia
DOD	Department of Defense
DODDS	Department of Defense Dependents Schools
DOE	Department of Energy
DOL	Department of Labor
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EMA	eligible metropolitan area
ERISA	Employee Retirement Income Security Act of 1974
ESRD	end stage renal disease
GAO	General Accounting Office
GSA	General Services Administration
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
NAFTA	North American Free Trade Agreement
NASA	National Aeronautics and Space Administration
NHSC	National Health Service Corps
NIH	National Institutes of Health
NPR	National Performance Review
NRC	Nuclear Regulatory Commission
OAA	Older Americans Act
OFCCP	Office of Federal Contract Compliance Programs, DOL
OHA	Office of Hearings and Appeals, Social Security Administration
OSHA	Occupational Safety and Health Administration, DOL
PBGC	Pension Benefit Guarantee Corporation
PBM	pharmacy benefit manager
SAA	state approved agency
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

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# Most Recent GAO Products (November 1995)

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## Health

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### Selected Summaries

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

Overall, compared with the scholarship program, the National Health Service Corps (NHSC) loan repayment program offers a better long-term investment of scarce federal resources to address shortages of primary care providers. Neither program appears to outweigh the other in terms of how well it directs resources to those areas identified as having the severest shortages. Technically, the scholarship program offers a better guarantee that providers will serve in the neediest shortage areas because it gives the recipients less freedom of choice in deciding where to serve. However, the available evidence suggests that generally little difference exists in the priority of the sites where scholarship and loan repayment recipients practice. Regardless of which approach is used, NHSC does not distribute provider resources as effectively as it could to alleviate health care needs in the greatest number of eligible shortage areas.

**For more information, contact Frank C. Pasquier at (206) 287-4861.**

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

Medicare's costs for the end stage renal disease (ESRD) program have increased, primarily because the number of beneficiaries being enrolled in the program increased substantially. The annual rate of increase averaged 11.6 percent between 1978 and 1991. In addition to the increase in enrollment, the mortality rate for new ESRD patients decreased. Since the program began in 1973, technological improvements and a greater availability of dialysis machines have meant that persons who were not considered good candidates for dialysis in 1973—primarily those 65 years old or older and those whose kidney failure was caused by diabetes and hypertension—are now routinely placed on dialysis. GAO's review of medical services and supplies provided to all Medicare ESRD patients in 1991 indicates that no separately billable service or supply was provided frequently enough to make it a good candidate to be considered part of the standard dialysis treatment and thus included in a future composite rate.



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**For more information, contact Thomas G. Dowdal at  
(202) 512-7119.**

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).

Established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, the Ryan White program distributed more than \$579 million in fiscal year 1994 to eligible metropolitan areas (EMA) through title I of the act and to states through title II. The title I and II funding formulas result in variations in per-case funding for several reasons. The most important is that EMAs' AIDS cases are counted in both formulas. In addition, the indicators needed to target funds to states and EMAs are absent or inadequate. For example, GAO found evidence of large geographic differences in the cost of serving AIDS patients, yet neither the title I nor the title II formula takes these differences into account. Also, the title I formula targets funding to EMAs on the basis of their cumulative number of reported AIDS cases, yet over 60 percent of these reported cases have since died. As a result, the oldest EMAs receive the most generous funding, and newly emerging EMAs with more recent growth in AIDS cases receive less funding. Both title I and title II have a factor for targeting funds to states and EMAs based on their resources; however, the indicators used in these formulas are incomplete.

**For more information, contact Jerry C. Fastrup at (202) 512-7211.**

Pharmacy Benefit Managers: Early Results on Ventures With Drug Manufacturers (Report, 11/9/95, GAO/HEHS-96-45).

Some of the largest pharmaceutical manufacturers have recently merged or formed alliances with some of the largest companies that manage prescription drug benefits for health plans, called pharmacy benefit managers (PBM). They have merged or allied with PBMs because they believe that the PBMs' market power will help maintain the manufacturers' profits at a time when their drugs face increased competition. The role of PBMs in health care has evolved from simply administering prescription drug benefits for health plan sponsors to helping them contain their overall drug costs. Critics of the mergers and alliances have focused on how PBMs may help their drug manufacturer partners increase market share. GAO's review of changes in the formularies managed by Medco and

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Diversified Pharmaceutical Services, Inc., showed differences in the extent to which these PBMS have given preference to their respective partners' drugs. The changes in Medco's formulary that favor Merck drugs do not necessarily demonstrate that Medco automatically gave preference to Merck drugs without considering competitors' products.

