

The Bloodline with Blood Cancer United Podcast

A Podcast for Patients and Caregivers

Episode: 'Health Coverage for 2026 and Protecting Yourself from Medical Debt'

Description:

Choosing the right health insurance plan can make all the difference in protecting your health and finances.

In this episode, Bethany Lilly, Executive Director of Public Policy at Blood Cancer United, discusses important updates to healthcare insurance enrollment for 2026. Bethany explains what patients and caregivers need to know about changes to the Healthcare Marketplace and Medicare, how to avoid falling into medical debt, and the resources available to help you make informed decisions.

Whether you're reviewing employer coverage, Marketplace plans, or Medicare options, this episode will help you prepare with confidence.

Transcript:

Elissa: Welcome to *The Bloodline with Blood Cancer United*. I'm Elissa.

Holly: And I'm Holly. Thank you so much for joining us on this episode.

Elissa: Today, we'll be speaking to Bethany Lilly, the Executive Director of Public Policy at Blood Cancer United, formerly The Leukemia & Lymphoma Society, where she leads policy analysis, development, and research on all areas of engagement for the Office of Public Policy. Welcome, Bethany.

Bethany Lilly: Hi, it's great to be with you today.

Blood Cancer United

Elissa: Well, thanks for being here. So, let's discuss healthcare insurance for 2026, which most Americans will be enrolling in very soon. First, could you please explain what the Healthcare Marketplace is; and then are there any changes with the marketplace or other insurances that patients need to be aware of?

Bethany: Sure. So, the Healthcare Marketplace is where people go to shop for what we call Affordable Care Act (ACA) insurance. This is either run by the federal government, and you log in at HealthCare.gov, or you can buy insurance through your state marketplace. That's in a couple of states. We can put a list of the states in the notes for the show.

And that insurance is really comprehensive, high-quality insurance that people who don't have insurance through their job or who aren't eligible yet for Medicare can purchase to ensure that they have comprehensive health insurance.

In terms of changes to this type of coverage, we had a new law passed back in July, also called One Big Beautiful Bill. That bill made some changes to how you will sign up for health insurance on HealthCare.gov or on your state marketplace this year. And we wanted to make sure everybody was aware of those changes.

This year, you're going to need to take a little extra time when you're signing up because there are going to be some more demands for additional paperwork, especially when it comes to documenting your income. And this year, even if you're going to get the same insurance you had last year, and usually you just don't log in and you know you want the same insurance and it'll roll over, you need to log in. You actively need to go sign up for health insurance. If you don't, you're going to face a financial penalty.

So, these are some of the big changes; and I'd say my overall recommendation here is that you really need to make sure you have enough time to go through the application

Blood Cancer United

process this year. Open Enrollment will open at the end of October or in early November or early December, depending on where you live. And just make sure you have enough time to log in and select your insurance, to look at things like are your doctors covered? Are your medications covered?

Elissa: Right, okay, and we'll go over all of those details in a bit here.

Now, you mentioned extra paperwork. I think all of us on this call are a little old enough to remember back before the ACA was passed and we had to fill out tons of information to get health insurance. Is that getting back to a similar thing, or is it just a little extra information, say, on what your income level is and things like that?

Bethany: So, this year, for the healthcare plan that you'll have in 2026, it's not that much paperwork. And this health insurance still can't discriminate against you if you have a preexisting condition. It has to cover everybody. Those protections are still there.

Really, it's probably going to be more proof of income, so you might need to add some additional paystubs or things like that. Also, most people do this, but if you haven't filed your taxes yet this year, you should definitely go file those because there's a new requirement that you have to have filed your taxes last year.

Elissa: Oh.

Bethany: So, I would just be very careful, log in, see if there are things that you weren't expecting to be asked for; and be prepared for maybe a couple new questions that you haven't seen before.

Elissa: Okay. Now with filing your taxes, I believe there are some people in this country that don't have to file taxes if they make too little or maybe they're just full-time

Blood Cancer United

caregivers for a spouse or something like that. What happens with them? Are they able to get onto the marketplace?

