



May 21, 2026

House Ways and Means Committee Advances H.R. 3164, the Main Street Pharmacy Access Act (formerly Ensuring Community Access to Pharmacist Services Act)

Overview:

On May 21, the House Ways and Means Committee [held a markup](#) to advance several pieces of healthcare legislation to the full House of Representatives, including [H.R. 3164, the Main Street Pharmacy Access Act](#) (formerly Ensuring Community Access to Pharmacist Services Act). The bill specifically provides for Medicare Part B coverage of pharmacist-administered tests for four respiratory illnesses: influenza, respiratory syncytial virus (RSV), strep throat, and COVID-19. It would also allow pharmacists to prescribe treatments for these illnesses when properly indicated. These flexibilities were initially provided during the COVID-19 Public Health Emergency through various emergency waivers but have since lapsed. The Main Street Pharmacy Access Act would not preempt existing state scope-of-practice laws regarding pharmacists' ability to legally perform these services. AMCP has actively called on Members of Congress to cosponsor and ultimately enact the Main Street Pharmacy Access Act, which will preserve access to essential care administered by pharmacists and increase the country's readiness for future public health emergencies.

During the markup, supporters of the legislation highlighted pharmacists' role as the most accessible healthcare provider for millions of Americans, including rural and underserved populations. With nearly 90% of Americans living within five miles of a pharmacy, pharmacists have played a key role in America's public health infrastructure by ordering and administering tests and treatments. Several members shared concerns regarding the potential expansion of the scope of care services provided by pharmacists, but the legislation only complies with existing state scope-of-practice laws.

Four amendments were offered regarding H.R. 3164. An amendment offered by Ways and Means Committee Chairman Jason Smith (R-MO), which was agreed to by a voice vote, changed the bill title to the Main Street Pharmacy Access Act, slightly adjusted reimbursement levels under Public Health Emergencies, and reduced the amount of funding appropriated for the Medicare Improvement Fund. A full list of technical changes made by the amendment is included in [an accompanying Green Sheet](#). Representative Judy Chu (D-CA) offered an amendment that would require pharmacists to dispense FDA-approved contraceptive treatments to patients with an eligible prescription, in order to be eligible for reimbursement under the new coverage pathway created by the legislation. The Chu amendment was struck down by a vote of 23 no's to 17 yeses. Representative Danny Davis (D-IL) offered an amendment to include community health center pharmacists in the bill's coverage expansion but rescinded his amendment following a verbal commitment from committee leadership to work on including reimbursement for community health center pharmacists as the bill moves forward. Finally, Representative Mike Thompson (D-CA) offered an amendment barring the bill from taking effect until the Department of the Treasury ensures that no funds from [President Trump's Internal Revenue Service settlement fund](#) are dispersed. Representative Adrian Smith (R-NE) offered a motion to table,

or set aside, this amendment, as it did not directly pertain to the underlying bill in question. The motion to table the Thompson amendment was agreed to by a vote of 23 yesses to 16 no's.

Ultimately, H.R. 3164, the Main Street Pharmacy Access Act, was reported favorably out of committee to the House of Representatives by a voice vote. AMCP thanks members of the Ways and Means Committee for advancing this important legislation and for their leadership in improving access to care for Medicare beneficiaries. This progress reflects sustained engagement from AMCP members and partners who have elevated this issue through direct advocacy with lawmakers.

Committee Leadership:

- Full Committee Chair – Jason Smith (R-MO)
- Full Committee Ranking Member – Richard Neal (D-MA)

Markup Highlights:

Chair Jason Smith (R-MO) – Today the Ways and Means Committee is meeting to consider eight bills that met two important goals. Expanding access to healthcare, particularly for those in rural and underserved areas. And reducing waste, fraud, and abuse in programs under this committee's jurisdiction. Our first bill recognizes the important role community pharmacists play delivering care for patients. 90% of Americans live within five miles of a pharmacist. In rural communities, a pharmacist is often the primary point of care. This legislation allows Medicare to reimburse pharmacists for tests and treatments for common respiratory illnesses, like strep throat and flu. Community pharmacists across the country provide this care every day. This bill ensures seniors on Medicare can receive the same care from a trusted medical professional.

