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Legal Aspects of Navigating through Cancer Diagnosis and Treatment

A cancer diagnosis is overwhelming and accompanied with high degrees of stress and confusion related to survival, current & future treatments, and managing finance related to those treatments. Moreover, there is heightened anxiety about continuing employment, accessing healthcare, government benefits and taking medical leave through treatment. We are talking to attorney Shelly Rosenfeld of Cancer Legal Resource Center (CLRC) to understand the legal aspects of navigating through cancer diagnosis and treatment.

Full Transcript:

Shweta Mishra: Good Afternoon everyone and welcome to CureTalks. This is Shweta Mishra, your host and today we are talking about the legal aspects of navigating through cancer diagnosis and treatment with **Shelly Rosenfeld, co-director of the Cancer Legal Resource Center**. As co-director, Shelly provides legal services to CLRC national telephone assistance line to people having to deal with cancer related legal issues, counselling cancer patients, health-care professionals and caregivers. Welcome to the CureTalks, Shelly. It's my pleasure to have you here today.

Shelly Rosenfeld: Thank you. It's my pleasure to be here.

Shweta Mishra: On the panel, we have multiple Myeloma Patient Advocate Matt Goldman and Cynthia Chmielewski. Matt was diagnosed with myeloma in 2011 and advocates by documenting his journey on his website **mattvsmyeloma.com**. Cindy on the panel sits on the advisory boards of the Patient Empowerment Network, Myeloma Crowd and the Philadelphia Multiple Myeloma Networking Group. She educates and advocates via Tweeting **@Myeloma Teacher** and posting on her **Myeloma Teacher Facebook page**. Madam Cindy, thank you so much for joining us today. Before we begin, I would like to tell our audience that we will be discussing questions sent in via email in the last few minutes of the call. So, you can send your questions to shweta@trialx.com or post them on the page where you are listening to the show right now and we'll be answering them based on the availability of time. With that I'll hand over to Matt now, to begin with his questions for Shelly. Matt it's all yours.

Matt Goldman: Thanks Shweta and thanks Shelly for your time. So, my first question is with offices reopening in various places right now. What about the cancer patient or anyone with lower immunity who just doesn't feel safe going back to the office or work environment?

Shelly Rosenfeld: Sure. That's a great question Matt. And Matt and Cindy thank you so much for your activism. So well, first of all, it's very realistic that with offices reopening up. It's a very difficult situation for someone with cancer who has concerns given that they have lowered immunity and it's also a little bit difficult as we're only coming to understand Covid-19, to understand a lot of the implications, and the disease itself and the implications for those with cancer. So, first of all, a very natural question is can an employee stay home under for example, the Family and Medical Leave Act or the FMLA to avoid getting the covid-19 illness. So, the FMLA, that protects eligible employees who are incapacitated by serious health condition and that could be the case if somebody has covid-19. But leave taken by an employee for the purpose of avoiding exposure to covid-19 would not be protected under the Family Medical Leave Act. So, basically if someone actually wants to take time off of work or rather to work remotely which is a change in the kind of work space, telecommuting from home, working from a different location, that type of request is an example of a potential reasonable accommodation under the ADA.

So, first of all, somebody might be thinking of the FMLA, that likely won't be as effective. Rather the American with Disabilities Act asking for a reasonable accommodation may actually be successful. Now, I want to know that, first of all most people going through cancer treatment or just having a compromised immune system, they may not know, and nobody really actually knows when covid-19 will expire or end. So, the challenge with asking this and I would urge anyone who's considering doing this really consider that because there's no official ending, when there's no more covid-19. And things are so uncertain a request to work remotely without an official ending may not be seen as a reasonable accommodation because some employers may claim it an undue hardship. In other words, working from home just with no specific end date might be a lot to ask for an employer to agree to. I wouldn't say that the employee should not ask, but just to kind of see it from the employers perspective, they may want to have a conversation about one might be a projected end date and the person with cancer should not be intimidated by that but rather have maybe an assessment of hey, let's think about this for the next X amount of time and that's really dependent on the person themselves and how comfortable they feel and then perhaps re-visiting that conversation with their employer. But just saying with no end date, that might be a little bit tougher of a conversation to have. But the benefit is that because of this situation a lot of employers that might have not have otherwise considered remote work have seen that this can be doable. So, if there's a time to ask, if you're already working remotely and you're doing a good job, an employer may consider that in a more positive light given that the circumstances that it has been working so far.

