Sept. 15, 2026

House Energy & Commerce Health Subcommittee Holds Hearing on the Ensuring Community Access to Pharmacist Services (a.k.a. Main Street Pharmacy Access) Act

Overview:

On Sept. 15, the House Energy and Commerce Subcommittee on Health held a hearing to examine legislative proposals to reform Medicare provider payment and bolster health care cybersecurity. The hearing included discussion of the Ensuring Community Access to Pharmacist Services Act, also known as the Main Street Pharmacy Access Act (H.R. 3164/S. 2426). On May 21, the House Committee on Ways and Means, which also has jurisdiction over health care legislation, reported the bill favorably for further consideration by a unanimous voice vote. During the markup, Ways and Means members also agreed to an amendment in the nature of a substitute, which renamed the bill to the "Main Street Pharmacy Access Act" and provided for small technical changes. While the Sept. 15 Energy and Commerce Health Subcommittee meeting did not include votes or amendments on the bills under consideration, the tone of questions and answers regarding H.R. 3614 was generally supportive. Several Members of Congress also alluded to the valuable role that pharmacists play as accessible members of the patient care team. This signals potential future action by both the Health Subcommittee and the full Energy and Commerce Committee to report the bill favorably, which would clear the final hurdle to consideration by the full House of Representatives. And while the House is currently adjourned until after the Nov. 3 election day, the bill holds the potential to be included in a year-end legislative package before the conclusion of the 119th Congress on Dec. 31.

AMCP urges lawmakers to pass the Main Street Pharmacy Access (formerly ECAPS) Act to help ensure patients across the country maintain reliable access to testing and treatment for COVID-19, respiratory syncytial virus (RSV), the flu, and potential future threats to public health.

Legislation Under Consideration:

- H.R. 9693, Patients First Act of 2026
- H.R. 8163, Provider Reimbursement Stability Act of 2026
- H.R. 8622, Medicare Physician Data-driven Performance Payment System Act of 2026
- H.R. 7863, Promoting Fairness for Medicare Providers Act of 2026
- H.R. 4331, Access to Claims Data Act
- H.R. 5737, Radiology Outpatient Ordering Transmission (ROOT) Act
- H.R. ___, [Health Care Cybersecurity and Resiliency Act of 2026]
- H.R. 9908, Rural Hospital Cybersecurity Enhancement Act
- **H.R. 3164, Ensuring Community Access to Pharmacist Services Act** (a.k.a. the Main Street Pharmacy Access Act)
- H.R. 1521, Dental and Optometric Care (DOC) Access Act of 2025
- H.R. 6130, ASAP Act
- H.R. 1189, National Plan for Epilepsy Act

- H.R. 1254, Rural Obstetrics Readiness Act
- H.R. 7905, Diabetes Foot Health Access and Modernization Act of 2026
- H.R. 1616, Promoting Access to Diabetic Shoes Act
- H.R. 6214, Kidney Care Access Protection Act
- H.R. 8319, KIDNEY Remote Monitoring Act

Witnesses:

- Greg Garcia, Executive Director for Cybersecurity, Healthcare and Public Health Sector Coordinating Council (HSCC);
- Anthony Pudlo, PharmD, MBA, MS, Chief Executive Officer, Tennessee Pharmacists Association (TPA);
- Murad Alam, MD, MSCI, MBA, FAAD, President, American Academy of Dermatology Association (AADA);
- Rebecca Andrews, MS, MD, MACP, Immediate Past Chair, Board of Regents (2026 – 2027), American College of Physicians (ACP);
- Eilean Attwood, MD, MPH, Immediate Past Chair of the Committee on Health Economics and Coding, American College of Obstetricians and Gynecologists (ACOG);
- Gabi Conecker, MPH, Co-Founder and Executive Director, Decoding Developmental Epilepsies.

Committee Leadership:

- Full Committee Chair – Brett Guthrie (R-KY)
- Full Committee Ranking Member – Frank Pallone (D-NJ)
- Health Subcommittee Chair Morgan Griffith (R-VA)
- Health Subcommittee Ranking Member – Diana DeGette (D-CO)

Hearing Highlights:

H.R. 3164, the Equitable Community Access to Pharmacist Services Act – The bill, also known as the Main Street Pharmacy Access Act, as amended by the House Committee on Ways and Means, would permit permanent Medicare Part B reimbursement for pharmacist-provided testing and treatment services for COVID-19, influenza, respiratory syncytial virus (RSV), and streptococcal pharyngitis, along with other conditions under future public health emergencies. The bill specifies that reimbursement may only be provided for services that fall under a state's pharmacist scope-of-practice laws.

Dr. Anthony Pudlo, Chief Executive Officer of the Tennessee Pharmacists Association and an AMCP member, testified before the committee in support of the bill. His opening statement reflected the fact that pharmacists are among the most accessible health care professionals in America, as nearly nine in ten Americans live within five miles of a pharmacy. He alluded to the goals of the ECAPS legislation, which would close critical gaps in access to care for seniors, particularly in rural areas. His testimony also highlighted the presence of commercial and Medicaid reimbursement for such pharmacies-provided services, while Medicare reimbursement continues to lag.

Chair Griffith – In Virginia, we have statewide authority for pharmacists to test and treat certain illnesses. From your experience in Tennessee, what changes have you seen in seniors' health outcomes as a result of these policies, particularly in rural areas?