**For more information, contact John C. Hansen at (202) 512-7105.**

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

Contrary to the administration's assertion, the approved spending limits for demonstration waivers in Oregon, Hawaii, and Florida are not budget-neutral and could increase federal Medicaid expenditures. Only Tennessee's 1115 waiver agreement should cost no more than the continuation of its smaller, prewaiver program and, in fact, should result in savings. Overall, the net additional federal funding is small in relation to demonstration spending allowed under federal expenditure caps—likely fewer than 3 percent. However, federal Medicaid expenditures could grow significantly if the administration continues to show a similar flexibility in reviewing state 1115 financing strategies. Five waivers have been approved since Florida's in late 1994, and the large backlog of pending waivers includes three states with large Medicaid programs—New York, Illinois, and Texas. Additional federal dollars are available along with other funding sources identified in state waiver applications.

**For more information, contact Michael F. Gutowski at (202) 512-7128.**

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

Recently, enrollment of Medicare beneficiaries in health maintenance organizations (HMO) has grown rapidly and is concentrated in certain states and areas. Although Medicare HMOs have enrolled less than one-tenth of beneficiaries nationwide, since 1994 enrollment growth has exceeded 20 percent annually. As GAO has reported, for 10 years Medicare has used an HMO rate-setting method with several flaws. Specifically, because HMO payment rates are fixed—linked to the average cost of Medicare fee-for-service care—Medicare cannot lower rates through competition among HMOs or negotiate a share in any savings that HMOs

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achieve through greater efficiency. Also, HMO payment rates are not adequately “risk adjusted” to reflect cost differences deriving from beneficiaries health status. Although HMO enrollees typically have been healthier (and therefore less costly to care for) than average beneficiaries, Medicare has paid HMOs more than it would have for the same patients’ care under fee for service. GAO has identified three promising strategies that Medicare with new legislative authority could use concurrently, tailoring strategies to market conditions prevailing in an area.

**For more information, contact Scott L. Smith at (202) 512-5713.**

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

Medicare is the nation’s largest health payer. In 1994, the program spent \$162 billion on behalf of about 37 million elderly and disabled people. GAO estimates that fraud and abuse may account for as much as 10 percent of health care costs. The vast majority of Medicare providers seek to abide by program rules and strive to meet beneficiaries’ needs. Nevertheless, Medicare is overwhelmed in its efforts to keep pace with, much less stay ahead of, those bent on cheating the system. GAO’s recent investigations of Medicare fraud and abuse have implicated home health agencies, medical suppliers, pharmacists, rehabilitation therapy companies, and clinical laboratories, among others. They are attracted by high reimbursement levels for some supplies and services and few barriers to entry. Once engaged in profitable activities, they too often escape detection because of inadequate claims scrutiny, elude pursuit because of law enforcement authorities’ limited resources and fragmented responsibilities, and face little risk of speedy or appropriate punishment.

**For more information, contact Jonathan Ratner at (202) 512-7107.**

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## Other Health Products

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

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

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## Education

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### Selected Summaries

Higher Education: Selected Information on Student Financial Aid Received by Legal Immigrants (Report, 11/24/95, GAO/HEHS-96-7).

According to Department of Education records, about 390,000 legal immigrant student received Pell grant aid in academic year 1992-93. This was about 10 percent of all students receiving Pell grants. In total, immigrants received \$662 million, or about 11 percent, of Pell grant aid in that year. GAO was unable to determine the total number of legal immigrants who received Stafford loans because citizenship data are not maintained in the Department of Education's loan files. However, some immigrants who received Pell grants also received Stafford loans that totaled \$257 million. About 82 percent of the immigrants who received student financial aid lived in seven states, led by California with 31 percent and New York with 25 percent. Sixty-one percent attended public colleges, 19 percent attended private colleges, and 21 percent attended proprietary (for-profit vocational) schools. The 100 schools with the most immigrant Pell grant recipients accounted for about 50 percent of all such students, and 91 of these schools were located in the seven states with the highest concentration of immigrant students.