Matt Goldman: Thanks. Yeah it seems like covid has changed everything in terms of work. Now, if someone isn't really comfortable how their employer, human resources is inflating FMLA or ADA requirements. Is there something in your organization, that somebody could call and get a little bit of assistance.

Shelly Rosenfeld: Absolutely. Yes. One of the most common issues that people will contact the Cancer Legal Resource Center or the CLRC, is related to employer related issues. So, I would strongly urge anyone that wants more specific information to contact the CLRC at 866-THE-CLRC or clrcintake.org, everything is free and confidential. There aren't many options but one can get legal resources for free, tailored to their specific situation and that is certainly in general when you're speaking to a lawyer it is confidential. But the fact that it's free and tailored for that person's set of circumstances, I think it is something really quite extraordinary and we help people from all over the United States. It's not just one state. So, I would definitely suggest that people reach out to us and the expansion of for example, someone needs to take time off for FMLA, if we talk to them and help them figure out if they are covered employee, whether it applies to their employer and then the time that they may be able to take off and then if they need additional time figuring out how that could be a reasonable accommodation potentially.

Matt Goldman: Thank you. Switching gears, a little bit for patients who might consider medical marijuana to counter some of the side effects of their treatment or chemo. Are there any rights or exceptions if their jobs require drug testing?

Shelly Rosenfeld: That's a really great question and a very hot topic. So, we say that there is some sort of like a grass ceiling just like think about it creatively. So, employers are allowed to maintain policies regarding drug screened workplaces and understandably most employers have rules about drug or alcohol use during the workday or on the premises. So, in those cases for example an employee who is seeking first time employment can be tested as a condition of employment, even if there's no cause or reason to believe that prospective employee has been taking drugs. So, it's really something to be aware of. The employer, however, must test all incoming employees for jobs and cannot single that person out for special treatment. So, some states have imposed limitations on pre-employment drug testing, for example, California allowed to drive test only after the applicant has received an offer of employment conditioned on passing the test. So, one other thing to consider, I think I prefer the American with Disabilities Act or the ADA and it does protect employees with disabilities from discrimination by certain employers based on their disability. And if we have an opportunity to get into it more later, I'll talk a little bit about that and how cancer can be considered a disability.

But an important thing to consider is that since the ADA is under federal law, it treats marijuana as an illegal drug not as a medication, even if understandably someone is using it for a medicinal purpose. So, under the

ADA its illegal drug use and I use illegal in quotation marks, it is not protected as a disability. So, medical marijuana use alone is not enough to entitle someone to reasonable accommodation. So, just to raise the fact of like someone can be tested and it's not something where it's protected, if somebody needs it understandably to combat some of the side effects of their treatment. So, under the ADA employers are not required to alter their drug-free workplace policies in order to accommodate a worker who uses medical marijuana, even if they're using it under a doctor's recommendation. So, it's definitely an issue. That's a very hot topic and we've actually done several presentations on medical marijuana. So, certainly it's something that someone can feel free to reach out to the CLRC for a little bit more information because certainly it's definitely an emerging issue and things are changing all the time.

Matt Goldman: Right. Well, thank you. And then my final question is what assistance you provide or what rights are for cancer patients have who has or having challenges paying the rent and paying their mortgages. Aside from what some places are offering for covid specifically, if you're off on FMLA or _____. Is there any resource out there for a patient?

Shelly Rosenfeld: Sure. That's a really great question and I won't talk about covid-19 protections because let's face it for someone with cancer, Covid may be less of an issue and certainly the protections may be going away for rent and mortgages related covid-19, but someone with cancer, cancer isn't just going to end for people. So, it's certainly something to really keep in mind. So, first of all, breaking a lease due to a medical condition. So, if someone wants to break a lease early because they are unable to pay rent and need to move out. Unfortunately, there is not usually a clause in the lease that allows it to be broken for medical reasons or a law that allows one to do that. So, first of all, I would certainly suggest someone to check their lease but just kind of flagging it that is probably not in there, that would be very rare.

