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An Overview of Kaiser Health News

- Launched five years ago (June 2009)
- Providing in-depth coverage of health policy issues
- Primary distribution strategy is through other media organizations
- Created as ongoing, editorially independent operating program of the Kaiser Family Foundation
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Daily email to editors
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- Cox (8 dailies)
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Hospitals Face Pressure To Avert Readmissions

By JORDAN RAU

After years of gently prodding hospitals to make sure discharged patients do not need to return, the federal government is now using its financial muscle to discourage readmissions.

Medicare last month began levying financial penalties against 2,217 hospitals it says have too many readmissions. Of those hospitals, 307 will receive the maximum punishment, a 1 percent reduction in Medicare's regular payments for every patient over the next year, federal records show.

One of those is Barnes-Jewish Hospital in St. Louis, which will lose $2 million this year. Dr. John Lynch, the chief medical officer, said Barnes-Jewish could absorb that loss this year, but “over time, if the penalties accumulate, it will probably take resources away from other key patient programs.”

The crackdown on readmissions is at the vanguard of the Affordable Care Act’s effort to eliminate unnecessary care and curb Medicare’s growing spending, which reached $56 billion this hospital year. Hospital inpatient costs make up a quarter of that spending and are projected to grow by more than 4 percent annually in coming years, according to the Congressional Budget Office.

Medicare penalties overcharging too many patients return.

get polite but blank stares,” said Dr. Eric Coleman, a professor at the University of Colorado Anschutz Medical Campus who has devised widely adopted methods to reduce hospitalizations. “Now they’re paying attention.”

With nearly one in five Medicare patients returning to the hospital within a month — about two million people a year — readmissions cost the government more than $37 billion annually.

Hospitals’ traditional reluctance to continued on Page 6

THE NEW YORK TIMES, TUESDAY, NOVEMBER 27, 2012

Rising Pressure to Curb Readmissions

By First Source Page

Rising "tackled readmissions is rooted in Medicare’s payment system. Medicare generally pays hospitals a set fee for a patient’s stay, so the shorter the visit, the more revenue a hospital can keep. Hospitals also get paid when patients return. Until the new penalties kicked in, hospitals had no incentive to make patients wind up coming back. The maximum penalty is set to double next October and then reach 1 percent of payments in October 2013. Medicare also is expanding the list of conditions it will assess in setting penalties.

Right now a only evaluates readmissions of heart attack, heart failure and pneumonia patients, counting every readmission, even ones not related to the original reason for hospitalization. The penalties are based on readmissions rates in the past and applied to future payments for all Medicare patients.

Researchers say that while some readmissions are unavoidable, many are caused by the short shrift hospitals have given patients on their way out.

Jonathan Blum, principal deputy administrator for the Centers for Medicare and Medicaid Services, said the penalties had helped galvanize hospitals’ efforts to avoid readmissions. “We’ve seen a lot of significant reductions,” he said. “That tells me we’re on the right track.”

Medicare’s tough love is not going over well with everyone. Academic medical centers are complaining that the penalties do not take into account the extra challenges posed by extremely sick and low-income patients. For those patients, getting medicine and follow-up care can be a struggle. At Barnes-Jewish Hospital, Dr. Lynch said physicians from all over the Midwest refer their sickest heart patients to his facility for transplants and other major interventions. But those patients can skew his hospital’s readmission numbers, he said. “They weaken your heart, the more advanced their employments, the more likely you are to be readmitted to the hospital.”

Dr. Lynch said Barnes-Jewish set up follow-up appointments for patients who didn’t have their own doctors. But about half of the patients never showed up, he said, even after the hospital made reminder phone calls and arranged for free rides. Sending nurses to see patients at home did not significantly reduce readmission rates either, he said.

“Many of us have been working on this for other reasons than a penalty for many years, and we’ve found it to be effective,” Dr. Lynch said. He said the penalties were unfair to hospitals with the double burden of caring for very sick and very poor patients. “For us, it’s not a readmissions penalty.”

Nearly 1 in 5 Medicare patients return to the hospital within a month.

on education — specifically, whether educators should be held accountable for lower rates of progress among children from poor families.

