Our two primary asks highlight legislation that would improve patient access to telehealth beyond the end of the COVID-19 Public Health Emergency and reduce delays in cancer care due to prior authorization requirements in the Medicare Advantage (MA) program:

1. **Cosponsor the Telehealth Modernization Act (H.R. 1332/S. 368)**
   - To permanently expand access to Medicare telehealth services by removing geographic and originating site restrictions, which require a patient to live in a federally designated rural area and be physically in a doctor’s office or clinic to use telehealth services.

2. **Cosponsor the Improving Seniors’ Timely Access to Care Act of 2021 (H.R. 3173/S. 3018)**
   - To establish new requirements to standardize and streamline prior authorization processes within the MA program by establishing an electronic prior authorization program with the ability to provide real-time decisions in response to requests for items and services that are routinely approved.

Advocates with a particular interest in these more specific pieces of legislation may also encourage their legislators to support the following bills:

- **Cosponsor the DIVERSE Trials Act (H.R. 5030/S. 2706)**
  - To improve access for all patients to participate in clinical trials while removing barriers that are known to keep certain racial and ethnic groups, older adults, rural residents, and those with limited incomes from being appropriately represented in research studies.

- **Cosponsor the Safe Step Act (H.R. 2163/S. 464)**
  - To require group health plans to implement and make readily available a clear process for an individual to request an exception to a medication step therapy protocol, including required information and criteria for granting an exception and timelines under which plans must respond to such requests.

- **Cosponsor the Medicare Multi-Cancer Early Detection Screening Coverage Act of 2021 (H.R. 1946/S. 1873)**
  - To create a benefit category within the Medicare program to cover multi-cancer early detection tests, which would allow the Centers for Medicare & Medicaid Services (CMS) to initiate an evidence-based coverage process following Food and Drug Administration (FDA) approval of these blood-based screening assays.