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July 1996

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066809/157098

Preface

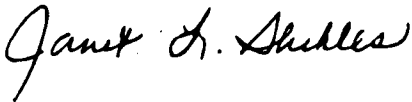
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New Releases

Health

Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate (Report, GAO/HEHS-96-129, June 17, 1996).

Contact: Michael Gutowski, (202) 512-7128

More children were without health insurance coverage in 1994 than at any time in the previous 8 years. Ten million children—14.2 percent of those under 18 years old—were uninsured. Between 1993 and 1994, the decline was concentrated among children in poor families; coverage for other children remained stable. As private coverage for children has declined, reliance on Medicaid to cover children of the working poor has increased. However, at least 30 percent of uninsured children—or 2.9 million children—were not enrolled in Medicaid even though they were eligible.

Cocaine Treatment: Early Results From Various Approaches (Report, GAO/HEHS-96-80, June 7, 1996). **Contact: Sarah F. Jaggar, (202) 512-7119**

Three cognitive/behavioral approaches to treating cocaine addiction have shown favorable results: relapse prevention, community reinforcement/contingency management, and neurobehavioral therapy. Preliminary findings show that clients exposed to these therapies remained abstinent and in treatment for prolonged periods. These findings are particularly encouraging because earlier cocaine treatment approaches were not very successful. Although the number of studies on each treatment approach is not yet sufficient for definitive conclusions, additional results from more studies should be available in the next few years. Research experts agreed that continued research and study are needed before standard, generalizable cocaine treatment strategies can be formulated for addicts from varying demographic and clinical groups.

**Practice Guidelines: Managed Care Plans Customize Guidelines to Meet Local Interests (Report, GAO/HEHS-96-95, May 30, 1996).
Contact: Rosamond Katz, (202) 512-7148**

Managed care plans' growing interest in practice guidelines is driven by their need to control costs, ensure consistency of care, and demonstrate improved performance. By using practice guidelines, plans are making a conscious decision about the care they intend to provide, reflecting the trade-off between costs and benefits. When published guidelines differ from a plan's clinical and financial objectives, they are typically customized with the active participation of the network physicians. Since published guidelines can be inconsistent, outdated, or too complex, local adaptation may be useful. Yet some changes may compromise the quality of patient care. Local adaptation also may undermine the goal of making medical care more reliant on professionally recommended practices and less a function of where a patient receives care.

Education

**School Facilities: Profiles of School Conditions by State (Report, GAO/HEHS-96-148, June 24, 1996). Contact: Eleanor L. Johnson,
(202) 512-7209**

State-by-state profiles based on a nationwide survey of some 10,000 schools provide information on the roles individual states play in support of school facilities. Each profile describes the financial and technical assistance the state provides as well as the facilities information the state collects and maintains. The profiles also cover the condition of school buildings and building features; adequacy of environmental conditions; extent to which facilities meet the functional requirements of education reform and technology; reported range of funding needed to put schools in good overall condition; and funds needed to address federal mandates for managing and correcting environmental hazards and providing access to programs for people with disabilities.

School Facilities: America's Schools Report Differing Conditions (Report, GAO/HEHS-96-103, June 14, 1996). Contact: Eleanor L. Johnson, (202) 512-7209

The condition of America's schools varies widely even within the same community and state, according to a survey of about 10,000 schools. Although two-thirds reported that their facilities were in satisfactory condition, the remaining third—responsible for educating more than 14 million children—reported unsatisfactory physical and environmental conditions. Schools in unsatisfactory condition were found nationwide in every type of community. However, the heavier concentrations were in central cities and among schools serving large populations of poor or minority students. Virtually all communities, even some of the wealthiest, were wondering how to balance school infrastructure needs with other community priorities.

Veterans Affairs and Military Health

Defense Health Care: New Managed Care Plan Progressing, but Cost and Performance Issues Remain (Report, GAO/HEHS-96-128, June 14, 1996). Contact: Daniel M. Brier, (202) 512-6803

The Department of Defense's (DOD) early implementation of its nationwide managed health care program, TRICARE, is progressing consistent with congressional and DOD goals despite initial problems with marketing, beneficiary education, and computer system compatibility. However, the success of DOD's current efforts to implement resource-sharing agreements and utilization management is critical to containing health care costs. DOD also needs to gather certain enrollment and performance data so that it and the Congress can assess TRICARE's success in the future.

March-June 1996

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Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate (Report, GAO/HEHS-96-129, June 17, 1996).

Medicaid Formula Transition (Letter, GAO/HEHS-96-169R, June 12, 1996).

Analysis of "Florida's Fair Share" (Letter, GAO/HEHS-96-168R, June 10, 1996).

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Food Safety: Reducing the Threat of Foodborne Illness (Testimony, GAO/T-RCED-96-185, May 23, 1996).

Cholesterol Treatment: A Review of the Clinical Trials Evidence (Report, GAO/PEMD-96-7, May 14, 1996).

Food Safety: Information on Foodborne Illnesses (Report, GAO/RCED-96-96, May 8, 1996).

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).

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

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AARP Medigap Premium Increases, 1996 (Letter, GAO/HEHS-96-119R, Apr. 19, 1996).

State Mandated Benefits (Letter, GAO/HEHS-96-125R, Apr. 15, 1996).

Medicare: Federal Efforts to Enhance Patient Quality of Care (Report, GAO/HEHS-96-20, Apr. 10, 1996).

European Union Drug Approval: Overview of New European Medicines Evaluation Agency and Approval Process (Report, GAO/HEHS-96-71, Apr. 5, 1996).

Medicaid Long-Term Care: State Use of Assessment Instruments in Care Planning (Report, GAO/PEMD-96-4, Apr. 2, 1996).

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Medicare: Home Health Utilization Expands While Program Controls Deteriorate (Report, GAO/HEHS-96-16, Mar. 27, 1996).

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Fraud and Abuse Provisions in H.R. 3063 (Letter, GAO/HEHS-96-111R, Mar. 18, 1996).

Health and Safety: Environmental Oversight of Classified Federal Research (Testimony, GAO/T-RCED-96-99, Mar. 12, 1996).

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Employment

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Job Corps: Comparison of Federal Program With State Youth Training Initiatives (Report, GAO/HEHS-96-92, Mar. 28, 1996).

Intelligence Agencies: Selected Personnel Practices at CIA, NSA, and DIA Compared to Other Agencies (Report, GAO/NSIAD-96-6, Mar. 11, 1996).

Job Training Partnership Act: Long-Term Earnings and Employment Outcomes (Report, GAO/HEHS-96-40, Mar. 4, 1996).

Social Security, Disability, and Welfare

Social Security: Disability Programs Lag in Promoting Return to Work (Testimony, GAO/T-HEHS-96-147, June 5, 1996).

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Children Receiving SSI by State (Letter, GAO/HEHS-96-144R, May 15, 1996).

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Veterans' Health Care: VA's Approaches to Meeting Veterans' Home Health Care Needs (Report, GAO/HEHS-96-68, Mar. 15, 1996).

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Defense Health Care: TRICARE Progressing, but Some Cost and Performance Issues Remain (Testimony, GAO/T-HEHS-96-100, Mar. 7, 1996).

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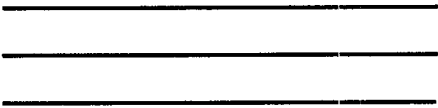
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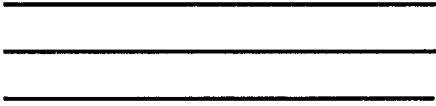
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