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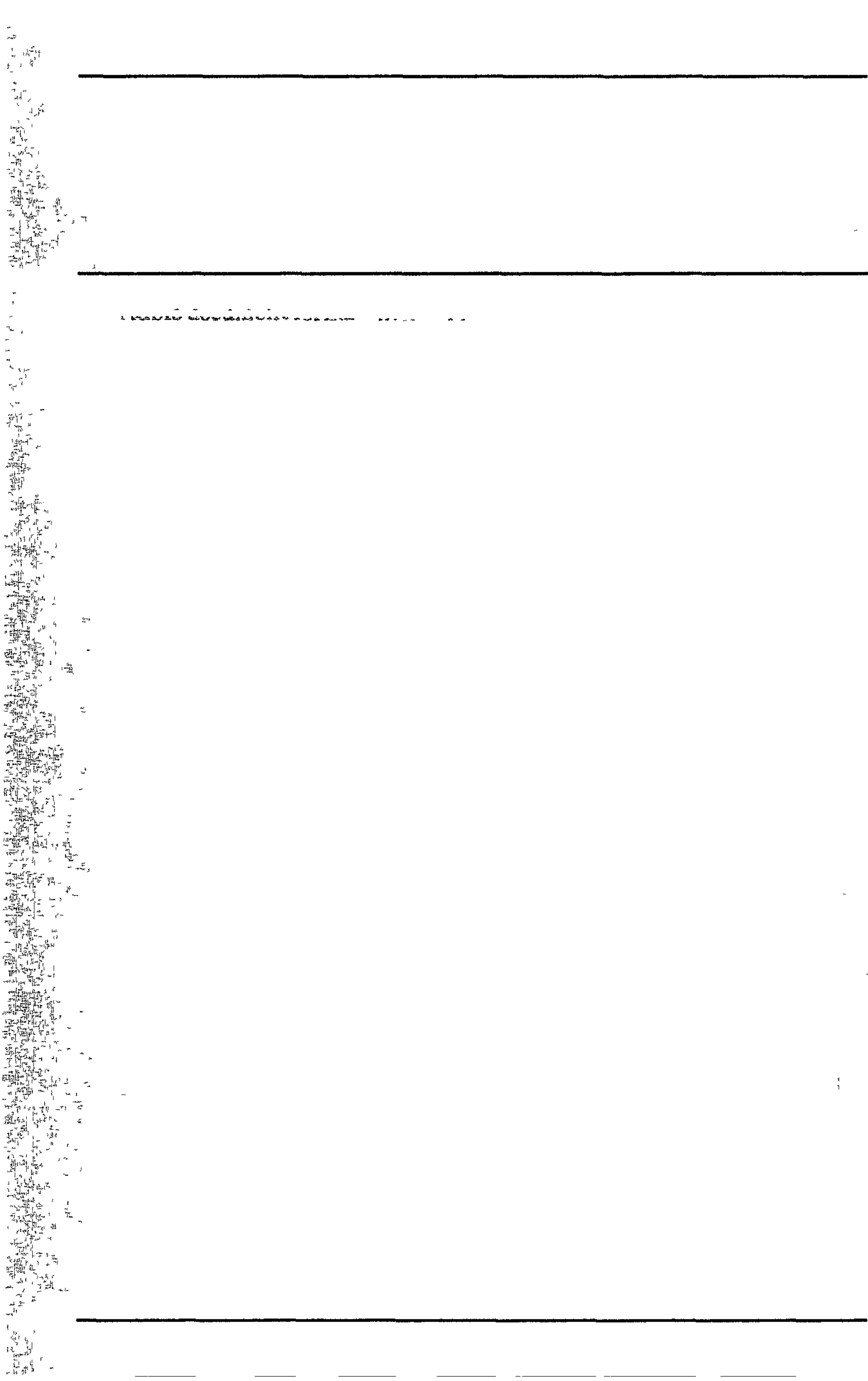

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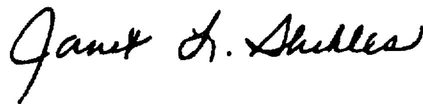

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Assistant Comptroller General
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New Releases