Bethany: So, I think it depends a little bit on where your income is because, remember, we have ACA marketplace coverage; but we also have Medicaid. And some of those caregivers may be relying on Medicaid for insurance, especially if you've had a new baby or if you've got young kids. Medicaid is very frequently how you're accessing health insurance.

Elissa: Yeah.

Bethany: Medicaid, you can sign up whenever you want, in terms of you can actually go on it as long as you're eligible, you can sign in and you can get your insurance.

For the ACA, it's a bit different. And so if you're higher income, you can check these levels state by state. I'll send something along so that you guys can add that to the show notes too. But if you are looking at ACA coverage, so you're kind of middle income, you are going to have to file your taxes and reconcile all of that. That will also make some of the income verification a little easier. So, there's two reasons to do it. But I will say, I think it kind of depends on what type of insurance you're looking for. If you're Medicare age and you're already in Medicare, you don't have to worry about any of this, which is kind of nice.

Elissa: All right, good. Now, let's talk about Open Enrollment. So, that comes by once a year; and I believe this year they've listed for Healthcare.gov is November 1, 2025 through January 15, though I believe you mentioned some other modifications of dates, and that might be state depending?

Bethany: Yeah, that's state specific. So, I would definitely check your state, see when Open Enrollment is. As I said, we can put some links in the show notes for this. And just

Blood Cancer United

double-check when your state's Open Enrollment dates are because they vary a little bit.

Elissa: Perfect.

Bethany: I will say looking ahead to when you sign up for health insurance at the end of next year, those days are going to change pretty dramatically. So, I'll have to come back and chat with you guys again next year about how things are going to change even more next year.

Elissa: Okay, okay, yeah. It's good to know. So, please listeners, go check out when your state is opening up Open Enrollment. And then for listeners who may not know, Open Enrollment is the time that you choose your 2026 insurance plan on the Healthcare Marketplace. And for those listening who are on employer-based insurance, they may also have a short period of time in the fall to choose an insurance plan. I believe ours is coming up very shortly at Blood Cancer United, and so we're preparing for that as well. And so, as a blood cancer patient that might be listening, why does the type of insurance you get matter?

Bethany: It matters because that defines which doctors you can go see, what medications are covered, those very basic things like making sure you can get in to see your doctor and making sure that the med that you have to take every day or every couple of days, that that's covered.

It also matters in terms of finances. There are premiums, which is that amount you pay every day. There are also deductibles, which is the amount of money that over time you'll have to pay before your insurance kicks in to cover certain things. Those things vary a lot, and so it's really a good idea to take a look at your options and say, even if you're in employer coverage, I know I'll be looking at my options this year. And say, "Okay, is my medication still covered? Can I still see the doctor I want to see?"

Blood Cancer United

What is my premium going to be? What's my deductible going to be?" Usually, your premium and your deductible are related. So, if you're paying a higher premium, you have a lower deductible. And sometimes that's worth it if you know, for instance, that you're going to need a knee replacement next year or something along those lines. You might want to take that into account as well.

We have a whole selection of *How Do I?* videos available on the Blood Cancer United website where you can go, and they'll walk you through the basic steps of what you should be thinking about, how should this be working, what should I be paying attention to, because I think especially for blood cancer patients, we all know how expensive accessing medications and accessing the right doctors can be. And it can be really important to dig into the details.

Elissa: Now, there's a lot more though than just looking at the premium or maybe making sure your medication's covered or that your doctor is on the plan, right? I mean there's kind of a whole host of things to see what is really the best thing for you.

Bethany: There is. I mean, I'm a lawyer who does healthcare policy for a living, and you would think I would know all the answers to these questions. But I don't always. If I'm trying to figure out, okay, I know this year I need this, is it going to be in or out of network? Is it going to be something that I have to pay coinsurance for, which is where you're paying a percentage of what the insurance company is being charged, or do I have a copay for it, which is a flat fee that you pay for each individual service?