Ranking Member Richie Neal (D-MA) – Americans have had enough of Republican's failures and the president's chaotic administration. They're rightfully scared as they watch gas prices, airfare, grocery prices soar at the start of the summer travel season. A president is both a plaintiff and a defendant in a lawsuit against the IRS. We're here talking about healthcare, but the president is suing himself to create a billion dollar slush fund for friends and family. This is dirty dealing at the highest level.

Chairman Smith (MO) – H.R. 3164 is a transformative yet common sense solution. It will particularly have a positive impact in rural areas. Rep. Adrian Smith has been a longtime champion of this bill for rural Nebraskans, like rural Missourians, who have to travel miles for pharmacy access. This legislation will have an incredible effect for rural and underserved communities.

Rep. Adrian Smith (R-NE) – Thank you for considering the Main Street Pharmacy Access Act, formerly known as ECAPS. I'd like to give thanks to my colleague Brad Schnider of Illinois for his partnership on this bill. Oftentimes patients must drive a significant distance to receive the care they need. A long drive can be a significant barrier to seniors in receiving timely care. It can be the reason someone delays getting a flu test. I mention seniors because, despite private insurance and Medicaid providing coverage for tests and treatment of common respiratory illnesses, Medicare does not. As a result, seniors may have to drive several towns over to receive a flu test. Pharmacists play an important role in closing healthcare gaps, particularly in rural areas. The day this person turns 65, the community pharmacist no longer offers the same services. Pharmacists are the most accessible health professionals in the country. This role shouldn't end when a person turns 65. Our legislation allows Medicare to reimburse pharmacists for testing and treating common respiratory illnesses.

Importantly, this bill doesn't touch state scope of practice. It defers to states, and states will continue to determine what practices pharmacists are permitted to do. But in states where pharmacists are allowed to test and treat common respiratory illnesses, this bill allows Medicare to cover it, just like private insurance and Medicaid already do. This bill is about access. Improving access to tests and treatments can help patients receive care earlier. I appreciate the broad stakeholder support this legislation has received from pharmacists, along with patient advocates and rural health organizations. I thank my colleagues who've worked with me on this and urge members to support the bill.

Rep. Brad Schnieder (D-IL) – Access to healthcare is one of the most critical challenges facing the American people today. For far too many Americans, getting a doctor near their home can be a challenge. 85% of Americans live within five miles of a pharmacy. In contrast, 58% of Americans live within five miles of a facility employing physicians. One in seven Americans live in a physician shortage area. More hospitals have closed than opened, and the cost of care has raised by roughly 30%. When a child has strep throat or a parent gets the flu, when someone needs a covid test, they don't have access to a hospital. But there's a very good chance they have a pharmacy nearby. When COVID-19 hit, a pharmacy was often the most or only provider nearby. I recall the uncertainty I felt when I didn't know where my family couldn't find health care services. During this time, Congress allowed pharmacists to provide certain necessary services during the Public Health Emergency. Pharmacies in every community stepped up in an incredible way. Walgreens, headquartered in my district, stood up testing sites all across America. They launched vaccine equity initiative, administering 90 million vaccines. They were a trusted nationwide partner to get shots in arms. The Main Street Pharmacy Access Act, formerly known as the Ensuring Community Access to Pharmacist Services Act, recognizes that pharmacists are not secondary players in the health system. They are essential frontline providers. This legislation would create a permanent payment pathway to test, treat and vaccinate against flu, RSV, COVID-19, and strep throat in the states where they are allowed to provide these services. Passing this legislation would give pharmacists the certainty they need to continue investing in local communities, benefitting families in every corner of the country. I urge my colleagues to vote yes.

Chair Smith – The committee will now proceed to consideration of H.R. 3164, Ensuring Community Access to Pharmacist Services Act. At this time, I offer an amendment in the nature of a substitute. I will now turn to Patrick Dumas, Health Subcommittee Staff Director, to describe the substitute amendment with a focus on changes made since introduction.