“Just blaming the patients or saying ‘it’s destiny’ or ‘we can’t do any better’ is a pre-mature conclusion and is likely to be wrong, said Dr. Harlan Krumholz, director of the Center for Outcomes Research and Evaluation at the New Haven Hospital, which prepared the study for Medicare. “I get to believe we can do much, much better.”

Some researchers fear the Medicare penalties are too steep, which will distract hospitals from other pressing issues, like reducing infections and surgical mistakes and ensuring patients’ needs are met promptly. “It should not be our top priority,” said Dr. A. Asch, the Harvard School of Public Health who has studied readmissions.
Hospital Readmission Story Pickup

2012 (blue) & 2013 (green)
Consortium Project
When American inmates are released from jail or prison, most leave without health insurance and little access to medical care. But under the federal health care law’s expansion of Medicaid, that’s beginning to change. Sarah Varney of Kaiser Health News explores how ex-offenders will have the opportunity to get care in some states.
Hospital CEO Bonuses Reward Volume and Growth

June 16, 2012

By JAY HAHNCOCK via WORLD NEWS

An ABC News Kaiser Health News investigation examines employer contracts and incentive pay at hospital systems.

Like hospital leaders everywhere, the people running Valley Medical Center in Renton, Wash., talk frequently about the need to control soaring medical costs.

"We are working to reduce the overall cost of health care and to transform health care delivery," Lisa Jensen, chairwoman of the hospital's board of trustees, said last year.

Experts say that's a good prescription for the entire U.S. health industry, which costs the economy

Video: Hospital CEOs Rake In Bonuses

This video was produced by our partners ABCWORLDNEWS.

At the country has to face in skyrocketing health costs, hospital leaders are still rewarded for increased and profits. A KHN investigation, in collaboration with ABC News, looked at employee contracts and incentive pay at nonprofit hospital systems.

On World News Tonight Sunday, ABC News Senior National Correspondent Jim Axelrod reported on the investigation and what it says about the system costs.
Health Care Law Changes

- Adult children covered up to age 26
- No more lifetime limits on coverage
- More preventative services covered
- Closing the Medicare “donut hole”
Latino Enrollment Key To Success Of Health Law Marketplaces

By Jenny Gold
KHN Staff Writer
JUN 20, 2013

This KHN story was produced in collaboration with:

Andrew Velandia, 29, is just the sort of person health law regulators are seeking to draw into the new online insurance marketplaces—young, healthy, uninsured and Latino.

“We’re very healthy. We don’t have many issues,” she says of her family. Right now, she and her husband mostly avoid the health system because “it’s very expensive to go to the doctor to get a regular checkup. And you only have an option to go to the emergency room, which is even more expensive.”

On Oct. 1, Velandia, who is from Colombia, will be able to sign up her family of four for a subsidized health insurance policy in the new Maryland Health Benefit Exchange, the state’s online marketplace for insurance policies created under the Affordable Care Act.

Just as Latinos were crucial to President Barack Obama’s re-election success in 2012, they are now key to the success of his health law. And the administration is doing everything it can to make sure that Latinos, like the Velandias, enroll.

The administration announced this week that Health and Human Services Secretary Kathleen Sebelius will travel to five states to encourage sign-ups.

RELATED CONTENT

White House, GOP Senators Throw In The Towel On Budget Talks

White House Readies Major Health Law Push

Health Exchange Rate Shock Not So Likely, Study Finds

Kaiser Health News is a program of the Kaiser Family Foundation

Andrea Velandia, 29, is just the sort of person the architects of the new health insurance marketplaces had in mind when they were thinking about future customers. She’s young, in good health, uninsured and Latino.

“We’re very healthy. We don’t have many issues,” she says of her family. For the most part, she and her husband avoid the health system. “It’s very expensive to go to the doctor to get a regular checkup,” she says. “And you only have an option to go to the emergency room, which is even more expensive.”

On Oct. 1, Velandia, who is from Colombia, will be able to sign up her family of four for a subsidized health insurance policy in the new Maryland Health Benefit Exchange, the state’s online marketplace for insurance policies created under the Affordable Care Act.