So, this can get pretty detailed pretty quickly. I will say, and this is a new thing that Blood Cancer United has, but I'm very excited about it. We have really experienced medical debt case managers who know a lot about insurance. And as we go into Open Enrollment, they have offered to work with our patients to review their health insurance. So, if you have questions about coinsurance versus copays or you have

Blood Cancer United

questions about, “I can’t find the formulary for this plan,” we have resources that you can reach out to. Don’t let the name fool you. Like they are medical debt case managers. That’s what they spend a lot of time doing. But it’s really important to have good insurance. That’s kind of how you prevent medical debt.

Elissa: Yeah.

Bethany: And so, they would be very happy to help you if you have any questions about your insurance.

Elissa: Yeah, that’s really good to know because it can be very difficult, especially if you just aren’t as familiar with insurance and all the components. I remember I was on Medicaid when I went through my treatment for acute myeloid leukemia; and after the treatment was done, I had to get onto the Marketplace and get my own healthcare. And it wasn’t just about the smallest premium for the month. I had to think about so many other things. I was on monthly blood tests, and those are all against the deductible until the deductible is paid. And so that was \$250 a pop that was completely out of pocket until the deductible paid. So, I was thinking, okay, I need to not only think of premiums, but what is the deductible. And it turned out I really kind of needed the lowest deductible possible, which means the highest, highest gold plan. But also making sure my doctor was covered because, obviously, I want to stay with my oncologist as I’m finishing treatment.

And there’s just so many things to think about. So, it’s really good that there is somebody at Blood Cancer United to be able to walk patients through and really make sure that they’re covering all the things that they need to have covered.

Holly: Bethany, you talked about a word earlier, and I want to circle around back to that. And that is the word formulary. Not everybody who’s listening might be familiar

with that term. Could you give us a definition of formulary and what it means in the healthcare industry?

Bethany: Sure. So, this is a list of drugs that a health insurance company will cover. I will say there are a lot of rules about what health insurance companies have to put on that list. But it's really important to go look through and sometimes they're tiered, so there will be breakdowns of the different types of drugs. Sometimes they're not. But it's very important to go take a look at that and make sure that if you're signing up for a new health insurance and you have a medication that you have to take, that that medication is listed.

I'll also note that there are some differences between brand and generic coverage. And so, if you know that you and your doctor want to be on the brand drug for any particular reason – I have a friend who has to take the brand drug because he has Celiac disease, and he can't be guaranteed that the generic doesn't have gluten in it. And so those are kind of things that I think it's important to take a look at and see when it comes to a formulary kind of what's covered, are they covering the specific thing that I need?

Elissa: So, in addition to the Healthcare Marketplace, there is also Open Enrollment for Medicare, correct?

Bethany: Yes. Open Enrollment for Medicare this year is October 15 thru December 7. And again, this is a really good opportunity for people to take a look at their insurance and make sure that it's covering the things that they need.

So, if you were having trouble getting something covered last year, maybe you couldn't see a doctor you wanted to, logging in and making sure that you have the right Medicare plans can be really important.

Blood Cancer United

Elissa: Okay, does that include Medicare Advantage Plans?

Bethany: It does include Medicare Advantage Plans.

Elissa: Okay.

Bethany: Supplemental plans in Medicare are a little different. So you've got Traditional Medicare. And usually with that, you buy parts of it; and then you have an additional Part D plan. And then most people have an additional supplemental plan on top of that. Medicare Advantage kind of wraps all of those individual letter plans together-

Elissa: Okay.

Bethany: -Medicare Advantage has some advantages, and Traditional Medicare has some advantages. That supplemental coverage is really important when people are signing up because there isn't an out-of-pocket cap on one part of Traditional Medicare. And so, people can go and talk to some folks at the state level called SHIP counselors who are happy to walk them through what their options are.

I sent my parents to the SHIP counselor when they became eligible for Medicare, and they really enjoyed it. They found it very helpful. So, would highly recommend that if folks are looking at their Medicare options, they go and talk to their state SHIP counselor.

