

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'What You Need to Know About Cancer & Health Insurance'

Description:

Listen in as Alicia and Lizette from The Leukemia & Lymphoma Society (LLS) speak with Monica Bryant, COO & Co-Founder of Triage Cancer, who shares quality information on healthcare-related issues for those diagnosed with cancer. As a cancer rights attorney, she believes a patient's life should not be in jeopardy due to a lack of information. Be sure to jot down notes as she gives us the 411 on cancer and insurance.

Transcript:

Alicia: Welcome to *The Bloodline* with LLS. I'm Alicia.

Lizette: And I'm Lizette. Thank you so much for joining us on this episode about cancer and insurance.

Alicia: We are very excited to welcome our special guest for today's episode. Her name is Monica Bryant and she is the Chief Operating Officer and co-founder over at Triage Cancer. For those who don't know, Triage Cancer is a national non-profit organization that provides information and resources on cancer survivorship issues, so we are very excited to be jumping in and speaking with her today. Monica, thank you again for speaking with us. For our listeners, who may not be familiar with who you are, please share a little about yourself and your connection to Triage Cancer.

Monica: Thanks so much for having me here today. I am the Chief Operating Officer and co-founder of Triage Cancer. We are a non-profit that is dedicated, as you mentioned, to providing information and resources on all types of cancer survivorship issues. We do that in 3 main ways:

We host a speakers' bureau that is available to anyone who might be putting on an educational event nationwide. The idea behind it is really that individuals don't have to try to find experts in various cancer survivorship topics. They can come to us and we will match them with the most appropriate individual. Then, we also host and participate in educational events all over the country. We do that for patients,

survivors, caregivers and healthcare professionals. Our signature events are our conferences; our regional conferences, we do 3 of those a year. We also do trainings for healthcare professionals. Then, finally, we have a plethora of online resources; quick guides that are designed to be snapshots of a particular topic because, when it comes down to it, all of these topics are very involved, complicated and in-depth so we want to give people a starting point that is easy to digest, that they can just print off online, and it is great for healthcare professionals as well who might want to use it as resources for their patients. Finally, we host an educational blog where we do our best, not just to give information, but to really try to digest it for individuals so that they understand what the impact of the cancer community is.

Alicia: You mentioned conferences. I know that at LLS, we have a lot of members and staff that attended those conferences for a number of years and have learned so much from them; and one of them being the topic of insurance and it being a topic that a lot of people don't understand. What are the resources or how do you provide information to cancer patients to navigate insurance?

Monica: It is so true. Insurance is like learning a new language and you, literally, have to learn a new language to try to understand what is in your policy. There are statistics out there that, over half of the people who are given insurance through their employers, don't actually know what they are paying monthly to have that insurance. For those of you out there listening, if you don't understand your insurance policy, you are certainly not alone, but Triage Cancer does have some resources to help change that. One of our recently launched projects is called cancerfinances.org and it is an online resource where people can go and answer a few simple questions and, depending upon how they answer those questions, it gives them targeted information. We kind of call it the "choose your own adventure model" for those of you old enough to remember those books. Currently, we have modules on health insurance, disability insurance and financial assistance. We are adding new modules all along because the reality is that there are so many people that need help with this stuff and there are just aren't enough organizations out there to help each individual person so cancer finance is sort of the next best thing to getting one-on-one, sitting in front of a person assistance. I will also say we host webinars about understanding health insurance; in fact, in October, we are hosting one of my personal favorites, which is how to pick a health insurance plan because I think so many of us—we may have options whether it's through an employer offering us more than one plan, or participating plans in the marketplace, or individuals who have Medicare have different options; and sometimes it can feel daunting to try to figure out which plan should I actually choose. Which

plan is best for me? In that webinar, we go step-by-step about the different things that people should be looking for and go through the math about trying to figure out how to determine how much a plan will actually cost you. I think, when it comes down to health insurance, understanding the basics is so important and then, I think, not being afraid to ask questions.