And just as Latinos were crucial to President Obama’s re-election in 2012, they are now key to the implementation of his health law.

The administration has made clear that the health law will succeed only if Latinos, like the Velandias, enroll. And it’s pulling out all the stops to make sure they do.

Health and Human Services Secretary Kathleen Sebelius will be making the rounds on Spanish language media outlets to discuss the health law and the newly revamped CuidadDeSalud.gov, the Spanish version of HealthCare.gov.

Latinos make up 17 percent of the total U.S. population, but nearly one-third of the nation’s uninsured. They’re also more likely to be young—nearly half of Hispanics are under the age of 26.

Their youth is important for the insurance pools to work. Young and healthy people need fewer medical services, and insurance companies can use their premiums to help subsidize coverage for older or sicker patients.

On a recent morning, Velandia visited the legal clinic at the nonprofit community organization Casa de Maryland in suburban Washington to get help filling out the last bit of paperwork to become a U.S. citizen. Sitting旁边ly with her toddler and newborn, she was approached by one of the center’s promotions—leadership promoters who help spread public health information in the Latino communities. The woman offered Velandia information about breast cancer, healthy eating and diabetes.

In just a few months, Casa de Maryland’s 20 promoters will be expanding their outreach to include information on signing up for the new health insurance policy as well. The organization recently received a special grant from the state to help Latinos and other immigrants sign up for the exchange.

George Escobar, Casa de Maryland’s health director, says he plans to use the grant to train his promoters and hire a dozen new employees to work full time on enrollment.

Jennifer Ngland, who heads the health and civil rights policy project at the National Council of La Raza, says Latino organizations have their work cut out for them. The congressional health care debate of 2009 and 2010 created a sense of distrust in the community, she said, because there was a focus on how to keep undocumented immigrants from using any of the benefits under the health law.

“The takeaway often was that there isn’t really anything in the Affordable Care Act...
Texas’ Struggling Rio Grande Valley Presses for Medicaid Expansion

By Sarah Varney
KHN Staff Writer

MAY 21, 2013

This story was produced in collaboration with NPR.

BROWNSVILLE, Tex. – When the sun rises over the Rio Grande Valley, the cries of the unseen — blackbirds — can be heard echoing from the tops of palm trees swaying in an unobstructed caroypody.

That is also the strategy; the idea is to keep the sun rising over the Rio Grande Valley, the cries of the unseen — blackbirds — can be heard echoing from the tops of palm trees swaying in an unobstructed caroypody.

For the struggling counties that stretch along the border with Mexico, where unemployment hovers above 10 percent and the local tax base often cannot fund basic government services, the roll-out of President Barack Obama’s health care overhaul and its promise to open up Medicaid to all low-income adults is akin to eking out a winning lottery ticket. In Cameron County, for example, where Brownsville is the county seat, it will mean $7 billion added to the local economy over a decade. In neighboring Hidalgo County where some 800,000 people live, the windfall is even more impressive: some $12.6 billion, according to an analysis by Ray Perryman, a Texas economist well-regarded by both political parties.

Texas Medicaid Debate Complicated By Politics And Poverty

By Sarah Varney
KHN Staff Writer

May 21, 2013

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KHN is All Over The Map

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The Chicago Tribune
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Your Smartphone Might Hold Key To Your Medical Records

By Elizabeth Stavicki, Minnesota Public Radio

It's one of those unholy holiday surprises—a visiting family member gets sick. That happened to Dr. Farzad Mostashari last Thanksgiving.

"My dad comes downstairs and he has acute pain in his eye where he had cataract surgery. And I said, 'What's the matter, what's the story?'" recalled Mostashari, who lives in Bethesda, Md. "And he said, 'Well, I think they put the wrong lens in my eye, I'd gone back to the doctor and...' His father didn't remember exactly what had happened at his last doctor's appointment and the office was closed anyway.

How could a local doctor in Maryland access his dad's medical record in Boston? Through Medicare Blue Button, a computer program that allows patients to download their medical history into a simple text file on their smartphones and personal computers. Third-party applications that you download help organize this information.

