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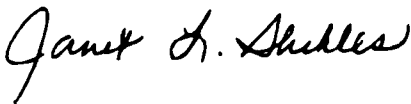
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New Releases

Health

Health Insurance: Coverage of Autologous Bone Marrow Transplantation for Breast Cancer (Report, GAO/HEHS-96-83, Apr. 24, 1996). Contact: William Reis, (617) 565-7488

The controversy over insurance coverage of high-dose chemotherapy for breast cancer, supported by autologous bone marrow transplantation (ABMT), illustrates the issues raised when demand grows for coverage of an expensive, new treatment before researchers conclude that it is more effective than conventional treatments. Many insurers now cover ABMT for breast cancer, making it widely available. Lawsuits, government mandates, and public relations concerns, as well as clinical evidence, have influenced insurers' coverage decisions. Widespread diffusion of the treatment has implications for patient care, costs, and the ability to recruit patients for randomized trials that would provide a more definitive assessment of the treatment's effectiveness.

Education

Public Education: Issues Involving Single-Gender Schools and Programs (Report, GAO/HEHS-96-122, May 28, 1996). Contact: Eleanor Johnson, (202) 512-7209

To address student performance and behavior concerns, some public elementary and secondary schools have used single-gender educational settings. Some of these programs, however, are subject to legal impediments. Officials GAO talked to said that such programs resulted in

observable qualitative differences in the behavior of children; however, conclusive quantitative research on the effectiveness of single-gender programs is not available. Opponents maintain that the problems the programs target can be effectively addressed in coeducational settings without subjecting students to gender-based discrimination and that the effectiveness of single-gender programs is questionable. Proponents believe, nonetheless, that the programs ought to be available as tools for improving students' social and academic performance.

DOD Dependents Schools: Cost Issues Associated With the Special Education Program (Report, GAO/HEHS-96-77, May 13, 1996).
Contact: Cornelia M. Blanchette, (202) 512-7014

The Department of Defense Dependents Schools (DODDS) system is responsible for educating children of military personnel serving overseas, including children with disabilities who are aged 3 through 21. If the DODDS system lacks the facilities or resources for special education students at certain locations, it covers the cost of educating them at non-DODDS schools. The DODDS system does not, however, record information in a way that shows how much money it actually spends on its special education program or how much extra cost it incurs when its schools cannot accommodate special education students. As a result, opportunities may exist to reduce the cost of the DODDS system's special education program, for instance, through better adherence to screening and placement procedures or improvements in the program's management.

Employment

Davis-Bacon Act: Process Changes Could Raise Confidence That Wage Rates Are Based on Accurate Data (Report, GAO/HEHS-96-130, May 31, 1996). Contact: Charles A. Jeszeck, (202) 512-7036

The Davis-Bacon Act requires employers on federal construction projects to pay workers wages at or above the level determined by the Department of Labor to be prevailing in a geographic area. Inaccuracies in Labor's wage determinations could lead either to excessive government construction costs or to large numbers of workers receiving wages and fringe benefits that are lower than required by the law. Although Labor has made some improvements in its wage determination process, it has not done enough to make sure the wage rates it sets are based on accurate data. Labor needs to improve its verification of wage data submitted by employers and make its process for appealing wage determinations more accessible to all interested parties.

Employment Training: Successful Projects Share Common Strategy (Report, GAO/HEHS-96-108, May 7, 1996). Testimony on same topic (GAO/T-HEHS-96-127, Apr. 18, 1996). Contact: Sigurd R. Nilsen, (202) 512-7003

The six successful employment training programs studied differed in size, funding sources, and client characteristics but shared a common strategy to prepare participants for self-sufficiency. That common strategy—which resulted in placement rates of over 90 percent for three of the projects visited—had four key features: (1) ensuring that participants were committed to training and getting a job; (2) removing barriers that could limit participants' ability to finish training and get and keep a job; (3) improving participants' employability skills (such as dependability, promptness, teamwork, and conflict resolution) as part of their training curriculum; and (4) linking occupational skills training with the local labor market needs.

Social Security, Disability, and Welfare

Public Pensions: Section 457 Plans Pose Greater Risk Than Other Supplemental Plans (Report, GAO/HEHS-96-38, Apr. 30, 1996).
Contact: Donald C. Snyder, (202) 512-7204

By enacting Internal Revenue Code section 457, the Congress sought a way to allow state and local government employees to provide themselves with additional retirement income. Although 457 plans are often the only type of deferred compensation plan available to most state and local employees, they have drawbacks. They provide significantly less protection against financial loss than plans covered by sections 401(k) and 403(b), allow notably smaller amounts to be deferred each year, do not index those amount limits for inflation, and give participants limited pension portability if they leave employment before retirement. Amending section 457 would be very difficult, however, because of the many ways it dovetails with other provisions.

SSA Disability: Program Redesign Necessary to Encourage Return to Work (Report, GAO/HEHS-96-62, Apr. 24, 1996).
Contact: Cynthia A. Bascetta, (202) 512-7207

Because of weaknesses in the design and implementation of the Supplemental Security Income and Disability Insurance programs, little has been done to identify and encourage the productive capacities of beneficiaries who might benefit from rehabilitation and employment assistance. The Commissioner of the Social Security Administration (SSA) should take immediate action to place greater priority on return to work, including designing better ways of identifying and expanding beneficiaries' work capacities and improving the implementation of existing return-to-work mechanisms. For those areas in which SSA does not have authority, the Commissioner should develop a legislative package so that SSA can be positioned to expeditiously redirect its emphasis on return to work.