Lizette: Sure; and a lot of people actually don't feel that they have options right now. We get a lot of calls into our information specialists and it is great that people can pick an insurance plan. Some people feel that they don't even have an option at this point. I guess, right now, during the transition of power, we don't always know what to say to patients as to what they can choose, what they can do right now to maintain coverage or to obtain coverage. Is that an issue that you are dealing with there, too?

Monica: Certainly. Not a day goes by where I don't talk about health insurance. I think one great piece of news is that nothing has actually changed. My advice to most people is to certainly keep abreast of what's happening in Washington, D.C., and in Congress, and with our current administration, but for now, nothing has changed. The Affordable Care Act is still the law of the land and the marketplaces still exist in most places in the United States. In fact, this morning I just read a report from the Kaiser Family Foundation that says there is only one county in the entire country that does not have an option for health insurance in the marketplaces. I do understand people's frustrations and that there may not be as much choice as they would like, but at least there is some choice.

Also, I think that people forget that there are multiple ways now for us to act as health insurance, so it is important to look at all of our options. Maybe if the individual is a young adult under 26, can they join their parents' health insurance plan? Could they go on a spouse's plan participating in the marketplaces? Certainly, for individuals who have lower incomes, maybe Medicaid is an option for them.

Lizette: Sure.

Monica: Again, I definitely understand people's frustration in them wanting more choice. I think, for most Americans, we always want more choice, but I do think the thing I try to focus on is things are certainly better for the cancer community post Affordable Care Act and we still have the Affordable Care Act as the law.

Lizette: That is good to know. Thank you. And there are no differences now for eligibility for insurance?

Monica: The eligibility requirements have stayed the same. In order to buy insurance in the marketplace, individuals have to be U.S. citizens or lawfully present to participate in the marketplace plans. There also has not been any changes in terms of financial assistance. A lot of people will say, “why do I have to purchase in these marketplaces?” “Why can’t I just go buy insurance?” Certainly, someone could just go to a health insurance company and buy a policy. The difference is for people who purchase through the Affordable Care Act marketplaces, they will be eligible, depending on their household size and income level, they may be eligible for financial assistance. There are 2 types of financial assistance:

There is a premium tax credit which will reduce the amount that people pay monthly to just have health insurance. Then, there is another type of financial assistance called “cost sharing subsidies” and that helps with costs such as co-payments, and deductibles, and co-insurance. This year, in 2017, 84% of all of the people who purchased plans through the marketplace, got a tax credit to help with those premiums; and about half, got help paying for those other costs such as deductibles and co-payments. A huge number of people are getting financial assistance through the marketplaces and I think that is a really important thing for people to understand when they are trying to figure out where to go to purchase insurance.

Lizette: Sure; and a lot of our folks with blood cancers are older so a lot of people do have Medicare. They always have questions as to whether they need a supplement; especially with a cancer diagnosis. Can they get a cancer supplement with a cancer diagnosis and what are the things they should do just to cover all of the additional costs that their cancer brings about?

Monica: So, how much time do we have on this Podcast? We can spend a lot of time talking about Medicare. Medicare is so complicated, and I think a lot of times, seniors and individuals with disabilities are thrown into this Medicare maze without a huge amount of guidance. I will say, for the sake of time, Triage Cancer does have a webinar on the Medicare maze where we spend a whole hour going step-by-step through the different parts of Medicare and how all of the different plans work together. I do think it is very important—we are coming up on open enrollment. Open enrollment starts October 15th for Medicare and goes through December 7th and that is the time in which new enrollees can pick plans; or when people who already have

Medicare, can change their plans. This is a very important time in the year for individuals who are on Medicare because, just because you had one plan last year, does not mean you have to keep that plan moving forward. I do think that there are options for some folks who might be trying to figure out, “do I need to buy a supplemental plan?” or “maybe I should choose a Medicare Advantage Plan?” which may cover things differently. I will say that there are entities out there that can help individuals one-on-one decide what their best options are. You can find that information on Triage Cancer’s website, which is just tragecancer.org. For people who are trying to figure out if they need to buy a supplemental plan or not, that might be a great option. Insurance brokers may not be the best place for people to access that kind of advice because, certainly, they have their own motivations so going to some of these non-profits or government-funded entities might be a great option for people trying to figure out what their options are.