Mostashari certainly knew how to handle his dad's problem. After all, he's the coordinator for health information technology at the U.S. Department of Health and Human Services, and it's his passion and his profession to promote electronic health records. And he had signed his dad up for Blue Button, which downloads three years of patient's medical history, as well as the Humetrax (BlueButton), a smartphone app that translates and displays the information in a simple-to-understand format.

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Smartphones Help Bridge Gaps In Electronic Medical Records

By Elizabeth Stavicki

June 17, 2013 4:00 AM

Hospitals, doctors and Medicare are making it easier for people to have access to their own health records. Some app developers have even created ways to have health information available even on a smartphone.

DAVID GREENE, HOST:

Let's look now at another change in health care, and this one has to do with paperwork. Hospitals and clinics are slowly replacing paper files with sophisticated electronic health records. But with a variety of systems in use, there often can't even share medical information with each other, and this can be a pretty serious problem in the case of an emergency.

As Elizabeth Stavicki reports, smartphones might be one way to bridge this electronic gap.

ELIZABETH STAVICKI, BYLINE: One of those holiday surprises no one wants: A family member is visiting from out of town, and they get sick. That happened to Farzad Mostashari's 76-year-old father, who was visiting from Boston last Thanksgiving weekend.

Farzad Mostashari: My dad comes downstairs, and he has acute pain in his eye where he had cataract surgery. And I said, what's the matter, what's the story? And he said, well, I think they put the wrong lens in my eye. I'd gone back to the doctor and...

STAVICKI: His father didn't remember exactly what had happened at his last doctor's appointment, and the office was closed anyway. How could a local doctor in Maryland access his dad's medical record in Boston? Through Medicare Blue Button, a computer program that allows patients to download their medical history into a simple text file on their smartphones and personal computers. Then, third-party applications that you download help organize this information.

Mostashari knows more than a little about this subject. He heads the federal office of Health Information Technology, and it's his passion and his profession to promote electronic health records. So when he took his father to a local doctor, he handed over the phone with his dad's medical history. Mostashari predicts that soon, everyone will have that information at their fingertips.

Mostashari: Within the next 12 months, if people want to, they will be able to get the same data that your doctors would send to each other—to have it come to you, and for you to be able to have a whole host of apps and services help you make sense of it, use it, share it, and help you take better care of your health and health care.

STAVICKI: He says the federal health care law is designed to encourage patients to get more involved in managing their own health. Jennifer Lundblad, CEO of Stratas Health—a nonprofit in Minnesota—said the floodgates have opened for patients to use technology to manage their own care, particularly those who have chronic and expensive diseases.

Jennifer Lundblad: Some parts of health care are so complex, we need complex solutions. But some parts of health care can be really simplified and with the prevalence of smartphones, let's use the smartphone tool that patient already has.

STAVICKI: But there are also worries.

Mostashari: We're not talking about giving people their own medical records. We're talking about giving people access to their own health care. So the person who's driving the decision is the patient.
Health Care In The States

Health Exchange Pitch To Sports Fans Started In Fenway

By Eric Whitney, Colorado Public Radio

It’s a Wednesday night in Boston, and Amy O’Leary is out at Fenway enjoying a Red Sox game and hoping for another year like 2007. That’s when the team won the World Series, sweeping the Colorado Rockies in four games.

It’s also the year that Massachusetts started requiring nearly all residents to have health insurance – and the Red Sox helped to get the word out about it. They let the state set up booths at games to explain the new law to fans, and the Massachusetts Health Connector ran ads on Red Sox broadcast networks.

O’Leary remembers it well. “I think it made sense. People feel like they know the players,” she says. “I think that sports teams in general can be messengers of good information to a wide variety of people.”

Now that other states are opening health insurance marketplaces, they’re trying the same strategy. Myung Kim is outreach director for Colorado’s new health insurance marketplace, Connect for Health Colorado. “People who care about being healthy, our young adult population, are big watchers of

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DAILY REPORT:
NFL’s Ravens To Aid Maryland’s Health Exchange Enrollment Push
9:33AM ET
Schizophrenia, Suicide And One Family’s Anguish

By Jeff Cohen, WAMR
JULY 26, 2013, 4:55 PM

Homer Bell was 64 years old when he committed suicide in April in a very public way — he laid down in front of a bus in his hometown of Hartford, Conn. It was the culmination of three decades of suffering endured by Bell and his family because of his illness, schizophrenia.