Elissa: Okay, that is good to know. And then for supplement plans, can they sign up for that as they're signing up for Open Enrollment for Medicare; or do they have to go and do the Marketplace signup?

Blood Cancer United

Bethany: Nope. They can sign up as part of Medicare enrollment. I will say most people have to make a decision when they first sign up for Medicare whether they're going to do Medicare Advantage or Traditional Medicare and a supplement.

Elissa: Okay.

Bethany: One of the challenges is that once you're in one of those programs or the other, it's a little hard to go back and forth. So, especially if you're a blood cancer patient. I would be taking a really close look at the Medicare Advantage networks in your area. And if, for instance, you have to travel out of state to go see your regular provider, you really might want to think about Traditional Medicare. That's a really good question to take to your state SHIP counselor, and we can include a link in the show notes to state SHIP programs just so people can find them in their right state. But it gets a little complicated, and it depends a lot on which doctors you're looking at.

Elissa: Okay. Now are they also going to HealthCare.gov to be able to sign up for Medicare, or is that different?

Bethany: They can definitely go to HealthCare.gov and HealthCare.gov will send them directly to the right place, which is the nice thing about HealthCare.gov. It has a lot of information, and it also tends to send people to the right things.

I also want to mention if you don't want to go to the website and you would prefer to call someone, HealthCare.gov does have a phone number. It's 1-800-318-2596. And I'll say it again just in case people are writing it down - 1-800-318-2596.

Elissa: Perfect, that's great because I know that not everybody is comfortable with websites; and so that's great to be able to call a number and to have them walk you through enrollment.

Blood Cancer United

Holly: Now, you also mentioned some upcoming changes earlier. How might these changes affect patients?

Bethany: Well, as I said, I've been encouraging everybody to kind of take more time with their enrollment this year because we're really worried people are going to get lost through the cracks, that people are going to go onto sign up for coverage and maybe not have filed their taxes or maybe not have the particular kind of proof of income that people need.

I will say the thing that I'm most worried about is people aren't going to realize that they can't do the same thing this year that they usually do and just let their coverage roll over, that they have to go in and log in and make sure that they're affirming that, yes, this is the coverage I want because those financial penalties, they're not very much. They're about \$5 a month, but no one should be paying that. And we don't want people to not end up getting reenrolled because that premium doesn't get paid. So, I'm really worried about that part of it, and I think people should really just know that there are some changes this year. It's not going to be like the usual process and to make sure that they take all the time they need.

Elissa: One of the changes that I guess we aren't completely clear about are the premium tax credits.

Bethany: Yeah.

Elissa: Can we discuss that because when I was at the Spring Lobby Day with you this year, Bethany, in DC.

Bethany: Thank you for coming to DC and talking to your members of Congress.

Elissa: Yes. And so, it was so important though, and I remember we met a gentleman there who was from North Carolina, a myeloma patient. And he was going to go from

Blood Cancer United

paying \$200 a month to, I believe, around \$2,000 a month because that amount was subsidized; and it shows up on his Marketplace that is the amount that subsidized for him.

And how do you afford something like that? \$2,000 a month. And so, could you talk about these premium tax credits and what they mean for patients?

Bethany: Yeah. So, specifically with Marketplace coverage, we provide, as a nation, tax credits to help people afford this. And a couple years ago, because healthcare has been getting so much more expensive, Congress said, “We really need to increase the amount of these tax credits because it’s not helping people enough.” To your point, people can’t afford \$2,000 a month.

Elissa: Yeah.

Bethany: And so, they provided what we call enhanced premium tax credits, which is just a very fancy way of saying they increase the value of the tax credits. But unfortunately, that expires at the end of this year. So, if you’re getting Marketplace coverage right now, you are getting those enhanced premium tax credits.

Unfortunately, because they expire, right now health insurance companies are having to define their rates and figure out how much to charge next year. And we’re seeing rates skyrocket across the country because they’re very worried these enhanced premium tax credits aren’t going to get renewed.