Lizette: Great. Thank you.

Alicia: And in regards to getting organized, I know that we receive calls with someone who was diagnosed and they’re calling on behalf of themselves, or a family member or friend, and they say, “okay, who do I talk to about the financial aspect of this diagnoses?” So, what would you suggest for them to do at that moment when they are getting organized and preparing their short-term plan regarding their finances?

Monica: Fantastic question and I wish that more individuals asked it early on, but the reality is that once someone hears that you have cancer, money isn’t usually the first thing they think of, which is perfectly reasonable. We also know that the financial burden and this new term that we are all using, “financial toxicity” of cancer has a huge impact on quality of life for individuals.

Having a conversation with your healthcare providers is one of the most important things that I think patients can do right off the bat. We are in a situation now where there may be multiple treatment options for people. If someone brings up the financial aspects, a healthcare provider now has more information and may be able to make a different treatment decision which, let’s say, might be covered by their particular insurance policy. Or maybe it is a treatment decision that would mean that an individual could keep working, as opposed to having to take off an extended period of time, and then that would change somebody’s financial treatment. For example, maybe oral chemo might be better than IV chemo for that particular person. We

would never want someone to have a less effective form of treatment for financial reasons, if you never have the conversation, the healthcare team is not operating with all of the information.

Alicia: That is a great point! And you mentioned options and something that you've made clear during this podcast is that patients do have options, options do exist. And so, one of those options being case managers, now we received a question on our social platform, called LLS Community, and one of the questions was, "should I request a case manager from the insurance company?" Now, is that something that you think is a great idea? Is that something that is available to everyone? What are your thoughts on that?

Monica: In the broadest terms possible, I would say getting all the help you can get is always going to be a good thing. Two things that I want to say about that. First, not every health insurance policy or company is going to offer the service of a case manager so that is not something that is going to be available to everybody; but if it is, certainly accessing that assistance might be helpful because, what it allows, is that you are dealing with one person along the way at a company, as opposed to just calling that general number and you get whoever happens to just pick up the phone, and you might have to tell your story or talk about the situation a hundred times before you get an answer. That is one benefit to the case manager model. The other caveat to this is that you have to remember that the case managers will still be working for the health insurance company. Just keeping that in mind and certainly they will be working to help you, but their main responsibility is to their employer which is the health insurance company.

Alicia: Right. And for many young adults, they have concerns that may differ from other patients and other age groups. And they need to make difficult decisions whether they are in high school, college or living on their own or they may also live far away from their families and they worry about having insurance or not having insurance or staying insured. What are suggestions that you have for young adults that may be dealing with the issue of insurance after a cancer diagnosis?

Monica: It is so true. Young adults are definitely put in a challenging position for a whole host of reasons—some of which you mentioned, but also many young adults do not have the savings that older individuals might have. They don't necessarily have the support systems that people a little further along in life might have. Their jobs may not be offering health insurance, or they may not yet be in a career where they

have the ability to take time off and access different laws. Certainly, for young adults, there are a whole host of additional challenges that they have to deal with, but I think that the advice is still the same. Make sure that you are getting all of the information. Understand how health insurance works. Talk with your healthcare providers so that you understand, or they understand what their treatment is going to look like. What things may or may not be covered by their health insurance policy. What financial assistance options might be available to them? I think that a lot of times young adults are quick to go to social media for support and that is generally something that we say, "take a beat, think about it" because the concept of disclosure is very important to us; that people are making educated decisions around disclosing their cancer diagnosis because there may be long-ranging ramifications for disclosing their cancer diagnosis. Coming back to health insurance specifically, I think the great news is that, under the Affordable Care Act now, young adults under the age of 26, have one additional option which is that they can stay or go back to their parents' health insurance plan. This is a very important thing. We saw over 3 ½ million young adults now get health insurance access that did not have it before the Affordable Care Act. That is pretty significant. I would also just say again that the importance of having the conversation. Many of us feel uncomfortable talking about money, but it is so important to have the conversations because there may be resources out there that you may never find out about unless you have the conversation

Lizette: Sure; and I know that we are focusing on insurance, but you brought up a good point that it may impact someone, especially a young adult that may be starting on their career path, to let their employers know about their cancer diagnosis. Is that something that young adults have to do? Is it something where legally you have to disclose your cancer diagnosis to your employer?