And if someone were to examine the lease they may want to also, talk to a lawyer that can help them understand a little bit more, but one other option is if a lease doesn't state that it doesn't allow subletting that could be an option as well. If somebody, needs financial support for that. Also negotiating with the landlord might work as well, person has to feel that situation out. But for those having difficulty making their monthly mortgage payments, which is really understandable given unemployment, medical treatment or any host of other sudden changes that can make it difficult to meet financial obligations. First of all, I would say don't ignore the problem and a person should take action to avoid foreclosure. So, foreclosure did to bring everybody up to speed is a legal process through which a lender attempts to recover a debt that's not being paid, by taking possession of a loan's collateral meaning the house and selling it. So that's what we want to avoid is someone, a lender being able to repossess the home and reselling it. So, forbearance agreement that's one option, if someone is having difficulty making payments because of temporary change, it needs some short-term relief. A forbearance agreement, entering into that with the lender, the lender agrees to allow the person to reduce or miss their mortgage payments for a specific amount of time which they called the preparance period and not to foreclose on the home during this time. But at the end of that period the person may have to pay additional money to make up for what they didn't pay.

So, if that's an option to keep in the back pocket, but let's face it someone who has financial troubles. It might not be just something that's solvable within a few months or specific period of time to just to know that that's an option. Loan modifications is another option. That's a permanent change in the terms of the mortgage to make it easier for someone to keep up with payments. So, what's an example of a loan modification could be reducing the interest rate or extending the term of a loan. So, for example, if someone had a 20-year mortgage, thousand dollars in payments every month, they might be able to extend the mortgage from 20 years or 30 years and that would reduce the monthly payment by few hundred dollars per month. It depends really for a person based on their mortgage loan agreement, whether that's possible in that person's situation. But it's important to know what options there are. And the person would likely have to show that they can't make current payments based on financial hardship and may also need to prove that eventually they would be able to. One other option is if someone miss a few payments because of a temporary hardship.

Repayment plan can help the person to catch up on those payments after they've gotten their finances back in order. So, there might be a repayment plan that they'll total the amount that the person owes and divided

that over a certain number of months. So, the person would pay that amount back in addition to their normal payments and then after that repayment period they would go back to making their normal payments. So, if any of these options make sense I would certainly recommend that someone contact their lender's loss mitigation department as soon as possible and also one other option is, if the person has missed more than 4 but less than 12 mortgage payments, they may be able to work with their lender to file a partial plan with Housing and Urban Development Office for a loan from the federal housing agency's insurance fund for the total amount of payments they've missed. But this is only an option if the person is able to begin making full payments in their mortgages again. So, I mentioned that last because really the person that might be thinking of this, they can't make payments right now and really need to think about what can they do and what can they work out with their lenders. But if anything during this time people are more aware of this sudden change of a medical situation and everybody's feeling an effect in some way. So, I think a person should not be shy about thinking of a proactively of a solution.

Matt Goldman: Okay. Thank you that was really good information. That's all I have, thank you again Shelly. I will now hand over to Cindy.

Shelly Rosenfeld: Thank you Matt.

Shweta Mishra: Thank you Matt. Cindy, please go ahead with your question.

Cynthia Chmielewski: Okay, thank you so much. What you are saying is so informative. I have heard some of these years ago. Can we just take a step back for listeners who may not be familiar with all these acronyms and terminology? I'm talking a little bit about what the American with Disabilities Act is or the ADA. Is cancer considered a disability under and does the ADA apply to all employers and you talked a little bit about the workplace accommodations, could you give some examples of what could be accommodation for a cancer patient and finally an ADA discussion like if you're asking for accommodation, how should that discussion be started; face-to-face talk with your employer or emails or you have someone going in to represent you. I guess an ADA perimeter I'm asking you to give us.

Shelly Rosenfeld: Sure. Hopefully we will cover a lot of ground and I think the ADA is a really important law that can offer a lot of protections for people. So, it's definitely worth going through. So, the ADA stands for the American with Disabilities Act. And this is a federal law that makes it illegal for private employers and you asked about the definition of employers that would apply with 15 or more employees, it makes it illegal for them to discriminate against qualified job applicants or qualified employees with disabilities in any stage of employment process. So, under the ADA to go to one of the other part of your question, a disability is defined as a mental or physical impairment that substantially limits a major life activity and cancer or the effects of cancer can be a disability under the ADA because they might substantially impair major life activities such as eating, sleeping or concentrating.