Elissa: Okay.

Bethany: So, we are working very closely across OPP, our Office of Public Policy, to try and convince Congress that they need to do this, and they need to do this as soon as possible. If that’s something you’re interested in working on, we can put instructions in the show notes on how to get engaged with OPP. If we don’t see these tax credits

Blood Cancer United

renewed, we are going to see premiums go from \$200 to \$2,000. That's in North Carolina. There are similar jumps across the country. And we're really worried that this also means people aren't going to get health insurance. And unfortunately, there are hundreds of people across the country who aren't going to be able to afford that if we don't have these tax credits renewed.

Elissa: Yeah, absolutely. So, there is still a chance though. We haven't completely lost this. There is a chance if patients, caregivers are calling their representatives or getting involved with Blood Cancer United Advocacy, that we might still be able to get these renewed.

Bethany: Yep. And we're really hopeful that we can. I think right now health insurance companies are making those announcements. They're saying they've done something we call rate filing where basically they say, "Hey, here's what we're going to charge next year." And those numbers are really high, and so state government officials and I think the federal government officials, like members of Congress, are starting to pay attention to exactly how high those rates are in a way that they haven't before.

I understand it can be a little hard for people, theoretically, to understand, okay, yeah, it's a tax credit. We need to increase it. But like when you actually see that price differential, I think we've seen a lot more folks come out and say, "Oh, this is a problem. We need to fix this."

Elissa: Yeah.

Bethany: So, I think we've still got a shot. I think we can definitely do some more work. But it is really important to engage with your lawmakers right now and make sure that they know that this is a problem for you or a problem for someone you know.

Blood Cancer United

Elissa: Yeah, that is a great call to action for all of our listeners today to please get involved and make sure that we are keeping those premium tax credits that really benefit everybody, even really if you're on Medicaid or Medicare. Those expiring are going to potentially increase costs all across the board, right?

Bethany: They do. I mean, if you think about insurance, it's really there to spread the risk out. So, you are going to insure everyone in Medicare. You're going to insure everyone through Medicaid. And with the ACA coverage, if people sign up, they get their care paid for. But if they don't have health insurance, they are still going to go to the hospital. They are still going to need that care, and they end up receiving often care that they can't afford to pay for or other care that the hospitals aren't going to be able to get reimbursed.

So then, the hospitals look around to see where they can raise prices in other ways, and that totally makes sense. Like, they need to be able to keep their doors open and make sure that they can provide care to everybody who needs it. That means that it's likely that if there are more uninsured people, that we're going to see not only Medicaid costs go up but also see employer costs go up. So, our health insurance, for instance, because they have to make up that money somehow.

Elissa: Yeah, absolutely. Now, let's move on discuss medical debt, which can be a real problem that patients face. We already talked about the cost of medications and things that can happen if you're not having insurance that covers all of these things. Could you share a real-life example of a patient facing medical debt because of insurance?

Bethany: Sure. And, unfortunately, this is a story we hear pretty often.

I'm going to use a real story, but I'm not going to use the woman's name because she's asked us not to. But let's talk about Maria. Maria had a lot of misdiagnoses. Doctors

Blood Cancer United

weren't quite sure what was going on. But eventually she was diagnosed with non-Hodgkin lymphoma. She went through ten or more rounds of radiation. Her medical bills ended up exceeding \$100,000. But what she didn't know was that the insurance she had purchased – she had gone out, she had done her research. She thought she had bought insurance, but it didn't cover hospitalizations. And so, she was on the hook for that \$100,000 that she had been charged.

What she also didn't know is that the particular type of insurance she bought, that was a plan that had been subject to warnings from state governments across the country. This was a scam plan that many people, unfortunately, fell for. And it's really heartbreaking because Maria tried to do the right thing here. She tried to plan. She tried to buy comprehensive insurance. But, it was almost like she didn't have insurance at all. And so that's how people end up in medical debt, even people who are trying to do the right thing and prepare for bad situations.