Monica: This conversation is really much more wide ranging than just young adults. This is really applicable to anyone in that, under the law, you are not required to disclose your cancer diagnosis. There may be some benefits to disclosing some information about your medical situation. For example, if you were trying to access protection under the Americans with Disabilities Act or access leave under the Family Medical Leave Act, employers are entitled to know something about your medical condition so that they can certify that you are, in fact, eligible for those protections. You don't necessarily have to disclose the exact diagnosis or the details around it. For some people, keeping that information private is very, very important to them. In a place in life where so much of your power and control is taken away from you, we try to really empower individuals to know that deciding to disclose or not, whether it be on

social media, to friends and family, to an employer, that is a choice. That is very important to us. In fact, we have a quick guide that is dedicated to this concept of disclosure and privacy and medical certification. It is an introduction to this concept of why you may or may not want to disclose. Certainly, not disclosing is not going to feel right to a lot of people. If this is a huge life-changing situation, of course I would disclose, but again, it is about having all the information and making an educated decision around it; and then understanding what exactly it is that you would benefit from disclosing, if you chose to do so, that there are laws out there that you may benefit from.

Lizette: Sure. Exactly. Thank you. What do you do if you are uninsured and, all of a sudden, you get a cancer diagnosis which, basically, you probably went in through an emergency room of a hospital.

Monica: Yes; this is really challenging. This is one of the things that the Affordable Care Act, at its core, tried to address—to get more people insured because we have data; we have evidence that shows there is a direct correlation between having health insurance and better outcomes. Unfortunately, the reality is that the Affordable Care Act is not a perfect law. In fact, no such thing exists. One of the ways in which the Affordable Care Act falls short is that it really still leaves many people living in this country without health insurance. The wonderful thing is that there are organizations out there, like LLS, that offer financial assistance help to individuals who do not have health insurance. There are community clinics and hospitals that provide charity care for individuals who may not have health insurance but have lower incomes and qualify in their states. Perhaps they can access Medicaid, which is one of the 2 federal health insurance programs available; one of two, and it is for individuals, particularly with lower incomes.

Lizette: Is it true that most people in the United States have either Medicaid or Medicare to cover them more so than private insurance?

Monica: Of Americans, there is a vast—I shouldn't say vast majority. A majority of Americans receive their health insurance through Medicare or Medicaid. That is correct.

Alicia: Monica looking at your website www.triagecancer.org, I see that there is a mention about clinical trials. And here at LLS, that is something that we speak very highly of and educate our patients about, because many times clinical trials are only

seen as a last option, and it should be seen as a very viable option for treatment period. So, when it comes to insurance, finances and now the introduction of clinical trials into a patient's treatment plan. What are your thoughts about that? Is that a conversation that they should have with their healthcare team?

