



May 15, 2026

The Honorable Jason Smith  
Chairman  
Ways and Means Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Richard Neal  
Ranking Member  
Ways and Means Committee  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Smith and Ranking Member Neal:

On behalf of the American College of Physicians (ACP), I write to express our concerns during committee markup of the Equitable Community Access to Pharmacist Services (ECAPS) Act, H.R. 3164, which would allow pharmacists to independently perform Evaluation and Management services for influenza, COVID-19, respiratory syncytial virus (RSV), or streptococcal pharyngitis (strep throat) for patients on Medicare. While we appreciate the updates to the bill's text, this bill still would jeopardize patient safety, and lead to higher costs of care and poorer health outcomes for patients. Further, it would undermine the physician-led team-based care models that have proven to be most [effective](#) in improving quality, efficiency, and most importantly, patient health.

ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 163,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Additionally, internal medicine is the specialty with the largest number of active physicians specializing in primary care, with 120,342 internal medicine physicians being identified as specializing in primary care in 2021.

The importance of patients' access to physician-led care cannot be overstated. ACP affirms that physicians are the most [qualified](#) health care clinicians to lead care teams as they have the most extensive training to evaluate, diagnose, treat, and manage multiple, complex chronic conditions, compared to non-physician health care clinicians. Patients agree with this sentiment with an overwhelming [majority](#) of Americans preferring to have physicians leading and managing their health care needs. Team-based care requires leadership, and physician expertise is widely recognized as integral to quality medical care.

The College greatly values pharmacists' expertise in medication management and their integral role in providing quality care as part of physician-led care teams. Physicians work closely with pharmacists to ensure that we prescribe medications that are safe, effective, and appropriate for patients. Pharmacists are well-trained in medication usage and contraindications. However,

they do not possess the training, experience, or knowledge to provide comprehensive physical examinations, treat or diagnose conditions – all of which fall under the practice of medicine.

While we recognized that the recent pandemic has shown that it may be necessary and appropriate to temporarily allow some expanded responsibilities for pharmacists during times of crisis (including administering COVID-19 testing and vaccinations), it should not be seen as a universally appropriate approach to treating other conditions, such as strep throat and influenza, which in elderly patients could lead to serious health complications. Given that the elderly Medicare population has [higher](#) chronic disease prevalence, Medicare enrollees with respiratory concerns should be seen by primary care physicians, who can provide longitudinal, whole-person, patient-centered care. Many patients, especially those with chronic conditions, require follow-up care and management services that primary care physicians are appropriately trained to provide. Granting independent diagnosis and prescription authority for pharmacists to treat the flu, COVID-19, strep throat, and other similar conditions will disrupt the continuity of care and could lead to higher health care costs.

While this bill was drafted with good intentions – to improve patients’ access to care – our concern is that the care will not be appropriate. This bill would allow Medicare patients to bypass seeing physicians and instead see pharmacists for their health care concerns. Under this bill, pharmacists would use the test-and-treat approach, which would be an oversimplification of patient evaluation because it would disregard the potential severity of other associated conditions. While a flu test and a discussion regarding risks and benefits could happen in a pharmacy, a patient with symptoms of shortness of breath and a positive flu test would not be fully evaluated for other underlying conditions that may require further treatment. Flu infections could lead to untreated flu-related pneumonia, and other cardiac and pulmonary complications that require hospitalization and other medical management. It is out of the pharmacist’s scope to manage these complex conditions. Furthermore, if the flu test is negative, pharmacists are not trained to determine what the cause of the patient’s condition is, which can range from cardiopulmonary disease, anemia, to a multitude of viruses and bacteria, and other conditions not encompassed by a test-and-treat strategy.

We are concerned that H.R. 3461 would lead to more fragmented care, which remains one of the biggest and most costly challenges in our health care system. Given that information sharing of electronic health records (EHRs) between primary care practices and pharmacies is limited, pharmacists lack access to patients’ full medical records. This bill would give pharmacists the ability to provide medical treatment without the critical knowledge needed to make informed, evidence-based, appropriate decisions for each individual patient. We urge Congress to invest in efforts to improve information sharing between pharmacists and primary care physicians instead of advancing this bill.

In a 2023 policy position [paper](#) entitled, Principles for the Physician-Led Patient-Centered Medical Home and Other Approaches to Team-Based Care, ACP encourages payers and policymakers to adopt payment approaches that provide sufficient resources to support collaborative models and to reject efforts to allow non-physician health care professionals to

practice independent of the physician-led health care team. We strongly support arrangements where the pharmacist is part of an integrated, team-based approach to care, such as a patient-centered medical home (PCMH). We urge Congress to invest in the PCMH and other efforts to improve collaboration and team-based care models – consistent with the [Joint Principles of the Patient-Centered Medical Home](#). In a collaborative environment, the pharmacist is a logical member of a team. Although pharmacists should not independently diagnose and treat, they are uniquely qualified to deal with issues of medication use, medication tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments.

Patients are best served when their care is provided by an integrated practice care team led by a physician. We are concerned that this bill conflicts with this approach to health care delivery and could result in patients forgoing comprehensive preventive care, which could lead to worse health outcomes for patients and increased health care costs. Thank you for your consideration of our concerns during markup with H.R. 3164. Should you have any questions, please contact George Lyons, Director of Legislative Affairs, at [glyons@acponline.org](mailto:glyons@acponline.org).

Sincerely,



Jan K. Carney, MD, MPH, MACP, FRCP

President