**For more information, contact Joseph J. Eglin, Jr., at (202) 512-7009.**

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## Employment

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### Selected Summaries

Department of Labor: Senior Community Service Employment Program Delivery Could Be Improved Through Legislative and Administrative Actions (Report, 11/2/95, GAO/HEHS-96-4). Testimony on same topic (11/2/95, GAO/T-HEHS-96-57).

The Older Americans Act (OAA) requires the Department of Labor to award grants to national sponsors sufficient to maintain their 1978 level of activities. This requirement is commonly known as the hold harmless provision. Of the \$410.5 million appropriation for program year 1994, \$234.5 million was distributed under this provision. In applying this provision, Labor uses 1978 state-by state position allocation patterns. The

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remaining funds are distributed in accordance with current age and per capita income data to state governments and national sponsors. These allocation patterns limit Labor's ability to achieve equitable distribution among the states on the basis of actual need. Appropriations' statutes also affect equitable distribution. These statutes have required that no more than 22 percent of Labor's Senior Community Service Employment Program appropriation be allocated to state governments. Under Labor's regulations, expenditures that GAO believes to be administrative in nature may be charged to another cost category—other enrollee costs—thereby allowing the statutory 15-percent limit on administrative expenses to be exceeded. As a result, grant funds have been improperly allocated.

**For more information, contact Lawrence J. Horinko at (202) 512-7001.**

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## Other Employment Products

Federal Employee Redress: An Opportunity for Reform (Testimony, 11/29/95, GAO/T-GGD-96-42).

Military Equal Opportunity: Certain Trends in Racial and Gender Data May Warrant Further Analysis (Report, 11/17/95, GAO/NSIAD-96-17).

Job Corps Program (Letter, 11/9/95, GAO/HEHS-96-61R).

Federal Job Classification: Comparison of Job Content with Grades Assigned in Selected Occupations (Report, 11/6/95, GAO/GGD-96-20).

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## Social Security, Disability, and Welfare

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### Selected Summaries

Child Support Enforcement: States and Localities Move to Privatized Services (Report, 11/20/95, GAO/HEHS-96-43FS).

Facing budgetary and staffing constraints and increasing federal performance standards, state child support enforcement programs are struggling to serve their ever-increasing caseloads. As states confront the need to improve their services to the public, many are turning to the private sector to augment their child support enforcement programs. GAO presents in this report an inventory of ongoing and planned state contracts

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for locations services, collections, payment processing, and full-service programs as of October 1995. GAO found that one or more child support services are privatized statewide in 20 states and at the local office level in 18 states. GAO identified 21 contracts for full-service child support operations, about half of which are served by one of two major contractors. GAO also identified 40 other contracts for collections and related location services; four major contractors provide most of these services. Finally, nine contracts exist for payment processing services and eight contracts exist for location services only.

**For more information, contact David P. Bixler at (202) 512-7201.**

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Other Social Security,  
Disability, and Welfare  
Products

Thrift Savings Plan (Letter, 11/14/95, GAO/HEHS-96-66R).

Federal Grants to New Jersey (Letter, 11/8/95, GAO/AIMD-96-8R).

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Veterans Affairs and  
Military Health

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Selected Summaries

VA Health Care: Effects of Facility Realignment on Construction Needs Are Unknown (Report, 11/17/95, GAO/HEHS-96-19).

As part of the fiscal year 1996 budget, the President requested that the Congress appropriate \$514 million for Department of Veterans Affairs (VA) major construction projects. These projects include the construction of two new VA medical facilities and major renovations at seven existing facilities. These projects would enhance VA's inpatient care capacity for veterans within designated target areas. The renovation projects would not, however, correct all deficiencies at the seven medical centers; these centers estimate that they need an additional \$308 million to correct the deficiencies. VA officials did not rigorously consider available alternatives to construction. GAO's analysis of project construction documents indicates that VA's construction contract award dates and costs would likely be significantly affected if funding for the construction of the projects is delayed until fiscal year 1997. According to medical center officials, veterans will continue receiving health care regardless of how long project funding is delayed.

**For more information, contact Paul R. Reynolds at (202) 512-7109.**

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**Most Recent GAO Products  
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**Other Veterans Affairs and  
Military Health Products**

Fiscal Year 1996 VA Certification (Letter, 11/14/95, GAO/HEHS-96-67R).

Hispanic Veterans (Letter, 11/2/95, GAO/HEHS-96-25R).