Patrick Dumas – H.R. 3164 contains two sections. Section 1 pertains to a short title of the bill, renamed in the amendment in the nature of a substitute, to the Main Street Pharmacy Access Act. Section 2 amends Section 1861 of the Social Security Act to provide Medicare reimbursement for certain pharmacist services. Specifically, tests and treatment for four respiratory illnesses or addressing health needs in a Public Health Emergency. Medicare will only reimburse for such services if they are provided in accordance with state scope of practice laws, including under the supervision or working in collaboration with a physician. The amendment in the nature of substitute also makes technical changes to the bill draft and revises the value of the Medicare Improvement Fund.

Rep. Lloyd Doggett (D-TX) – Does this bill do anything about the multi-million-dollar elephant in the room, fraud?

Patrick Dumas – About fraud? This bill provides Medicare reimbursement for pharmacist-provided services. It contains guardrails for pharmacists administering these services to ensure they remain within scope of practice.

Rep. Gwen Moore (D-WI) – This provides Medicare reimbursement of pharmacists for evaluation and management related to respiratory illnesses, COVID or strep, as well as services under the Public Health Emergency such as the opioid emergency. Would the pharmacist be able to provide opioids?

Patrick Dumas – It does not change what services pharmacists provide. It is dependent on state scope of practice laws. It just changes what Medicare can reimburse for

Rep. Moore (WI) – Ok. So, will they be able to give a strep test right there on the spot? Many of us can do those on our own. How will they be able to determine whether it's a virus or bacteria?

Patrick Dumas – There are different levels of approved tests, many to be administered by a practitioner.

Rep. Moore (WI) – I'd like to be reassured that the pharmacists have the clinical experience to be able to determine the difference between virus and bacterial infection.

Rep. Schneider – The test, whether it's COVID, flu, strep; these are tests developed by companies, administered by a professional. A rapid strep test is a couple of minutes, comes back positive or negative. Hence the term rapid. It is the pharmacist administering it, the test determines the illness.

Rep. Moore (WI) – Will they have access to a patient's profile? To determine if they're allergic to antibiotics? Would it require that patient profile is accessible?

Rep. Schnider – It's not letting them provide medicine. It's for tests. Pharmacists do provide vaccines, and millions of people benefited since COVID. I get my flu and covid vaccines at my local Walgreens.

Rep. Moore (WI) – They won't be giving them medicine? They're just testing?

Rep. Smith (NE) – The bill would provide for mild treatment, similar to urgent care. Pursuant to your concerns on allergies, a local pharmacist could have a record of that. Similar to if you're traveling and walk into urgent care. There are still concerns but these providers work through that.

Rep. Greg Murphy (R-NC) – In my 35 years of medicine, I've had great relations with pharmacists. But there are some concerns I have from a medical standpoint. I think we need to recognize it's important to see the patients' whole clinical history, underlying conditions, and allergies. One example I want to bring out is direct-to-consumer advertising. Specifically, the phrase "Got COVID? It's Paxlovid." This is reckless; you don't need Paxlovid. There is also a real problem with antibiotic resistance. Strep is a bacterial infection. The only reason I bring this up is pharmacies are under the pushpin of companies like United Healthcare, that owns pharmacies and PBMs. I fear the pharmacies are getting pressure from above to prescribe things. No medication or vaccine is without side effects. I urge there to be a collaborative agreement with physicians. This bill would push scope of practice laws even further. Those are my concerns, but I am going to support the underlying bill. I want us to be conscious of the concerns that the physician community have on overprescribing of vaccines and medications. Rep. Smith and I have had fruitful discussions, so I appreciate that. I will support the underlying bill.

Rep. Smith (NE) – I want to emphasize that the language in the bill simply provides for Medicare reimbursement for services already provided through Medicaid and commercial insurance. The text of the bill makes sure they aren't doing things that aren't consistent.