Health

Private Health Insurance: Millions Relying on Individual Market Face Cost and Coverage Trade-Offs (Report, GAO/HEHS-97-8, Nov. 25, 1996). Contact: Michael Gutowski, (202) 512-7128

While most Americans obtain their health insurance coverage through employer-sponsored group plans or government programs like Medicare and Medicaid, more than 10.5 million people under age 65 purchase health insurance individually for themselves and their families. These people are faced with a number of challenges, including finding out about and analyzing the kinds of health insurance options open to them and paying the full cost of premiums, coinsurance, and copayments. To get coverage with affordable premiums, some individuals must buy insurance with high deductibles. Others, because of preexisting medical conditions, cannot buy coverage at any price. Both federal and state governments have taken steps to make health insurance more accessible to people in the individual market. The success of further efforts to improve access, affordability, and quality of health insurance for all Americans will depend largely on continued growth in the understanding of both the individual and group insurance markets.

Rural Health Clinics: Rising Program Expenditures Not Focused on Improving Care in Isolated Areas (Report, GAO/HEHS-97-24, Nov. 22, 1996). Contact: Frank Pasquier, (206) 287-4861

Two decades ago, the Rural Health Clinic program was established to provide additional Medicare and Medicaid reimbursement to health clinics in underserved rural communities. But the program appears to increasingly benefit well-staffed, financially viable clinics that are in suburban areas where extensive health care delivery systems are in place. Clinics often receive extraordinarily high reimbursement for each patient visit for Medicare and Medicaid services, and no screening is conducted to determine if the costs clinics claim are reasonable. Current law requires the program to continue providing subsidies indefinitely to certified clinics, even if the clinics are in areas that are no longer underserved or rural. To

direct assistance toward those areas that the program was intended to serve—isolated rural areas where Medicare and Medicaid recipients have difficulty obtaining primary care—both the Congress and the Secretary of Health and Human Services will need to establish additional eligibility criteria for clinics and controls over the cost-reimbursement benefit of the program.

Public Health: A Health Status Indicator for Targeting Federal Aid to States (Report, GAO/HEHS-97-13, Nov. 13, 1996). Contact: Jerry Fastrup, (202) 512-7211

The Congress has considered consolidating 12 of the federal public health grants administered by the Centers for Disease Control and Prevention into one integrated health system block grant to the states. Statistical analysis reveals that of the various proxies that could be used in a funding formula to target this assistance on the basis of the health status of states' populations, the best single proxy is premature mortality. Were that proxy used, federal funding for core public health functions would systematically target assistance to states on the basis of their populations' rates of mortality, disease incidence, and risk for mortality and morbidity.

Social Security, Disability, and Welfare

Appealed Disability Claims: Despite SSA's Efforts, It Will Not Reach Backlog Reduction Goal (Report, GAO/HEHS-97-28, Nov. 21, 1996). Contact: Michael T. Blair, (404) 679-1944

Americans who are denied benefits under the two largest federal programs providing disability benefits—the Disability Insurance and Supplemental Security Income programs—may appeal to the Social Security Administration's (SSA) Office of Hearings and Appeals. Although under a short-term plan the office has made progress in reducing its backlog of appealed cases, it will not reach its year-end goal, and concerns have arisen about whether SSA's aggressive goals could result in inappropriate benefit awards for some claimants. If SSA's current evaluation finds that decisions on benefit awards being made under its short-term plan are accurate decisions, SSA should extend the plan until a permanent process can be instituted that ensures the timely and expeditious disposition of appeals.

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Veterans' Affairs and Military Health Care

Substance Abuse and Treatment: VA Programs Serve Psychologically and Economically Disadvantaged Veterans (Report, GAO/HEHS-97-6, Nov. 5, 1996). Contact: Sandra Isaacson, (202) 512-7174

The Department of Veterans Affairs' (VA) inpatient and outpatient substance abuse treatment units served about 180,000 veterans in fiscal year 1995 through 389 programs at over 160 medical centers. About half of the inpatients were homeless when admitted, and about a third also had psychiatric disorders. Although the number of inpatients has remained fairly constant during the 1990s, the number of outpatients has grown significantly. But VA lacks the necessary data to fully evaluate the efficacy of its programs. Like other providers, it now is developing a monitoring system based on outcomes. Changing how VA delivers substance abuse treatment services may have significant implications, possibly shifting the societal costs to welfare or other social services and to the criminal justice system. VA currently is undergoing an unprecedented reorganization. Once this is further along and VA's treatment outcomes can be compared with those of other treatment programs, the feasibility and cost of contracting for these services outside VA can be better assessed.