I mentioned earlier you can go to [HealthCare.gov](https://www.healthcare.gov) or you can go to your state Marketplace to sign up for health insurance coverage. I would really recommend that if people are going to sign up and do this on their own, that they go just to those websites, because oftentimes if you're not on [HealthCare.gov](https://www.healthcare.gov) or you're not on your state's health insurance website, and it should say dot .gov at the end, you may be signing up for something that looks like a great deal but really isn't.

Elissa: Okay, that's good to know. Now, what are really some ways that patients can mitigate this situation? And is there anything they can do if they already have medical debt?

Bethany: If they have medical debt already, I really recommend that they reach out to our medical debt case managers. This is a new program that Blood Cancer United started last year. It's been really successful. These are folks who can help you work

Blood Cancer United

with your hospital, work with your provider, make sure that you either have an affordable payment plan. Or if you maybe are eligible for something called Charity Care or Free Care, they can help you navigate those different programs, depending on the particular circumstances you're in.

They're really amazing folks. We're so grateful for them. They've already worked through several million dollars' worth of blood cancer debt. So, I think if you're at all trying to figure out what to do with your medical debt, they should be your first stop.

Elissa: That's wonderful. And is there anything that patients can do to really mitigate preventing medical debt, or is it really making sure that you choose the best plan for your situation?

Bethany: It's really to go and make sure that your health insurance is going to cover what you need it to cover. Health insurance is supposed to be there for everyone on the worst day of their life, right? And that's kind of the point of insurance. So, people should be taking their time. They should be looking at insurance, and they should be thinking, okay, in a worst-case scenario, what do I want to have access to? And I think going to HealthCare.gov, talking to our medical debt case managers about this.

There are also state navigators in your state plan – you can find them on HealthCare.gov – who could help talk you through what your state's specific options are. There are a lot of resources out there to help you find that best insurance that works for you; but there are also a lot of scams out there, and people should be aware of that.

Elissa: Yeah. And, I mean, certainly myself and patients listening are probably going to say, "Hey, I was healthy until I wasn't." And these are things that you can't necessarily really expect to happen or know that they're going to happen, and they still do anyways. And so, it's good to be prepared and make sure that you have something

Blood Cancer United

that will protect you and hopefully prevent you from going into medical debt if you do get diagnosed.

Bethany: Exactly.

Holly: Now, for listeners who aren't aware, Blood Cancer United has a Public Policy and Patient Advocacy Department. What are we doing on the Public Policy side to make change for patients?

Bethany: So, as we discussed earlier, we're working on renewing those enhanced premium tax credits to make sure that people can afford their health coverage through the Marketplace. We're also working to take a look at this new law and try and keep health insurance as affordable as possible for everyone and as easy to access for everyone as possible.

There were some other changes that law made to Medicaid. There were some changes made to Medicare, and so we're doing our best to make sure that blood cancer patients aren't impacted by those changes to the extent possible.

And again, if you're interested in doing work like that with us, in taking a look at getting involved in your state and going to your state legislators or just calling them every once in a while, we would love to have you join our whole amazing group of advocates that we work with. We do work on a collection of other issues, and I'm very lucky to get to focus on a bunch of different things there. But I think those are kind of our top priorities right now.

Elissa: Okay. Now before we finish up today, we talked about the Open Enrollment time, which is the time of year that you can get your insurance. Now, I'm sure patients listening are going to be wondering what happens if I lose Medicaid or lose my job at

Blood Cancer United

some other point in the year. Can they still get insurance if they're losing qualified coverage?

Bethany: That's an excellent question and a really hard one because it depends a lot on the individual circumstances. So, as I said earlier, Medicaid, you can sign up for Medicaid when you become eligible for it. So, for instance, in some states, if you are going to have a baby, you will become eligible for Medicaid immediately. That is a qualifying event. For other things, if you've lost a job, that can be a qualifying event that'll get you able to sign up for health insurance. But it really depends on your particular circumstances.