So, the ADA also protects people with histories of disabilities and people who are having part of disability conditions like cancer. So, in certainly something where it's not specifically to find some states go beyond that and actually list cancer as a disability. Not every state does that but we're talking about the federal law, which is kind of the baseline and that applies to all the states and that makes it illegal to discriminate against someone with a disability and again cancer can be defined as a disability. So, an example, of a reasonable accommodation, they can range anywhere from making change to the physical environment such as, for example, moving files drawers to a more accessible location or changing the way that someone works, such as giving time to recover from a treatment or, as we touched upon earlier allowing someone to temporarily work remotely or call remotely into meetings.

Whether an employer has to give the person a type of accommodation they're trying to get, depends on whether it would be an undue hardship. And that's a term like this is a specific phrase undue hardship on the employer. Being an undue hardship, the definition of that just in kind of layman's terms is that it will cost the employer too much to give the person that accommodation. But what costs too much really depends on the specific job and the specific employer issue. For example, what might be easier to do for one employer may actually be really difficult for another. And let's face it, if someone has a job that requires them to stand,

suppose they are working on, an assembly line and it's for some reason the job does not allow for them to sit down, but that's what they need.

That has a different conversation that perhaps someone that their usual work involves sitting at a desk. So, certainly asking for maybe a more supportive chair because they're having body aches that would be perhaps, way easier to ask. When to have the discussion? So, in terms of having the discussion with the employer that is such a personal decision, people have a wide variety of levels of comfort about talking about their medical situation and really, there's not one way to approach it and a person should feel good with whatever approach they most feel comfortable making. Because it's really about them and what they want to do. What we do usually tell people just in terms of the framework of jobs is to ask for accommodations before work performance starts to suffer. Because if your performance suffers at work, an employer may take negative action against you if they don't know you have a disability or need for accommodation.

So, just to give an example, if an employer sees an employee sleeping at his or her desk, they can be terminated. However, if the employee decides to ask for reasonable accommodation under the ADA and tells the employer that they have fatigue from cancer treatment or they don't even have to say cancer treatment, they can be more vague and say medical treatment or whatever. I need more frequent breaks due to fatigue, before the employer has a chance to see them sleeping on the job. The employee has more protection at work. It's a personal decision. But if a person knows that their work performance will suffer, asking for accommodation or a person saying that they have a disability at that moment, is being proactive because once a person is terminated for poor performance, it's usually too late. And just to kind of bring up one more point is given the circumstances right now, if a person is asking to work remotely as a reasonable accommodation which seems like that would be a common one that people might be considering right now.

Just to underscore it's important to keep in mind that an employer is always going to say that extending leave with no definite return date may be an undue hardship. So, when making an accommodations request think about asking for a specific number of additional days and then revisiting it. Because you want to prevent the employer from seeing an undue hardship. Now you may say okay I'm not sure when I will return, and the employer may say no it's not an undue hardship. But, if believes a conversation in a certain direction of the person says I don't know which is also reasonable because we don't know in terms of covid-19 and a variety of other situations out there. It's not completely in a person's control. Whereas before maybe somebody needed to work remotely because of cancer treatment and then once that would finish perhaps, they would be in a better position to return for work. So, it's something to consider to keep in mind. What is from the employee's perspective. What did they feel comfortable asking and then seeing if the employer will agree to revisit it based on how the employee is performing at work and also the current situation globally or certainly in that person state for Covid-19.

Cynthia Chmielewski: Okay. Thanks so much. I have a couple of follow-up question to that. Should the request for accommodation be done in writing or is a conversation enough. And if the accommodation request is denied, is there any appeal process?

Shelly Rosenfeld: That's a really good question in terms of whether it should be done in writing. Again, this is something that is, up to the person whether they want to have that conversation with their boss and how it comes up organically. I mean, it could be something where if the person may want to be very careful with how they present it. So perhaps putting it in writing would be more effective. If there's a boss and they have a certain comfort level with the boss and they want the boss to be able to ask certain questions in person and perhaps reassure the boss, then that could be something that is more conducive to an in-person conversation. Then, to gain the benefits of maybe having it spelled out clearly. Perhaps the employee can then summarize the conversation and a few bullet points and ask the employer if they agree that's their understanding of the conversation as well.