Ranking Member Neal – I appreciate the comments raising a series of important questions. There are some issues that need closer attention. How this interacts with Public Health Emergencies, and scope of practice. I hope the committee will have an opportunity to further refine this.

Rep. Smith (NE) – I want to emphasize this bill doesn't change any scope of practice.

Ranking Member Neal – I think the questions Doctor Murphy and Rep. Moore raised are appropriate in a public setting.

Rep. Kustoff – I represent Tennessee's 8th congressional district with a number of rural counties. It has a number of health professional shortage areas. For many Americans in rural areas, that hometown pharmacist could be the go-to person for health advice. I believe pharmacists can and do fill a gap in rural healthcare. We've also seen a troubling closure of rural pharmacies. This bill provides reimbursement for testing and treatment of common services. Things already authorized by my state, Tennessee. It's important that the government pays fairly for these services. By strengthening, we can improve access and lower costs.

Rep. Rudy Yakum – I'm a proud sponsor of the Main Street Pharmacy Access Act. I constantly hear about these concerns from Hoosiers back home. Access to care is a concern I hear from rural Hoosiers. Pharmacists are a critical part of the patient's care team. All 50 states allow for collaborative agreements between pharmacists and other providers. During the COVID-19 pandemic, licensed pharmacists could provide testing and treatment. The Act would allow pharmacists to receive reimbursement for testing and treatment services. This will alleviate access issues and provide better outcomes for seniors.

Chair Smith – Seeing no members wishing to strike the last word. Are there any amendments in the nature of a substitute?

Rep. Judy Chu (D-CA) – I have an amendment in the nature of a substitute. Mr. Chair. I have a simple amendment that strengthens the underlying bill. If Congress is expanding the role of pharmacists in our healthcare system, then patients must trust that pharmacies will provide the medications they are prescribed for birth control. My amendment says that if the pharmacists refuse to dispense FDA-approved birth control to a patient with a valid prescription, that pharmacist should not be eligible to participate in the new reimbursement program created by the bill. Nearly 9/10 women of reproductive age have used contraception. Many Americans, including Democrats, Republicans, and independents, support full access to the full range of birth control. Many rely on birth control to treat significant medical conditions such as irregular bleeding and endometriosis. Hormonal contraception can reduce risk of certain cancers. Reproductive healthcare access is under attack. Last year alone, 51 Planned Parenthood health centers had to close their doors. Nearly three quarters of these closures occurred in health professional shortage areas. This bill is designed to expand access to care. This must include access to FDA-approved birth control. My amendment says if you want to participate in this program, then patients should receive medications their provider prescribes. That's reasonable and responsible. That being said, I support the underlying bill and its goal of expanding access to care. In many communities, pharmacists are some of the most accessible providers people see. For many

Americans, the local pharmacist is on the front lines of our system. So, I appreciate this bill is intended to get patients more care more easily and quickly. I urge my colleagues to vote yes on this amendment.

Rep. Smith (NE) – I rise in opposition to the amendment. I believe this should be a separate piece of legislation for discussions separately. The narrow scope of the bill is a result of a bipartisan effort working through concerns. I urge a no vote on the amendment.

Chair Smith (MO) – The question is on adoption of the amendment from the Gentlelady from California. All those in favor? The no's have it. Are there any additional amendments? A roll call vote is requested. Will the clerk call the roll?

Yes – Neal, Doggett, Thompson, Larsen, Davis (IL), Sanchez, Sewell, Del Bene, Chu, Moore (WI), Boyle, Evans, Schnider, Panetta, Gomez, Plaskett, Suozzi.

No – Buchanan, Smith (NE), Kelly, Schweikert, Estes, Smucker, Kustoff, Fitzpatrick, Steube, Fishbach, Van Duyne, Feenstra, Malliotakis, Carey, Yakim, Miller (OH), Beane, Moran, LaHood, Murphy, Hern, Moore (UT), Chair Smith (MO).

Committee Clerk – The yeses are 17, the no's are 23.

Chair Smith – The amendment is not adopted. Are there any additional amendments? Mr. Davis?