Veterans Affairs and Military Health

Veterans' Compensation: Evidence Considered in Persian Gulf War Undiagnosed Illness Claims (Report, GAO/HEHS-96-112, May 28, 1996).
Contact: Irene Chu, (202) 512-7102

As of July 1995, the Department of Veterans Affairs (VA) had denied almost 95 percent of the 4,144 claims it had processed for Persian Gulf veterans claiming undiagnosed illness, mostly for lack of evidence. VA did not always provide required assistance or clear and useful information to veterans about the type of evidence needed to support claims that an undiagnosable chronic disability developed within 2 years of their service in the Gulf War. But even when VA followed appropriate procedures to develop the claims, veterans did not always provide the needed evidence. Although VA rarely granted compensation for undiagnosed illnesses, many Gulf War veterans received VA benefits for diagnosable service-connected conditions that accompanied their undiagnosed illness claims.

Defense Health Care: Medicare Costs and Other Issues May Affect Uniformed Services Treatment Facilities' Future (Report, GAO/HEHS-96-124, May 17, 1996). Contact: Daniel M. Brier, (202) 512-6803

The Congress has been increasingly concerned about the cost of the Department of Defense's (DOD) Uniformed Services Treatment Facilities (USTF) program, partly because some USTF members are eligible for other federal health care sources, such as Medicare. In fiscal year 1994, this dual eligibility caused more than \$9.5 million in unnecessary Medicare costs, and the magnitude of the problem will grow as the age of the USTF population advances. In GAO's view, DOD and the Congress need to reconsider the noncompetitive contractual relationship with USTFs. The Congress should also consider allowing the government to block Medicare

payments for services USTFs provide to dually eligible members and requiring USTF members eligible for Medicare to choose one source of care or the other.

Defense Health Care: Effects of Mandated Cost Sharing on Uniformed Services Treatment Facilities Likely to Be Minor (Report, GAO/HEHS-96-141, May 13, 1996). Contact: Daniel M. Brier, (202) 512-6803

DOD is integrating USTFs—former Public Health Service hospitals now under civilian ownership that are part of the Military Health Services System—into its nationwide managed health care initiative, TRICARE. Adopting the TRICARE cost share may cause some minor adverse selection for USTFs, that is, healthy beneficiaries may seek less costly coverage, leaving USTFs at risk from less healthy beneficiaries' higher care costs. But analysis indicates the TRICARE cost shares are appropriate and will have no lasting negative financial effect on USTF operations. Should there be a financial impact, DOD's current USTF capitation methodology allows reimbursement levels to be adjusted.

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Psychiatric Hospital Oversight (Letter, GAO/HEHS-96-132R, May 24, 1996).

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Federal Personnel: Issues on the Need for the Public Health Service's Commissioned Corps (Report, GAO/GGD-96-55, May 7, 1996).

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Medicare: Private Payer Strategies Suggest Options to Reduce Rapid Spending Growth (Testimony, GAO/T-HEHS-96-138, Apr. 30, 1996).

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Medical Device Regulation: Too Early to Assess European System's Value as Model for FDA (Report, GAO/HEHS-96-65, Mar. 6, 1996).

Status of Medicare's Federal Hospital Insurance Trust Fund (Testimony, GAO/T-HEHS-96-94, Feb. 29, 1996).

FHA Hospital Mortgage Insurance Program: Health Care Trends and Portfolio Concentration Could Affect Program Stability (Report, GAO/HEHS-96-29, Feb. 27, 1996).

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Medicare: Millions Can Be Saved by Screening Claims for Overused Services (Testimony, GAO/T-HEHS-96-86, Feb. 8, 1996). Report on same topic (Report, GAO/HEHS-96-49, Jan. 30, 1996).

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Social Security, Disability, and Welfare

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Supplemental Security Income: Some Recipients Transfer Valuable Resources to Qualify for Benefits (Report, GAO/HEHS-96-79, Apr. 30, 1996).

SSA Overpayment Recovery (Letter, GAO/HEHS-96-104R, Apr. 30, 1996).

SSA Disability: Program Redesign Necessary to Encourage Return to Work (Report, GAO/HEHS-96-62, Apr. 24, 1996).

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Workforce Profile at SSA Baltimore (Letter, GAO/GGD-96-80R, Apr. 5, 1996).

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Defense Health Care: Medicare Costs and Other Issues May Affect Uniformed Services Treatment Facilities' Future (Report, GAO/HEHS-96-124, May 17, 1996).

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VA Health Care: Exploring Options to Improve Veterans' Access to VA Facilities (Report, GAO/HEHS-96-52, Feb. 6, 1996).

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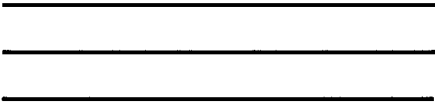
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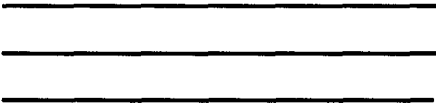
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