Dr. Pudlo – What this bill is focused on is access. Amongst states like Tennessee and Virginia with this authority, this increases not just the access to care but shows that we're triaging and getting patients into the health care system when it's more difficult in rural areas. That access alone isn't reducing disparities, but we continue to build that trust with patients.

Rep. Diana Harshbarger (R-TN) – Tennessee has taken significant steps to expand access for rural patients to pharmacy care. We don't discuss cost often enough though. How can pharmacist-provided care reduce costs?

Dr. Pudlo – We continue to see pharmacists provide services, such as test and treat for respiratory illness…we're seeing that patients don't have to go to higher-cost sites of care. Back in my day as a practicing pharmacist, we saw the same thing…identifying the best place for patients to receive treatment.

Rep. Harshbarger – Based on your experiences working with pharmacists across the state of Tennessee, what would it mean to seniors if Congress passed H.R. 3164 and allowed Medicare to better align with the services offered at the pharmacy counter?

Dr. Pudlo – It means the world to pharmacists. There are so many pharmacists right now that provide such services and receive payment through commercial insurance, but so many of the patients who come to the pharmacy counter are Medicare beneficiaries. It's difficult for pharmacy to transition their practice flow and work model to account for this right now.

Rep. Troy Balderson (R-OH) – I'm a proud cosponsor of H.R. 3164. In many rural communities, the local pharmacy is the closest and most accessible place to receive care. The bill would allow Medicare to cover tests for respiratory illnesses like strep and RSV. How would this commonsense policy help seniors access care sooner and avoid unnecessary trips to the emergency room?

Dr. Pudlo – I would completely agree with your assumption on the legislation. H.R. 3164 is about giving seniors access. Especially in Tennessee and multiple other states that have this authority, we just want to make sure there is a payment behind it. We see pharmacists doing this on a regular basis through this country; we want seniors to go through a more convenient location.

Chair Guthrie – As this committee considers changes to Medicare payment policy, what role can pharmacists play in enhancing seniors' ability to get care they need, especially in rural areas?

Dr. Pudlo – There's many ways that pharmacists provide services. I want to emphasize the role of H>R. 3164. That alone, that service is already happening in your state with compensation from Medicaid or commercial plans, but not Medicare. H.R. 3164 is ultimately a cost solution for Medicare. When these services are paid for, seniors are going to much more expensive sites of care like ERs and footing the bill. We need to have coverage that's stable for services pharmacists provide.

Rep. Nanette Barragan (D-CA) – You mentioned that pharmacists are among the most accessible health care professionals in America. And for seniors, pharmacists are often the health care professionals they see most frequently and are a critical member of the care team. My father had Parkinson's disease, and we would always visit our local pharmacist. He knew our name, was always friendly, and would help resolve issues. It's somewhere that I can still receive that service. With flu

season coming, we know that black and Latino seniors are less likely to get vaccinated than their white counterparts. How can community pharmacists help alleviate this discrepancy in vaccination?

Dr. Pudlo – I'll draw some comparisons to the bill, H.R. 3164. While it doesn't directly relate to vaccinations, you can see how we're trying to give seniors access to testing and treatment services. But access alone won't reduce disparities. It comes from trust. You highlighted that pharmacists build this trust over decades. This relationship allows for open dialogue, education, and preventive services like vaccines.

Rep. Barragan – This happened to my mother, who has Alzheimer's. She walked into a pharmacy and was reminded of a vaccination she needed to receive. This is much harder to do at a doctor's office. This is one of the reasons why I cosponsored the Ensuring Community Access to Pharmacist Services Act, which would improve Medicare coverage of essential care provided by pharmacists, including tests for common respiratory illnesses such as strep, flu, and COVID-19.

Rep. Troy Carter (D-LA) – Pharmacists are often one of the most accessible health care providers, especially in states like mine where access to primary care is limited. This was especially true during COVID-19, when our independent pharmacists stepped up to play a role in testing and vaccines. For a Medicare beneficiary who can't get access to a primary care provider, how can access to pharmacist-provided tests and treatments under H.R. 3164 help to avoid a more expensive emergency room visit?

Dr. Pudlo – H.R. 3164 does exactly that. Pharmacists, based on their scope-of-practice at the state level, have this authority. We've already seen that in 28 other states right now that have that authority. We're seeing patients come to the pharmacy for those services, however, Medicare isn't paying for it. We're seeing Medicaid and commercial plans pay for it, but H.R. 3164 is where Medicare comes in.

Rep. Carter – Why should Medicare recognize and cover that service?

Dr. Pudlo – To me, it's a cost solution for Medicare. Right now, that service is not being covered, so that individual is going to the ER for care.

Rep. Carter – Where that cost is exponentially higher, right? As opposed to preventive or curative care that pharmacists can provide.

Dr. Pudlo – Correct.

Markup Recording:

- https://energycommerce.house.gov/events/health-hearing-examining-legislative-proposals-to-reform-medicare-provider-payment-and-bolster-health-care-cybersecurity

Main Street Pharmacy Access Act/ECAPS Act Resources:

- AMCP Overview of the Main Street Pharmacy Access Act
- AMCP 1-pager
- Summary of the May 21 House Ways and Means markup