Rep. Danny Davis (D-IL) – Mr. Chair I reserve a point of order. Community health centers are the nation's largest primary care network. Nearly 1/7 people across the country. For decades, these centers have served as lifelines to provide high quality comprehensive care. 12 community health centers in my district provide comprehensive care. I know personally the value of these centers, because I am one of these patients. Team based care, including integration of pharmacists, is essential to meet the needs of patients. This pharmacist provides hands on education that many patients need to receive. is why I am concerned that H.R. 3164 does not include community health center pharmacists in the bill's coverage expansion. This could mean that 4.2 million seniors receiving care at community health centers may not fully benefit. I would ask for a commitment from the Chair and Ranking Member Neal to work with me and others to close this gap in coverage as the bill moves forward. I thank you for that consideration and I would withdraw my amendment at this time.

Chair Smith (MO) – Thank you, Mr. Davis. Are there additional amendments? Mr. Thompson.

Rep. Mike Thompson (D-CA) – I reserve a point of order. My Republican colleagues are having this markup on issues related to healthcare. But these are the same Republicans who cut a trillion dollars in health care funding, took billions from hungry families, and allowed DOGE to access sensitive information. Under their watch, hospitals will be closed, people will die. They say we don't have the money to give care to Americans. Somehow, we have money to give tax cuts to billionaires. They say there is fraud everywhere. We should go after fraud everywhere, including the White House. The president is suing the government he's in charge of. He negotiated a billion dollar slush fund. This is taxpayer money going directly to his family, allies, and January 6 rioters. I'm offering an amendment that says this bill will not go into effect unless Treasury certifies that no money from this fund has been spent. Taxpayers should not be the piggybank for the president. I urge a yes vote on my amendment.

Rep. Vern Buchanan (R-FL) – I make a point of order against the amendment. It is not germane to the underlying resolution. An amendment is not germane if it makes the effectiveness of the bill contingent on certain conditions not related to the subject at hand. Therefore, the amendment is not germane, and I urge the Chair to sustain the point of order.

Rep. Thompson – This is every bit in order. This is the crux of what this committee should do. It's fraud. It's a ripoff to the American taxpayer. We need to address these issues. My Republican colleagues shouldn't be raising points of order against this. This amendment needs to be debated and fully voted on. I ask that we do it with a voice vote.

Chair Smith (MO) – You can do that by appealing the decision of the Chair. That amendment is not germane.

Rep. Smith (NE) – I move to table the amendment.

Chair Smith (MO) – The question is to table the motion, the clerk will call the role

Yes – Buchanan, Smith (NE), Kelley, Schweikert, LaHood, Estes, Smucker, Hern, Murphy, Kustoff, Fitzpatrick, Steube, Fishbach, Moore (UT), Van Duyne, Feenstra, Malliotakis, Carey, Yakim, Miller (OH), Beane, Moran, Tenney, Chair Smith (MO).

No – Neal, Doggett, Thompson, Davis, Sanchez, Del Bene, Chu, Boyle, Moore (WI) Evans, Schnider, Panetta, Gomez, Plaskett, Suozzi, Larsen.

Clerk – The yeses are 24, the no's are 16.

Chair Smith – The motion passes. Are there any additional amendments? Seeing no amendments, the question is adoption of amendment in favor of a substitute. All those in favor say I, those opposed say no. The ayes have it.

Rep. Buchanan – I move the committee reports favorably H.R. 3164 as amended to the House of Representatives.

Chair Smith – The question is on the motion to favorably report H.R. 3164 as amended to the House of Representatives. All those in favor say aye. All those in favor say no. The ayes have it, the motion is agreed to. H.R. 3164 as amended is reported favorably to the House. I authorize staff to make conforming or technical changes to H.R. 3164.

Hearing recording:

- <https://waysandmeans.house.gov/event/markup-of-h-r-3164-h-r-8163-h-r-8875-h-r-8883-h-r-8871-h-r-8884-h-r-8873-h-r-8872-and-views-and-estimates-letter-to-the-committee-on-the-budget/>