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# Health (Comprehensive 1-Year Listing)

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## Access and Infrastructure

**For more information, contact Sarah F. Jaggat 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).

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## Employee and Retiree Health Benefits

**For more information, contact Michael F. Gutowski at (202) 512-7119.**

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).

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## Financing

**For more information, contact Jonathan Ratner or William J. Scanlon at (202) 512-7119.**

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).

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

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).



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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).

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).

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## Health Care Reform Related Issues

**For more information, 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).

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## HHS Public Health Service Agencies

**For more information, contact Bruce D. Layton, James O. McClyde, or Sarah F. Jaggat at (202) 512-7119.**

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).

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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).

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## Long-Term Care and Aging

**For more information, contact James C. Musselwhite or William J. Scanlon at (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).

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).

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## Managed Care

**For more information, contact Sarah F. Jaggar, Jonathan Ratner, or William J. Scanlon at (202) 512-7119.**

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).

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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).

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## Medicare and Medicaid

**For more information, contact Kathryn G. Allen, Thomas G. Dowdal, or Barry D. Tice at (202) 512-7119.**

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).

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

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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 (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).

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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).

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## Prescription Drugs

**For more information, contact John C. Hansen at (202) 512-7119.**

Pharmacy Benefit Managers: Early Results on Ventures With Drug  
Manufacturers (Report, 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).

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## Provider Issues

**For more information, contact Sarah F. Jaggat at (202) 512-7119.**

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).

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

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## Public Health and Education

**For more information, contact Sarah F. Jaggar at (202) 512-7119.**

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).

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

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## Quality and Practice Standards

**For more information, 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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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).

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).

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## Substance Abuse and Drug Treatment

**For more information, contact Sarah F. Jaggar at (202) 512-7119.**

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

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## Other Health Issues

**For more information, contact Sarah F. Jaggar at (202) 512-7119.**

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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).

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

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## 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).



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# Education (Comprehensive 1-Year Listing)

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## Department of Education

**For more information, contact Joseph J. Eglin, Jr., at (202) 512-7009, Wayne B. Upshaw at (202) 512-7006, Beatrice F. Birman at (202) 512-7008, or Eleanor L. Johnson at (202) 512-7209.**

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).

Adult Education Act (Letter, 2/16/95, GAO/HEHS-95-65R).

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

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## Early Childhood Development

**For more information, contact Beatrice F. Birman at (202) 512-7008 or Eleanor L. Johnson at (202) 512-7209.**

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).

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## Elementary and Secondary Education

**For more information, contact Beatrice F. Birman at (202) 512-7008, Eleanor L. Johnson at (202) 512-7209, or Fred E. Yohey, Jr., at (202) 512-7218.**

School Finance: Trends in U.S. Education Spending (Report, 9/15/95, GAO/HEHS-95-235).

DOD Dependents Schools: Enrollment Categories, Numbers, and Locations (Report, 9/18/95, GAO/HEHS-95-149).

Schools and Workplaces: An Overview of Successful and Unsuccessful Practices (Report, 8/31/95, GAO/PEMD-95-28).

D.C. Public School Enrollment (Letter, 8/28/95, GAO/AIMD-95-229R).

Vocational Education: Changes at High School Level After Amendments to Perkins Act (Report, 7/12/95, GAO/HEHS-95-144).

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).

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

School Facilities: Condition of America's Schools (Report, 2/1/95, GAO/HEHS-95-61).

Multiple Youth Programs (Letter, 1/19/95, GAO/HEHS-95-60R).

Charter Schools: New Model for Public Schools Provides Opportunities and Challenges (Report, 1/18/95, GAO/HEHS-95-42). Testimony on same topic (1/19/95, GAO/T-HEHS-95-52).

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

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## Higher Education

**For more information, contact Joseph J. Eglin, Jr., at (202) 512-7009 or Wayne B. Upshaw at (202) 512-7006.**

Higher Education: Selected Information on Student Financial Aid Received by Legal Immigrants (Report, 11/24/95, GAO/HEHS-96-7).

National Service Programs AmeriCorps\*USA—Early Program Resource and Benefit Information (Testimony, 10/17/95, GAO/T-HEHS-96-14). Report on same topic (8/29/95, GAO/HEHS-95-222).

Land-Grant College Revenues (Letter, 10/20/95, GAO/HEHS-96-10R).