So that's just kind of a handy tip in terms of if the person themselves says, I really like to have this conversation in person. He kind of took the edge off of what the difficult conversation, they can see the sincerity in my face or hear the sincerity in my voice and I can reassure the employer that I'm going to be doing my job. I just need to know a few changes, and then that something that might be more comfortable to

do in person. But it certainly would be a good idea perhaps to afterwards to sum it up. But there's nothing wrong with doing it in writing as well if that employee feels comfortable and in terms of framing it that way and kind of being able to control a little bit more of what they're sharing with the employer. So, just to keep in mind, those different parameters. And you're asking if there's an appeals process. Now, that's actually even before I want to back up for a second and say the conversation about reasonable accommodations, it's not like a one shot deal where somebody will say something and the employer said something and the conversation is over.

A lot of times it is an ongoing conversation. What I mean is somebody saying, they might have an idea of what kind of accommodations they need and the employer says, I'm sorry I can't give you an indefinite amount of time to work remotely, we need this, we need you to be here. You're a boss, we need you to lead meetings and the employee says I totally understand, how about 90 days. Let's see where we are in 90 days. So, there you could say ok. Well, the first conversation is a denial and they're saying is an undue hardship. Well that doesn't mean that the conversation is over. It just means well maybe there's a way that the two parties can work it out. So, the question of if the employer says okay, if it really isn't able to be worked out, if it's there are situations where it just doesn't work out or the person is let's say fired because of a variety of circumstances. And then they call the CLRC or they decide to kind of see what something else that they can do. Well, there are organizations out there. If somebody believe that they've been discriminated against in the workplace or have questions about anti-discrimination protections, the CLRC have handouts on the website about person's right to be free from discrimination in the workplace. We also suggest someone sees with an employment attorney to discuss their legal options if they face discrimination. And another option is to file a complaint with the EEOC.

The EEOC stands for Equal Employment Opportunity Commission and then a person can certainly bring a claim for violation to ADA, the American Disabilities Act, file a claim with their State Fair Employment Agency, that determine each state has their own Fair Employment Agency or bring a lawsuit against their employer. There's also something called the Job Accommodation Network or JAN and that's a service of the US Department of Labor's office of disability employment policy. So, that also provides some helpful information about navigating that discussion with the employer. But I think you bring up a good point because just because an employer might say, okay well that doesn't work for me. You don't have to necessarily think of it as okay case closed, denial, i have to kind of pull it away.

You need to have that conversation with your employer because ultimately, person likely wants to keep their jobs so they can pay for treatment, so they can have health insurance, and pay for a whole host of other aspects of life. So, try to make it work with the employer before thinking about these other options, but in some cases, unfortunately, a person is treated differently or something can't be worked out but just because a person asks for something and the employer says no, it might not be the end of the conversation. And in some cases, maybe the employee is asking for something that's just not feasible for that employer, it cost too much, it's just not doable. So, a person also has to be understanding that, sometimes life circumstances change, and the employer just can't make that happen to them.

Cynthia Chmielewski: Okay. Thanks so much. So, that is better understanding of the ADA. Now. Let's try to tackle disability insurance. First of all, like what is the disability insurance? And there are so many different kinds there's like a short-term disability or long-term, there is social sphere security disability. Some are policies you pay for some are State policies I believe. Can you just give us an overview of disability insurance?

Shelly Rosenfeld: Sure. You are asking me about really good topics. And I hope listeners will hear that there are so many topics that are relevant when someone faces cancer. So, certainly they should reach out to us with any kinds of questions that come up. So, going through and just giving an overview because there is so much information out there. Short-Term Private Disability Insurance is sometimes abbreviated Short-Term Disability or STD insurance that pays a percentage of a person when they become unable to work for a short period of time due to illness, injury or pregnancy. Short term disability insurance policies typically provide benefits for short periods of time like six months or one year.

Long Term Private Disability Insurance or Long-Term Disability or LTD insurance pays a percentage of a person's salary if they become unable to work for a longer period due to illness, injury or pregnancy. Long-term disability insurance policies provide benefits for disability that's expected to last or say have lasted for a year or longer and they vary. The different plans vary on the length of coverage, but they may provide coverage for a limited number of years, or they may provide benefits until age 65 or until retirement or until recovery. So, just to kind of put it out there that it certainly ranges but that's just a brief overview of those to kind of switch to Social Security Administration, they are in-charge of two Federal benefit programs SSDI and SSI, they both have things in common, they both have the same definition of disability.