Hannah Schwartz, the psychiatrist-in-chief for Hartford Hospital’s Institute of Living, describes having a family member with the illness: “It’s hard to provide services and long-term housing, and, he says, You frequently are left to observe a deteriorating patient slipping into homelessness, perhaps imprisonment. If not imprisonment, at least recurrent revolving-door hospitalizations.”

That describes the Bell family pretty well. His mother, Rosalind Scott, and her daughter, Laura Bell, tell the story of the days before and after Homer Bell took his own life.

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How A Family Copes With Schizophrenia And Suicide

by JEFF COHEN
July 26, 2013 4:55 PM ET

LISTEN TO THE STORY

Listen to the story

Homer Bell was 64 years old when he killed himself in April in a very public way — he laid down in front of a bus in his hometown of Hartford, Conn. It was the last act in a life filled with struggle, as Bell and his family endured his schizophrenia.

At times when there are calls to strengthen the mental health system, Bell’s story shows how hard coping with mental illness can be.

Hannah Schwartz, the psychiatrist-in-chief for Hartford Hospital’s Institute of Living, describes some of the difficulties for a family: “It’s hard to get help, provide a home, and guide the right kind of support. Bell’s struggle to deal with the frightening voices in his head led to outbursts of anger, and even some run-ins with the police.

Rosalind Scott, Bell’s mother, says he was living on the streets and had gone to a hospital for help. In the days after his release, he showed up repeatedly on her porch. One night she let him into the hallway to get warm. But it was hard to let him in father. Homer could be loud, he could be angry, he could be paranoid. His illness had exhausted her.

One or two nights later when Homer came back, his mother was tired and, wanting relief, she didn’t let him in. She explains why.

Laura Bell, Homer’s sister, jumps into comfort her mother. “It wasn’t your fault,” she tells her.

Laura Bell, Homer’s sister, jumps into comfort his mother. “It wasn’t your fault,” she tells her.

After the death and the funeral, Scott went through her voice mails. She had dozens. And then she heard Homer’s voice and stopped. “That’s when he apologized to the lady,” she says.
UPS Won’t Insure Spouses Of Some Employees

By Jay Hancock
KHN Staff Writer
AUG 21, 2013

This KHN story was produced in collaboration with USA TODAY

Partly blaming the health law, United Parcel Service is set to remove thousands of spouses from its medical plan because they are eligible for coverage elsewhere.

Many analysts downplay the Affordable Care Act’s effect on companies such as UPS, noting that the move is part of a long-term trend of shrinking corporate medical benefits. But the shipping giant repeatedly cites the act to explain the decision, adding fuel to the debate over whether the law erodes traditional employer coverage.

Rising medical costs, “combined with the costs associated with the Affordable Care Act, have made it increasingly difficult to continue providing the same level of health care benefits to our employees at an affordable cost,” UPS said in a memo to employees.

The company told white-collar workers two months ago that 15,000 working spouses eligible for coverage at their own employers would be excluded from the UPS plan in 2014. The Fortune 100 firm expects the move, which applies to non-union U.S. workers only, to save about $60 million a year, said company spokesman Andy McGowan.
UPS to eliminate health insurance for some spouses

United Parcel Service (UPS), one of the largest package delivery companies in the world, is planning to eliminate health insurance benefits for about 15,000 workers' spouses as a way to cut costs. This move comes amid increasing pressure from employers to control health care costs, and it is expected to have a significant impact on workers and their families. UPS, like many other companies, has been facing rising health care premiums, and they are looking for ways to reduce expenses. This decision has引发了广泛的讨论，特别是对于那些依靠配偶的健康保险计划的员工。UPS表示，这一变化是其长期健康保险计划调整的一部分，旨在确保公司的财务稳定。请注意，这一政策将从下个月开始实施，员工将有时间了解他们的选项。
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