AmeriCorps\*USA Clarifications (Letter, 9/11/95, GAO/HEHS-95-267R).

AmeriCorps\*USA Benefit-Cost Study (Letter, 9/7/95, GAO/HEHS-95-255R).

Direct Student Loans (Letter, 8/25/95, GAO/HEHS-95-225R).

College Savings: Information on State Tuition Prepayment Programs (Report, 8/3/95, GAO/HEHS-95-131).

Vocational Education: 2-Year Colleges Improve Programs, Maintain Access for Special Populations (Report, 7/26/95, GAO/HEHS-95-163).

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

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

Direct Student Loans: Selected Characteristics of Participating Schools (Testimony, 3/30/95, GAO/T-HEHS-95-123).

Higher Education: Restructuring Student Aid Could Reduce Low-Income Student Dropout Rate (Report, 3/23/95, GAO/HEHS-95-48).

GAO's 1995 High Risk Reports: Student Financial Aid (Report, 2/95, GAO/HR-95-10).

Guaranteed Student Loans: Actions to Ensure Continued Student Access to Subsidized Loans (Report, 2/24/95, GAO/HEHS-95-64).

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Multiple Teacher Training Programs: Information on Budgets, Services, and Target Groups (Report, 2/22/95, GAO/HEHS-95-71FS).

Adult Education Act (Letter, 2/16/95, GAO/HEHS-95-65R).

GAO Education Reports (Letter, 2/3/95, GAO/HEHS-72R).

NCAA Student Athlete Pell Grants (Letter, 1/10/95, GAO/OSI-95-13R).

Women's Educational Equity Act: A Review of Program Goals and Strategies Needed (Report, 12/27/94, GAO/PEMD-95-6).

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# Employment (Comprehensive 1-Year Listing)

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## Equal Employment Opportunities

**For more information, contact Lawrence J. Horinko at (202) 512-7001.**

Military Equal Opportunity: Certain Trends in Racial and Gender Data May Warrant Further Analysis (Report, 11/17/95, GAO/NSIAD-96-17).

Equal Employment Opportunity: Women and Minority Representation at Interior, Agriculture, Navy, and State (Report, 9/29/95, GAO/GGD-95-211).

Equal Employment Opportunity: DOL Contract Compliance Reviews Could Better Target Federal Contractors (Report, 9/28/95, GAO/HEHS-95-177).

Employment Discrimination: Most Private-Sector Employers Use Alternative Dispute Resolution (Report, 7/5/95, GAO/HEHS-95-150).

Federal Affirmative Employment: Progress of Women and Minority Criminal Investigators at Selected Agencies (Report, 4/25/95, GAO/GGD-95-85).

Equal Employment Opportunity: Group Representation in Key Jobs at the National Institutes of Health (Report, 3/16/95, GAO/GGD-95-83).

Equal Opportunity: DOD Studies on Discrimination in the Military (Report, 3/95, GAO/NSIAD-95-103).

Discrimination Complaints: Monetary Awards in Federal EEO Cases (Report, 1/3/95, GAO/GGD-95-28FS).

Managing DOE: Further Review Needed of Suspensions of Security Clearances for Minority Employees (Report, 12/8/94, GAO/RCED-95-15).

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## Labor and Management Relations

**For more information, contact Charles A. Jeszeck at (202) 512-7036 or Sigurd R. Nilsen at (202) 512-7003.**

Federal Employee Redress: An Opportunity for Reform (Testimony, 11/29/95, GAO/T-GGD-96-42).

Worker Protection: Federal Contractors and Violations of Labor Law (Report, 10/24/95, GAO/HEHS-96-8).

Federal Personnel Management: Views on Selected NPR Human Resource Recommendations (Report, 9/18/95, GAO/GGD-95-221BR).

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## Training and Employment Assistance

**For more information, contact Charles A. Jeszeck at (202) 512-7036, Sigurd R. Nilsen at (202) 512-7003, or Wayne B. Upshaw at (202) 512-7006, .**

Job Corps Program (Letter, 11/9/95, GAO/HEHS-96-61R).

Department of Labor: Senior Community Service Employment Program Delivery Could Be Improved Through Legislative and Administrative Actions (Report, 11/2/95, GAO/HEHS-96-4). Testimony on same topic (11/2/95, GAO/T-HEHS-96-57).