Monica: Clinical trials are so important to the cancer community. In fact, we wouldn't have any of the treatments that we have today if it weren't for clinical trials, but there is still a lot of misconceptions about clinical trials and fear around participating in clinical trials. We are still hearing, even from healthcare professionals that we train around the country, we are still hearing that there is belief that if you enter a clinical trial, you can get a sugar pill as opposed to actual cancer treatment. That is just not the way that cancer clinical trials work. By participating in the clinical trial, you will still get, at a minimum, the standard of care, but most clinical trials are testing standard of care plus something else. Clinical trials are a wonderful way for individuals who might be looking for an alternative treatment or might be looking to get some help with the financial aspects of treatment to participate. I think that having the conversation with your healthcare team about—is there a clinical trial in existence that I might be eligible for that might benefit me, is a great conversation to have. I look at it as—what is the worse they could say? No; there isn't a clinical trial for you. Then, you move on with the treatment plan that was decided on. But if you never ask the question, you may be missing out on some additional information. In terms of costs specifically, what we were seeing happening in the past and, by the past I mean pre-Affordable Care Act, was that some insurance companies would say, "Oh, well, you are participating in a clinical trial, we are now not responsible for paying for any of your healthcare costs." That would be people in a really challenging financial situation. What the Affordable Care Act said, and some state laws already have this, but the Affordable Care Act made it across the country; it said that even if someone is participating in a clinical trial, the insurance company still has to pay for the routine costs associated with somebody's care. For example, let's say that the routine care that someone would receive included 3 of a particular lab test a year, but the clinical trial wanted you to get 6 a year, the insurance company would still have to cover the 3 that they would have covered if that person was never in a clinical trial. Typically, the clinical trial will cover those additional 3 that they are looking for and that they are testing. It is very important for people to know that they are not going to get penalized, so to speak, for participating in these clinical trials.

Alicia: Right. You actually touched upon a good point in regards to cancer treatment costs and medication. I know there is a lot of questions about, "alright, I am in

treatment and now there is generic vs. branded” and all those conversations surrounding costs for medication. What is your take or your suggestion about those who may have difficulty paying for their prescribed medication?

Monica: I am going even take one step back and say that the most important thing that people can do I make sure they have an adequate health insurance policy. That starts in open enrollment. Making sure that people are looking at a particular formulary and understanding what drugs may or may not be covered under a prescription drug plan for an insurance policy. Now, certainly, it is not perfect for everybody. People don't always get diagnosed where they can then make those kinds of decisions, but if someone is in active treatment now and their drugs are not being covered; guess what, open enrollment is coming up and we may have some additional choices and options for people. If someone has a policy that isn't covering a particular drug, again there are some programs out there to help pay for prescription drugs. All of the pharmaceutical companies have wonderful financial assistance programs. There is usually an application that someone has to fill out to explain why they are having difficulty covering a particular drug. If they are approved, those pharmaceutical companies will give them the drug at either a greatly reduced cost or sometimes even for free depending on the situation so that is certainly one option. If someone is in that situation and can't quite navigate the process, if you go to cancerfinances.org and click on "I need financial assistance", it takes you down the line and we have some resources there that will guide people to various entities that can help them fill out these pharmaceutical company financial assistance program applications. It is very, very important for people to understand that there are options out there. None of them are perfect. People may have to start thinking creatively as well.

A couple of weeks ago, I was chatting with someone and she was talking about the fact that she couldn't pay for her drug, but she didn't qualify for these particular programs. We sort of kept talking, kept talking, kept talking and she said to me, "yeah, I have money for my mortgage. I have money for my utility bills. I have money for my groceries." I said, "well, wait a minute, maybe you can qualify for help getting utility assistance and the money you have saved for your gas bill can go to help pay for your prescription drugs." She looked at me like I had two heads. She had never thought of that before. Sometimes we get a little bit of tunnel vision when it comes to this and it is completely understandable. This is so overwhelming, and you are dealing with issues sometimes of mortality and to try to figure out how to pay for it, to pay for treatment, is one extra thing. I really try to urge people to think creatively about the different financial assistance options that are out there and can

you move the money that you may have around to try to cover everything that you need.

Lizette: That's great. I have talked to a lot of people and I know that I didn't know this when I was a young adult, but I didn't know that you could actually appeal insurance denials. I would get insurance denials and I guess I would just pay for it. I didn't know that I could actually appeal an insurance denial.

Monica: Yes. Do not take no for an answer.

Lizette: It is very important for cancer patients because these denials are for larger items. It is not just maybe medication, but it may be for testing that patients truly need—diagnostics.