The person must be unable to work due to a severe medical condition that is expected to last at least one year or to result in death. SSI that stands for Supplemental Security Income, that's based on assets and income not work history. So, that's more when you think about financial aspects. SSDI, which is Social Security Disability Insurance. That's based on a work history. So, a person must have earned 40 and I put in quotation work credits because that's a term including at least 20 over the last 10 years. A work credit is currently defined as earning 1410 dollars in wages or self-employment income. Four work credits can be accrued per year. Younger patients have lower requirements. After two years of receiving SSDI, if person is under 65, the person would be eligible to receive medicare. And in terms of applying for it, a person has to show that the medical condition is keeping them from working or earning substantial gainful activity.

And it's important to let your doctor know that you're applying. They will know what SSA meaning the Social Security Administration looks for and will make sure to take appropriate notes that accurately reflect your inability to work. Also, it's a good idea for multiple conditions if a person has them. If a person has multiple things contributing to their inability to work beyond cancer. They should list them all and one other thing to consider is that there's something called a Compassionate Allowances Program that contains a list of medical conditions that allow for review in days as opposed to months and if the person's condition falls on that list, they should write in compassionate allowances somewhere on the application for benefits. So, just even if there's no box to check off a person should write the word compassionate allowances if they would qualify and if the person is applying for SSDI, there's still a five month wait period but the application will be reviewed sooner. So, just to kind of, put in perspective, the application will be reviewed sooner. They will still be a waiting period to actually receive benefits, but the application will get looked at sooner which is very important. So, certainly something to be aware of.

Cynthia Chmielewski: Okay. Great. Now are there any states that have a state disability insurance, short-term and long-term private policy? Sometimes I think all my checks those are disability insurance. Is there something?

Shelly Rosenfeld: Yes. For a specific State questions, I would definitely say a person should turn to the CLRC. We have resources for each person of State. I don't know offhand and I also get cautious about just kind of thinking about States and the person maybe, it would be a good idea for them to reach out to us. You get a little bit more information about their specific State and what additional protections there are for that person. So that's a really good question, but just generally, we would first start off with, whether they qualify for federal disability and then kind of see if there are additional resources from the states. Because after all the federal law, which we've been going over today for a lot of different topics, is a baseline but a lot of States maybe offering more or just kind of bring it back to the ADA. Some states, there the employer doesn't have to have 15 or more employees. They can have fewer employees. So, it's definitely something worth going over for that person's specific state in terms of whether there are additional protections. But, at least if somebody that aware of the federal protections, they know atleast get this potentially and maybe more.

Cynthia Chmielewski: Okay. Great. So, we talked about disability insurance, how about health insurance. Can a person be denied health insurance? Because they are diagnosed with cancer. If you have to leave your job, could you explain what COBRA is and the Americans based CA and like how do you choose between COBRA and CA? Anything, any wisdom on health insurance if you can do that?

Shelly Rosenfeld: Sure. So, the ACA stands for Affordable Care Act is also known as Obamacare. And before the ACA, health insurance could charge a person more or deny them coverage altogether. They had

a pre-existing condition such as cancer. So that's why a lot of people still might be confused. Okay. Well, what about a pre-existing condition, people don't always think about cancer until they get it and then they're thinking okay, well, how will this impact my health insurance? However, as of January 1st, 2014 health insurance companies are no longer allowed to take a person's medical status into consideration when determining whether to ensure the person and or how much to charge.

But just to kind of, give the clearest picture. Health insurance companies are now only able to consider four things when setting premium rates- age, geographic location, number of people insured and in some states tobacco used. So, it's important to recognize that a person's insurance company charges might differ based on those factors, but pre-existing condition will not be an issue. Health insurance companies are not allowed to take medical status into consideration. COBRA stands for Consolidated Omnibus Budget Reconciliation Act. So, you can understand why people really don't say that full name, but they say COBRA. So, that's a federal law, that requires a group health insurance plan to provide continuation of health insurance benefits. COBRA, in other words allow the person to keep the same health insurance policy that they had when they were employed. So, they don't have to worry about changing providers, meaning changing doctors. It's expensive but for someone with cancer, it may be the best option.

If someone really doesn't want to switch a doctor or medical networks. COBRA applies to all the health plans maintained by state or local not federal government and applies to private sector employers of 20 more employees. So, just to kind of put it out there that, it may be an option for someone who can be so unpredictable with jobs. And if someone has a cancer diagnosis, the last thing they may want to do if they are happy with their doctors to change things up. So, COBRA is a very good option to consider. If there are certain changes in someone's employment and they are able to pay kind of the employers share of what the employer had previously been paying and want to keep everything the same. So, it's definitely worth considering, as an option.