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

Department of Labor: Rethinking the Federal Role in Worker Protection and Workforce Development (Testimony, 4/4/95, GAO/T-HEHS-95-125).

Multiple Employment Training Programs: Information Crosswalk on 163 Employment Training Programs (Report, 2/14/95, GAO/HEHS-95-85FS).

Multiple Employment Training Programs: Major Overhaul Needed to Create a More Efficient, Customer-Driven System (Testimony, 2/6/95).

Multiple Employment Training Programs: Major Overhaul Needed to Reduce Costs, Streamline the Bureaucracy, and Improve Results (Testimony, 1/10/95, GAO/T-HEHS-95-53).

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## Workplace Quality

**For more information, contact Lawrence J. Horinko at (202) 512-7001, Charles A. Jeszeck at (202) 512-7036, or Sigurd R. Nilsen at (202) 512-7003.**

OSHA: Potential to Reform Regulatory Enforcement (Testimony, 10/17/95, GAO/T-HEHS-96-42).

Schools and Workplaces: An Overview of Successful and Unsuccessful Practices (Report, 8/31/95, GAO/PEMD-95-28).

Department of Labor: Rethinking the Federal Role in Worker Protection and Workforce Development (Testimony, 4/4/95, GAO/T-HEHS-95-125).

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## Other Employment Issues

**For more information, contact Lawrence J. Horinko at (202) 512-7001, Charles A. Jeszeck at (202) 512-7036, or Sigurd R. Nilsen at (202) 512-7003.**

Federal Job Classification: Comparison of Job Content with Grades Assigned in Selected Occupations (Report, 11/6/95, GAO/GGD-96-20).

Review of Compensation Comparability Report (Letter, 10/30/95, GAO/GGD-96-34R).

Defense Contractors: Pay, Benefits, and Restructuring During Defense Downsizing (Report, 10/10/95, GAO/NSIAD-96-19BR).

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).

Personnel Practices: Selected Characteristics of Recent Ramspeck Act Appointments (Testimony, 5/24/95, GAO/T-GGD-95-173).

Title 6 T&A Data (NASA) (Letter, 5/23/95, GAO/AIMD-95-140R).

Title 6 T&A Data (NRC) (Letter, 5/23/95, GAO/AIMD-95-139R).

Administratively Uncontrollable Overtime (Letter, 4/14/95, GAO/GGD-95-129R).

Federal Quality Management: Strategies for Involving Employees (Report, 4/18/95, GAO/GGD-95-79).

Federal Downsizing: The Administration's Management of Workforce Reductions (Testimony, 3/2/95, GAO/T-GGD-95-108).

Labor's Regional Structure and Trust Funds (Letter, 2/10/95, GAO/HEHS-95-82R).

Block Grants: Characteristics, Experience, and Lessons Learned (Report, 2/9/95, GAO/HEHS-95-74). Testimony on same topic (2/9/95, GAO/T-HEHS-95-80).

GAO Labor Products (1990-1995) (Letter, 2/3/95, GAO/HEHS-95-73R).

Department of Labor: Opportunities to Realize Savings (Testimony, 1/18/95, GAO/T-HEHS-95-55).

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Federal Personnel: Federal/Private Sector Pay Comparisons (Report,  
12/14/94, GAO/OCE-95-1).



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# Social Security, Disability, and Welfare (Comprehensive 1-Year Listing)

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## Children's Issues

For more information, contact David P. Bixler at (202) 512-7201, Diana S. Eisenstat at (202) 512-5562, or Robert L. MacLafferty at (415) 904-2123.

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## Child Support

Child Support Enforcement: States and Localities Move to Privatized Services (Report, 11/20/95, GAO/HEHS-96-43FS).

Child Support Enforcement: Families Could Benefit From Stronger Enforcement Program (Report, 12/27/94, GAO/HEHS-95-24).

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## Other Children's Issues

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

Children and Families Services Programs (Letter, 9/1/95, GAO/HEHS-95-191R).

Federal Reimbursement for Foster Care (Letter, 8/11/95, GAO/HEHS-95-197R).

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

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

Foster Care: Health Needs of Many Young Children Are Unknown and Unmet (Report, 5/26/95, GAO/HEHS-95-114).

Child Care: Recipients Face Service Gaps and Supply Shortages (Testimony, 3/1/95, GAO/T-HEHS-95-96).