Monica: Absolutely. We see denials for all sorts of reasons. Sometimes it is as simple as a coding error. Someone wrote down the wrong code and so the insurance company denies it. Sometimes it is about the fact that a particular treatment is considered experimental. This happens a lot in the cancer context. It is also known as off-label drug use. For example, if a drug has been approved to be a (and I am making this up) to be a lung cancer drug, but then some studies have shown it being really useful in a blood cancer and your doctor prescribes it for your blood cancer, the insurance company might say, "well, this is a lung cancer drug. You don't have lung cancer. It is off label. We are denying you." You can then use the appeals process to submit additional documentation and evidence and information from your healthcare team to show the health insurance company why they should, in fact, cover it. Every insurance company has something called an internal appeals process. When you get that claim denial, usually it is about 5 pages of paper in the mail and it looks like another language, somewhere in all of that, should be information about how to appeal the claim. It is really critical for folks to keep an eye on that because there are deadlines that they have to meet. There also may be specific things that the insurance company requires that they submit certain documentation, a form; whatever it is, you want to make sure you are following those rules. If you go through the entire internal appeals process and the insurance company still says, "no, we are not covering it", thanks to the Affordable Care Act every state has an external appeals process, which is also called an "independent medical review". This is a third-party entity that is not related to the insurance company that will look at all of the documentation and the policy and make a decision as to whether or not the insurance company should pay for

the claim. We actually have studies that somewhere between 39 to 59% of all appeals are won.

Lizette and Alicia: Wow!

Monica: Yeah. There is a lot of opportunity for people to get their claims covered, at least partially where if, like Lizette, you don't even know you have that right, (which why would you know that unless you do this for a living, why would you know that) you may be stuck with huge medical bills. As I talked about earlier, it is not just about the money. We know that the financial stress and the financial toxicity has an impact on somebody's quality of life, stress levels, anxiety, and then that translates into somebody's physical health as well.

Lizette: Sure. A lot of cancer patients don't even realize that they do have, as part of their treatment team, a social worker or a nurse, who can actually help them with these appeals, as well as contacting tragecancer.org or contacting us and speaking with an information specialists to help guide them to see who can help them with some of these denials.

Monica: Absolutely. It is so imperative to enlist the help of your healthcare team. Thinking broadly, like you just mentioned, Lizette, about your healthcare team, who actually is in your healthcare team, can include much more than just your physician, or your nurse, because there could be social workers; there could be case managers; there could be financial navigators depending upon where you are receiving treatment. Look to these fantastic organizations that are dedicated to helping patients get through all of this sort of the least scathed as possible because it is so critical to use the system to your advantage.

Lizette: Sure; and if it is almost up to 59%, then it is definitely worth it—definitely is because a lot of patients are talking to us about spending their money on medication rather than their groceries. Monica, what you are saying is very real.

Monica: Very real. Just as a side note, I was speaking broadly about private health insurance plans, but it is important for people to know that if you have an employer-sponsored plan or Medicare or Medicaid or even veterans' health, all of those different types of insurance have appeals processes in place.

Lizette: Good to know.

Alicia: I think the information your sharing is very, very important. I think that once people hear insurance or their diagnosis, they automatically start thinking about everything that they've heard about those two things. Whether it be something they heard from a friend or read or headlines, those become very much a part of their thinking. And so, with one of those things comes the issue of pre-existing conditions. Some people hear it and it seems pretty self-explanatory, but then they don't actually know the details of it so can you clear up any confusion or can you explain what that is and how that may affect someone's diagnosis and what's available to them insurance wise?