Cynthia Chmielewski: In COBRA, is there a certain amount of time that you have to sign up for that and you can keep it forever or I saw there were like certain things with COBRA. Do you understand my question?

Shelly Rosenfeld: Oh sure. Yeah, I mean so COBRA. How long does COBRA last? It doesn't last forever. It extends from the date of the qualifying event. Qualifying event could be for example, losing a job. That's not the only qualifying event. It extends for a period of 18 or 36 months at that length of time depends on the qualifying event that gave rise to the eligibility and it may also in some states provide additional protections. So, it does range but it won't be less than 18 months. But that's a good point in the sense that it's not a permanent solution, but it can get someone through a time and give them time to consider. Okay, well, what's next?

Cynthia Chmielewski: There's like a period of time you have to sign up for COBRA.

Shelly Rosenfeld: Yes, right. There is a period of time and I'm just trying to think exactly I don't want to say something that's inaccurate. So, certainly somebody has been, terminated or want to look into that, reach out to the CLRC, we will be happy to provide a little bit more information.

Cynthia Chmielewski: Okay. Now let's talk about life insurance. Can someone diagnosed with cancer purchase a life insurance policy?

Shelly Rosenfeld: That's a really good question. And buying life insurance after cancer diagnosis is challenging but it's not necessarily impossible. The chances for securing a policy can really depend on the type of cancer, stage of cancer. So, it's not one size fits all but it can even depend on the treatment plan. And there is a relationship between the rate that a person will receive and the curability of that person's cancer. So, in other words, applicants with common and treatable forms of breast cancer and prostate cancer may be able to get a standard rating under ideal circumstances. But patients with a cancer that's more aggressive or a different type of cancer may fall into a different rating and actually even be declined. Someone has a cancer that has metastasized, that would be really an uphill battle to get it.

I don't want to say absolutes because a person who wants to do, they can pursue it. I'm trying to give a sense of the landscape and whether that's something realistic. Also, insurers may not offer policy to someone who's still undergoing treatment. So, it's something to think could be after treatment that might be helpful and if I should say if a person wants to save the most money went purchasing life insurance. I would say shop around. Prices and rates can really vary depending on the company. So, the more a person compares policies, the better the chances are that the person can find a lower premium. Start bigger, search larger life insurance companies first, then start looking at smaller ones and they might have a better sense to kind of differentiate a larger insurance company may be able to differentiate between different types of Cancer which could actually work in someone's benefit.

And then one more thing if a person is involved in the professional membership political or fraternal organization, check to see if that group offers life insurance. So, some organizations can provide a group policy that provides the basic amount of life insurance. And so, that coverage can also be a guarantee issue without requiring any medical information. With group policy they may not require proof of insurability. So, it's just another option to consider. And then if a person is turned down by a life insurance policy because of health reasons, they can look to purchase a graded policy, which is a policy with limited benefits. So, I know we don't have all the time in the world, but I just wanted to imply that as well.

Cynthia Chmielewski: Okay. So, it's obvious that you need an expert to help you navigate through this. Now, we have the Cancer Legal Resource Center that can help us. What are some like local places or other, you had mentioned them earlier like different maybe a workplace lawyer or where should people be seeking this advice from?

Shelly Rosenfeld: Sure. Well, I would definitely say that, good place to start because so many of the resources for example, somebody comes to us from a State. We will have legal aid organizations that are in that person's local area. And in some cases a lawyer has been a member of our professional panel. So, they're licensed in that person State, they've agreed to volunteer half an hour of their time for a free consultation for that person and how to specialize in that type of law, like a landlord-tenant or employment.

And in that case, we also refer to that person too. So, I would strongly urge someone to come to us. We could be a good way to say okay, there is a way the State can help, there is a separate law that may apply, and there are some legal aid organizations that will help you. Now, in the certain cases, person for example job comply to EEOC, that's Federal's that would apply to any state. But a lot of times, a good place to start is legal aid organization. So, finding one in present area, that could be daunting but we will do the research for you. It's all free. So, we definitely suggest on reaching out to us for a specific State resources that would help in their specific situation.