Child Care: Narrow Subsidy Programs Create Problems for Mothers Trying to Work (Testimony, 1/31/95, GAO/T-HEHS-95-69).

Low-Income Families: Comparison of Incomes of AFDC and Working Poor Families (Testimony, 1/25/95, GAO/T-HEHS-95-63).

Child Care: Child Care Subsidies Increase Likelihood That Low-Income Mothers Will Work (Report, 12/30/94, GAO/HEHS-95-20).

Child Care: Promoting Quality in Family Child Care (Report, 12/7/94, GAO/HEHS-95-36). Testimony on same topic (12/9/94, GAO/T-HEHS-95-43).

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## Pensions

For more information, contact Michael D. Packard at (202) 512-7250 or Donald C. Snyder at (202) 512-7204.

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### Pension Bennefit Guaranty Corporation

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

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### Public and Private Pension Issues

Proposed Pension Reversion (Letter, 10/24/95, GAO/HEHS-96-54R).

Federal Pensions: Thrift Savings Plan Has Key Role in Retirement Benefits (Report, 10/19/95, GAO/HEHS-96-1).

Private Pension Plans: Efforts to Encourage Infrastructure Investment (Report, 9/8/95, GAO/HEHS-95-173).

Penson COLAS (Letter, 8/11/95, GAO/HEHS-95-219R).

Combined Fund Analysis (Letter, 8/7/95, GAO/HEHS-95-230R).

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

Overview of Federal Retirement Programs (Testimony, 5/22/95, GAO/T-GGD-95-172).

Federal Retirement: Benefits for Members of Congress, Congressional Staff, and Other Employees (Report, 5/15/95, GAO/GGD-95-78). Testimony on same topic (5/15/95, GAO/T-GGD-95-165).

CSRS Funding (Letter, 4/3/95, GAO/GGD-95-200R).

Federal Retirement Issues (Testimony, 3/10/95, GAO/T-GGD-95-111).

District Pensions: Federal Options for Sharing Burden to Finance Unfunded Liability (Report, 12/28/94, GAO/HEHS-95-40).

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## Social Security and Disability

For more information, contact Cynthia A. Bascetta at (202) 512-7207, Michael T. Blair at (404) 679-1944, Christopher C. Crissman at (202) 512-7051, Cynthia M. Fagnoni at (202) 512-7202, or Rolland H. Miller at (202) 512-7246.

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### Disability

Disability Insurance: Broader Management Focus Needed to Better Control Caseload (Testimony, 5/23/95, GAO/T-HEHS-95-164).

D.C. Disability Retirement Rate (Report, 3/31/95, GAO/GGD-95-133).  
Supplemental Security Income: Recipient Population Has Changed as Caseloads Have Burgeoned (Testimony, 3/27/95, GAO/T-HEHS-95-120).

Social Security: New Functional Assessments for Children Raise Eligibility Questions (Report, 3/10/95, GAO/HEHS-95-66).

Social Security: Federal Disability Programs Face Major Issues (Testimony, 3/2/95, GAO/T-HEHS-95-97).

Supplemental Security Income: Recent Growth in the Rolls Raises Fundamental Program Concerns (Testimony, 1/27/95, GAO/T-HEHS-95-67).

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### Social Security Administration

Supplemental Security Income: Disability Program Vulnerable to Applicant Fraud When Middlemen Are Used (Report, 8/31/95, GAO/HEHS-95-116).

OHA Backlogs (Letter, 7/28/95, GAO/HEHS-95-228R).

Supplemental Security Income: Growth and Changes in Recipient Population Call for Reexamining Program (Report, 7/7/95, GAO/HEHS-95-137).

Social Security Administration: Leadership Challenges Accompany Transition to an Independent Agency (Report, 2/15/95, GAO/HEHS-95-59).

SSA Services to Employers (Letter, 12/6/94, GAO/HEHS-95-38R).

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### Other Social Security Programs

SSA's Rehabilitation Programs (Letter, 9/7/95, GAO/HEHS-95-253R).

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## Welfare

**For more information, contact David P. Bixler at (202) 512-7201.**

Welfare To Work: Approaches That Help Teenage Mothers Complete High School (Report, 9/29/95, GAO/HEHS/PEMD-95-202).

Welfare To Work: Child Care Assistance Limited; Welfare Reform May Expand Needs (Report, 9/21/95, GAO/HEHS-95-220).