Monica: Absolutely. The current law that we have is under the Affordable Care Act; otherwise known as Obamacare. It is the same thing—just 2 different names for it. Insurance companies are no longer allowed to deny selling somebody a policy because they have a pre-existing condition, like cancer, and they can't charge them more. It is really important for people to keep those 2 pieces connected because if we start to separate them, which has been proposed in some of the recent legislative proposals, then what ends up happening is we may have a law that says you can't be denied participating in insurance because you have a pre-existing condition, but there's no limit on how much you can be charged for it. Being able to get insurance that you can't afford is equal to not being able to get insurance. We really want people to keep those 2 pieces connected. That is sort of one thing that I have been disappointed with--some of the media coverage that has been occurring in the last several months. It is really not their fault. This is complicated and to try to explain this in a 2-minute news segment or in a 1-inch long newspaper column is impossible, but I really want the cancer community to understand that we have to keep those 2 pieces together. That individuals cannot be denied based on a pre-existing condition and they can't be charged more based on a pre-existing condition. I think that is such an important piece to this and, while recent attempts to appeal the Affordable Care Act have failed, we never know what is going to happen in the future. I was so impressed with the cancer community's advocacy over the last few months in contacting elected officials and really making sure that elected officials understood the real-life implications of some of the proposals. It worked because we still have the Affordable Care Act. Again, I don't think it is a perfect law, but I certainly think it has improved things for the cancer community leaps and bounds. Moving forward, I think it is important for people to keep talking with their elected officials; keep talking with friends and family so that they understand that this really shouldn't be about politics and that it really should be about good policy. As we talked about, having insurance coverage leads to better health outcomes and ultimately that is what we are all working towards.

Lizette: I know a lot of patients—they bring up the pre-existing condition to us—those questions. They have also brought up to us the issue of insurances may have a lifetime cap on what they can pay out. For cancer patients, that can be very high. Treatment are more and more expensive every day. Having a lifetime cap on what your insurance could pay, somebody can tap that out in half a year sometimes with a blood cancer.

Monica: Yes. It was common health insurance industry practice to impose either lifetime limits, like you mentioned, or even annual limits on the dollars that a policy would pay out for a particular individual's healthcare. The Affordable Care Act says that insurance companies can no longer do that on something called "essential health benefits". Essential health benefits are 10 categories of things that most of us think our health insurance policies should cover—ER care, prescription drugs, ambulatory care, seeing your doctor—those are essential health benefits. After the Affordable Care Act, insurance companies can no longer place these annual or lifetime dollar limits on what they pay out for somebody's healthcare. Everything that you guys are talking about are the details that were left out in a lot of the discussions around repeal and replace of the Affordable Care Act. If you ask me, the devil is in the details.

Lizette: That is what they keep saying, but we don't know all the details yet. We will figure it out, but at the same time, it is good that you are letting us know that right now, there are no changes and all of these still stand.

Monica: Absolutely.

Lizette: That is comforting for our cancer patients.

Monica: Absolutely; and really for people who are concerned about things changing, it is so important to be talking with their elected officials because I think we saw how important grass roots advocacy really is in the last few months. Prior to this administration, many of the U.S. senators and Congress people were saying that we should just repeal and replace the Affordable Care Act, but when push came to shove, their votes did not reflect that because I think they really heard from constituents what that means to real lives.

Lizette: Sure.



Alicia: So, Monica for the person that's listening right now and they're saying to themselves, I'm still worried, I have no idea what to do. As a recap, what would you say to them to help instill hope and appease that fear of bills piling up, insurance being complex and just uncertainty? What would you tell them?

Monica: First of all, get informed. Watch the Triage Cancer webinar in October on how to pick a policy. Make sure you are picking the most appropriate policy for you and your family come open enrollment. This year, open enrollment for the marketplace is significantly shorter than has been in the past. It is only from November 1 to December 15. If you don't purchase a plan within open enrollment and you don't have any life-changing event like losing your job, you can't get health insurance for the rest of the year. That is true for employer-sponsored plans, or Medicare, or a marketplace plan. Getting informed, making sure you are paying attention to this upcoming open enrollment and, I think, using your voice is very important, however that might be, whether that's talking to your elected officials or just chatting with your friends and family so they understand what all of this means. You don't have to necessarily disclose all of the details of your particular diagnosis or your experience to be an advocate. You can still do that and explain to, let's say, elected officials why these issues are so important without necessarily disclosing your personal involvement. Recap: Get informed. Make the best choices for you and your family come open enrollment; and use your voice.

Lizette: Thank you. This is Monica Bryant from Triage Cancer which is www.triagecancer.org. Thank you.