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Public Health: A Health Status Indicator for Targeting Federal Aid to States (Report, GAO/HEHS-97-13, Nov. 13, 1996).

Federal Tort Claims Act Coverage (Letter, GAO/HEHS-97-32R, Nov. 5, 1996).

Medicare: HCFA Should Release Data to Aid Consumers, Prompt Better HMO Performance (Report, GAO/HEHS-97-23, Oct. 22, 1996).

Medicare Drug and Nutrient Prices (Letter, GAO/HEHS-97-22R, Oct. 11, 1996).

Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities (Report, GAO/HEHS-97-12, Oct. 8, 1996).

Long-Term Care: Some States Apply Criminal Background Checks to Home Care Workers (Report, GAO/PEMD-96-5, Sept. 27, 1996).

Managed Care Initiatives (Letter, GAO/HEHS-96-153R, Sept. 25, 1996).

CDC's National Immunization Survey: Methodological Problems Limit Survey's Utility (Report, GAO/PEMD-96-16, Sept. 19, 1996).

Medicare: Private-Sector and Federal Efforts to Assess Health Care Quality (Testimony, GAO/T-HEHS-96-215, Sept. 19, 1996).

Prescription Drug Pricing: Implications for Retail Pharmacies (Testimony, GAO/T-HEHS-96-216, Sept. 19, 1996).

Medicaid: States' Efforts to Educate and Enroll Beneficiaries in Managed Care (Report, GAO/HEHS-96-184, Sept. 17, 1996).

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Maternity Care: Appropriate Follow-Up Services Critical With Short Hospital Stays (Report, GAO/HEHS-96-207, Sept. 11, 1996).

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Blue Cross and Blue Shield: Change in Pharmacy Benefits Affects Federal Employees (Testimony, GAO/T-HEHS-96-206, Sept. 5, 1996).

Fraud and Abuse: Providers Excluded From Medicaid Continue to Participate in Federal Health Programs (Testimony, GAO/T-HEHS-96-205, Sept. 5, 1996).

Health Insurance Regulation: Varying State Requirements Affect Cost of Insurance (Report, GAO/HEHS-96-161, Aug. 19, 1996).

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Education

Intercollegiate Athletics: Status of Efforts to Promote Gender Equity (Report, GAO/HEHS-97-10, Oct. 25, 1996).

States' Average College Tuition (Letter, GAO/HEHS-96-213R, Sept. 19, 1996).

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School Finance: Options for Improving Measures of Effort and Equity in Title I (Report, GAO/HEHS-96-142, Aug. 30, 1996).

Higher Education: Tuition Increasing Faster Than Household Income and Public Colleges' Costs (Report, GAO/HEHS-96-154, Aug. 15, 1996).

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401(k) Pension Plans: Many Take Advantage of Opportunity to Ensure Adequate Retirement Income (Report, GAO/HEHS-96-176, Aug. 2, 1996).

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VBA Information Technology Investment (Letter, GAO/AIMD-97-10R, Oct. 18, 1996).

VA Health Care: Opportunities to Significantly Reduce Outpatient Pharmacy Costs (Report, GAO/HEHS-97-15, Oct. 11, 1996).

Wartime Medical Care: DOD Is Addressing Capability Shortfalls, but Challenges Remain (Report, GAO/NSIAD-96-224, Sept. 25, 1996).

VA Health Care: Issues Affecting Eligibility Reform Efforts (Report, GAO/HEHS-96-160, Sept. 11, 1996).

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VHA's Management Improvement Initiative (Letter, GAO/HEHS-96-191R, Aug. 30, 1996).

VA Construction Contract Award Delays (Letter, GAO/HEHS-96-188R, Aug. 9, 1996).

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