This is actually another time where going to HealthCare.gov can be really helpful because you can just pull up the website; and once you go on, they'll ask about those circumstances. They'll say, "Have you lost a job recently? Has your income dramatically changed? Have other things changed?" That's actually one of the other changes that the new law made, unfortunately, though, was that it took away some of those circumstances.

And so, we're a little worried that that means that some people who, for instance, may have had a much worse year financially than they were anticipating or lost one of their jobs, those folks might not be able to sign up for new insurance right away. And so that's something that we're very worried about going forward.

Elissa: Okay, well that is good to know. And so, let's finish up today's episode with some key takeaways for patients and their loved ones as they prepare to choose their insurance for 2026. What should patients leave with today?

Bethany: Take your time this year. It's going to take a little longer. Even if you don't usually go back and double-check your insurance, you should do that this year. You

Blood Cancer United

should go back and take a look at what you're getting and make sure that it's covering what you need to cover.

We have a lot of resources to help with that. You can go check out our *How Do I?* videos on the Blood Cancer United website. You can go to HealthCare.gov or to your state's website and look for that dot .gov at the end and sign up for health insurance. Or, they really have a lot of very useful resources, including directing you to your state navigator programs that can also help with this.

And then finally, we have our Medical Debt Case Management program, and they, right now, despite the name, are doing health insurance assessments for folks. So, if you have questions about what you should be signing up for, that might be another great place to go. And just make sure that you double-check all of the work that you've been putting in to making sure you're making the right choices.

Elissa: That's good. That is great advice, and so thank you so much, Bethany, for joining us today and talking all about insurance and what patients and their loved ones really need to know going into 2026 and Open Enrollment. And like you said, we will be sure to have our *How Do I?* videos and our Medical Debt Case Management website in the show notes, so please check those out. And also, how to get involved with advocacy, and make sure that your voice is heard as a patient, as a caregiver, as a friend, loved one that cares about blood cancer patients and we're making sure that patients aren't just a number on a spreadsheet, a number on a page. We are people. We matter, and our voices matter and so, you know, really great to get involved with patient advocacy.

Listeners, please be sure to check out the show notes. And again, thanks for being here today.

Bethany: Wonderful to be with you.

Blood Cancer United

Elissa: And thank you to everyone listening today. *The Bloodline* with Blood Cancer United is one part of our mission to improve the quality of lives of patients and their families.

Did you know that you can get more involved with *The Bloodline* podcast? Be sure to check out Subscriber Lounge where you can gain access to exclusive content, discuss episodes with other listeners, make suggestions for future topics, or share your story to potentially be featured as a future guest. You will also receive an email notification for each new episode. Join for free today at TheBloodline.org/SubscriberLounge.

In addition to the Lounge, we could use your feedback to help us continue to provide engaging content for all people affected by cancer. We would like to ask you to complete a brief survey that can be found in the show notes or at TheBloodline.org. This is your opportunity to provide feedback and suggested topics that will help so many people.

We would also like to know about you and how we can serve you better. The survey is completely anonymous, and no identifying information will be taken. However, if you would like to contact Blood Cancer United staff, please email, TheBloodline@bloodcancerunited.org. We hope this podcast helped you today. Stay tuned for more information on the resources that Blood Cancer United has for you or your loved ones who have been affected by cancer.

Have you or a loved one been affected by a blood cancer? Blood Cancer United has many resources available to you – financial support, peer-to-peer connection, nutritional support, and more. We encourage patients and caregivers to contact our Information Specialists at 1-800-955-4572 or go to BloodCancerUnited.org/PatientSupport. You can find support with choosing an insurance plan at BloodCancerUnited.org/MedicalDebt or

Blood Cancer United

BloodCancerUnited.org/HowToVideos. Those are the *How Do I?* videos that we mentioned in the episode. These links and more will be found in the show notes or at TheBloodline.org.

Thank you again for listening. Be sure to subscribe to *The Bloodline* so you don't miss an episode. We look forward to having you join us next time.