Cynthia Chmielewski: Well, Thank you. You gave us a wonderful overview, lot of material to digest. Those were all my questions. Shweta, do we have any callers or questions that were written?

Shweta Mishra: Absolutely. Thank you so much Cindy. Thank you, Matt. It was wonderful listening to your discussion with Shelly and learning so much. We had quite a few questions e-mailed to us for Shelly. But I think we have answered most of them. There's one question which asks about Advanced Health Care Directive, Shelly. So, the person lives in CA, she also has heard about Advanced Health Care Directive. What are they? If you can shed some light on it.

Shelly Rosenfeld: Sure. If they are based in CA they are probably in California. So, I'm a little bit more familiar with California resources offhand. So, Advanced Healthcare Directives is an important plan and it just shows that there's so many topics that come into play when someone faces cancer or just in general, that are worth talking about. So, Advanced Healthcare Directives are written instructions that state the person's wishes about the medical care and treatment they want to get, if they're unable to make decisions medically for themselves. So, reason someone would get Advanced Health Care directive, it's intended to avoid unwanted care, reduce suffering and ensure that person's wishes are honored at the end of their life.

It can actually do really empowering to think about, it doesn't have to be kind of this dark dismal topic a

person can say you know what I really hope I'm never in this situation. But if I am, here's what I'd like to have happen. So, person for example, can say neither desired about life-sustaining or _____ family. In California, a lot of these when we have talk about advanced setting are State specific. So, but there might be common aspects in different states but in California just by way of example, there is about four parts in Advance Health Care directive, a power of attorney for healthcare for example, an agent or Patient Advocate. Instruction regarding healthcare like a living will something with regards to organ donation whether someone wants to have organ donation or not as it's an important question to think about before and primary physician identification. So, a living will that I just refer to now it's also called directive depositions. That's just the part of the document that lets people state end of life medical care in case they're unable to communicate big decisions. It has no power after death. It's really designed for just if a person is no longer able to communicate their wishes that those wishes would be taken and governing that situation.

Shweta Mishra: Absolutely. Good to know that.

Cynthia Chmielewski: I have a follow up on that.

Shweta Mishra: Sure. Go ahead.

Cynthia Chmielewski: Yeah. I'm wondering all those things that you're saying. You have to hire an attorney to come up with your Advanced Health Care directive. Are there some websites where you can make your own or and would they be honored? I'm just wondering about that. Like for people who might not be able to afford an attorney.

Shelly Rosenfeld: Sure. So, one website that comes to mind, a person really doesn't need to have an attorney but one benefit an attorney can offer is they've been doing this before so they can kind of ask the questions of the person that _____. What a person's decision is, is really based on what they actually want. So, it's not necessarily okay, they're going to bring a lawsuit and the law says certain things, and they would need an attorney for that.

This is way more of a personal decision, there are some basic frameworks online that can help kind of ask the questions that someone may want to ask the Health Care directive and, if someone doesn't have the money one aspect and one website that I would suggest someone to look into and of course, we don't endorse any specific type of organization parse. But this caring info is in a program of the National Hospice and Palliative Care Organization. This is to help people make decisions about end-of-life care and services before a crisis. So, that they do have a section on their website called Advanced Care Planning and it kind of gives some more of an overview and can already help someone start to give contacts and understanding of what that actually might mean and to negate a person's end of life wishes.

Cynthia Chmielewski: Wonderful. Thank you so much.

Shweta Mishra: Absolutely. Thank you so much everybody. It was great listening to all the information shared and I think it's time to wrap up our call.

So, ladies and gentlemen, we were listening to SHELLY ROSENFELD of Cancer Legal Resource Center, simplified for us the various legal issues related to continuing employment, accessing government benefits and taking medical leave while going through cancer treatment. Shelly, Thank you so very much for your time and educating us about all these really important and relevant issues like, issues with employers, how to approach them, and discussing accommodations at workplace and assistance available for patients struggling with paying rent, mortgages and different types of disability insurance and so much more. Thank you so much for all the information and we hope the information shared will be helpful for folks dealing with cancer diagnosis. Matt and Cindy and the audience, thank you so much for your insightful questions that brought out a very informative discussion this afternoon. The Talk will be available on CureTalks.com. Please visit our website for more details on upcoming talks. Until next time, thank you everyone. Have a great day and stay safe. Bye.

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