Welfare to Work: State Programs Have Tested Some of the Proposed Reforms (Report, 7/14/95, GAO/PEMD-95-26).

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

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

Welfare Programs: Opportunities to Consolidate and Increase Program Efficiencies (Report, 5/31/95, GAO/HEHS-95-139).

Welfare to Work: Most AFDC Training Programs Not Emphasizing Job Placement (Report, 5/19/95, GAO/HEHS-95-113).

Welfare to Work: Measuring Outcomes for JOBS Participants (Report, 4/17/95, GAO/HEHS-95-86).

Means-Tested Programs (Letter, 2/24/95, GAO/HEHS-95-94R).

Welfare Reform: Implications of Proposals on Legal Immigrants' Benefits (Report, 2/2/95, GAO/HEHS-95-58).

Welfare to Work: AFDC Training Program Spends Billions, but Not Well Focused on Employment (Testimony, 1/10/95, GAO/T-HEHS-95-51). Report on same topic (12/19/94, GAO/HEHS-95-28).

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## Other Products Related to Social Security, Disability, and Welfare

**For more information, contact Diana S. Eisenstat at (202) 512-5562.**

Thrift Savings Plan (Letter, 11/14/95, GAO/HEHS-96-66R).

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Federal Grants to New Jersey (Letter, 11/8/95, GAO/AIMD-96-8R). Block Grants: Issues in Designing Accountability Provisions (Report, 9/1/95, GAO/AIMD-95-226).

Illegal Aliens: National Net Cost Estimates Vary Widely (Report, 7/25/95, GAO/HEHS-95-133).

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

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# Veterans Affairs and Military Health (Comprehensive 1-Year Listing)

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## Military Health Care

**For more information, contact Daniel M. Brier at (202) 512-6803 or George F. Poindexter at (202) 512-7213.**

Military Physicians: DOD's Medical School and Scholarship Program (Report, 9/29/95, GAO/HEHS-95-244).

Defense Health Care: Despite TRICARE Procurement Improvements, Problems Remain (Report, 8/3/95, GAO/HEHS-95-142).

Defense Health Care: Problems With Medical Care Overseas Are Being Addressed (Report, 7/12/95, GAO/HEHS-95-156).

Operation Desert Storm: Health Concerns of Selected Indiana Persian Gulf War Veterans (Report, 5/16/95, GAO/HEHS-95-102).

Wartime Medical Care: Aligning Sound Requirements with New Combat Care Approaches Is Key to Restructuring Force (Testimony, 3/30/95, GAO/T-NSIAD-95-129).

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

Defense Health Care: Issues and Challenges Confronting Military Medicine (Report, 3/22/95, GAO/HEHS-95-104).

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## Veterans' Benefits

**For more information, contact Irene P. Chu at (202) 512-7102.**

Hispanic Veterans (Letter, 11/2/95, GAO/HEHS-96-25R).

VA Student Financial Aid: Opportunity to Reduce Overlap in Approving Education and Training Programs (Report, 10/30/95, GAO/HEHS-96-22).

Veterans' Benefits: Effective Interaction Needed Within VA to Address Appeals Backlog (Report, 9/27/95, GAO/HEHS-95-190).

Veterans Benefits Modernization: Further Service Improvement Depends on Coordinated Approach (Testimony, 6/22/95, GAO/T-AIMD-95-184).

Veterans' Benefits: VA Can Prevent Millions in Compensation and Pension Overpayments (Report, 4/28/95, GAO/HEHS-95-88).

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Concurrent Receipt (Letter, 4/27/95, GAO/HEHS-95-136R).

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**For more information, contact James R. Linz at (202) 512-7110 or Paul R. Reynolds at (202) 512-7109.**

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Veterans' Health Care: Veterans' Perceptions of VA Services and VA's Role in Health Care Reform (Report, 12/23/94, GAO/HEHS-95-14).

VA Health Care: Inadequate Planning in the Chesapeake Network (Report, 12/22/94, GAO/HEHS-95-6).



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# Major Contributors

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**Major Contributors**

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# Order Form

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**Order Form**

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# Mailing List Request Form

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**Mailing List Request Form**

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Requesting Changes

Please complete the following information.

To change name, organization, or address, enter appropriate changes below.

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(Customer Number on Mailing Label above Name)

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**Change of Address Notification Form**

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- 3) Mail the file(s) to yourself.

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