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GENERAL ASSEMBLY OF NORTH CAROLINA
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SENATE BILL DRS45186-NB-17

Short Title:	Pharmacists/Collaborative Practice.	(Public)
Sponsors:	Senators Sawrey, Hise, and Galey (Primary Sponsors).	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO MODERNIZE AND EXPAND PHYSICIAN-PHARMACIST COLLABORATIVE PRACTICE.

The General Assembly of North Carolina enacts:

SECTION 1.(a) G.S. 90-18(c)(3a) reads as rewritten:

"(3a) The provision of ~~drug therapy management by a licensed pharmacist engaged in the practice of pharmacy pursuant to an agreement that is physician, pharmacist, patient, and disease specific when~~ health care services by a licensed pharmacist under a collaborative practice agreement with one or more physicians shall be performed in accordance with rules ~~and rules~~ developed by a joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and approved by both Boards. ~~Drug therapy management shall be defined as: (i) the implementation of predetermined drug therapy which includes diagnosis and product selection by the patient's physician; (ii) modification of prescribed drug dosages, dosage forms, and dosage schedules; and (iii) ordering tests; (i), (ii), and (iii) shall be pursuant to an agreement that is physician, pharmacist, patient, and disease specific.~~For the purposes of this subdivision, "health care services" means medical tasks, acts, or functions authorized through a written agreement by a physician and delegated to a pharmacist for the purpose of providing drug therapy, disease, or population health management for patients."

SECTION 1.(b) G.S. 90-18.4 reads as rewritten:

"**§ 90-18.4. Limitations on clinical pharmacist practitioners.**

(a) Any pharmacist who is approved under the provisions of G.S. 90-18(c)(3a) to perform medical acts, tasks, and functions may use the title "clinical pharmacist practitioner". Any other person who uses the title in any form or holds himself or herself out to be a clinical pharmacist practitioner or to be so licensed shall be deemed to be in violation of this Article.

(b) Clinical pharmacist practitioners are authorized ~~to implement predetermined drug therapy, which includes diagnosis and product selection by the patient's physician, modify prescribed drug dosages, dosage forms, and dosage schedules, and to order laboratory tests pursuant to a drug therapy management agreement that is physician, pharmacist, patient, and disease specific~~ by physicians to provide health care services in accordance with G.S. 90-18(c)(3a) and subsection (e) of this section under the following conditions:

(1) The North Carolina Medical Board and the North Carolina Board of Pharmacy have adopted rules developed by a joint subcommittee governing the approval of individual clinical pharmacist practitioners to practice ~~drug therapy~~

~~management~~ health care services with such limitations that the Boards determine to be in the best interest of patient health and safety.

(2) The clinical pharmacist practitioner has current approval from both Boards.

(3) The North Carolina Medical Board has assigned an identification number to the clinical pharmacist practitioner which is shown on written prescriptions written by the clinical pharmacist practitioner.

~~(4) The drug therapy management agreement prohibits the substitution of a chemically dissimilar drug product by the pharmacist for the product prescribed by the physician without the explicit consent of the physician and includes a policy for periodic review by the physician of the drugs modified pursuant to the agreement or changed with the consent of the physician.~~

~~(c) Clinical pharmacist practitioners in hospitals and other health facilities that have an established pharmacy and therapeutics committee or similar group that determines the prescription drug formulary or other list of drugs to be utilized in the facility and determines procedures to be followed when considering a drug for inclusion on the formulary and procedures to acquire a nonformulary drug for a patient may order medications and tests under the following conditions:~~

~~(1) The North Carolina Medical Board and the North Carolina Board of Pharmacy have adopted rules governing the approval of individual clinical pharmacist practitioners to order medications and tests with such limitations as the Boards determine to be in the best interest of patient health and safety.~~

~~(2) The clinical pharmacist practitioner has current approval from both Boards.~~

~~(3) The supervising physician has provided to the clinical pharmacist practitioner written instructions for ordering, changing, or substituting drugs, or ordering tests with provision for review of the order by the physician within a reasonable time, as determined by the Boards, after the medication or tests are ordered.~~

~~(4) The hospital or health facility has adopted a written policy, approved by the medical staff after consultation with nursing administrators, concerning the ordering of medications and tests, including procedures for verification of the clinical pharmacist practitioner's orders by nurses and other facility employees and such other procedures that are in the best interest of patient health and safety.~~

~~(5)~~(c1) Any ~~drug therapy~~ order written by a clinical pharmacist practitioner ~~or order~~ for ~~medications or tests~~ medications, tests, or devices shall be deemed to have been authorized by the physician approved by the Boards as the supervisor of the clinical pharmacist practitioner and the supervising physician shall be responsible for authorizing the prescription order.

(c2) Institutional and group practices may implement a site-specific, multi-provider collaborative practice agreement for the care of their patients. The institution or group practice must develop a policy for oversight, and the clinical pharmacist practitioners engaged in the agreement must be evaluated by an appointed supervising physician.

(d) Any registered ~~nurse or~~ nurse, licensed practical ~~nurse~~ nurse, or pharmacist who receives a drug ~~therapy~~ therapy, laboratory test, or device order from a clinical pharmacist practitioner ~~for medications or tests~~ is authorized to perform that order in the same manner as if the order was received from a licensed physician.

(e) The following requirements apply to clinical pharmacist practitioners and supervising physicians engaging in collaborative practice:

(1) A clinical pharmacist practitioner shall have a site-specific supervising physician.

(2) The supervising physician shall conduct periodic review and evaluation of the health care services provided by the clinical pharmacist practitioner.

(3) A physician may collaborate with any number of clinical pharmacist practitioners, but when acting as the supervising physician, they shall supervise as many clinical pharmacist practitioners as the supervising physician deems can be safely and effectively supervised.

(4) Health care services delegated by a supervising physician, such as initiating, changing, or discontinuing drugs, or ordering tests or devices, to assist with drug therapy, disease, or population health management, must be included in the written agreement between the supervising physician and the clinical pharmacist practitioner.

(5) A supervising physician may include a "statement of authorization" in the written agreement to allow the clinical pharmacist practitioner to conduct drug substitutions within the same therapeutic class or for biosimilar medications based upon the health plan's drug formulary for a patient. The clinical pharmacist practitioner shall document and notify the patient's physician of any substitutions made.

(6) Supervising physicians may add other advanced practice providers that they supervise to their collaborative practice agreement with a clinical pharmacist practitioner. The evaluation and supervision of the clinical pharmacist practitioner shall remain with the supervising physician.

(f) The health care setting location for the provision of health care services by the clinical pharmacist practitioner may be fully or partially embedded for a site-specific practice. The setting location shall be determined by the supervising physician and included in the site-specific collaborative practice agreement."

SECTION 1.(c) G.S. 90-85.3(b2) reads as rewritten:

"(b2) "Clinical pharmacist practitioner" means a licensed pharmacist who meets the guidelines and criteria for such title established by the joint subcommittee of the North Carolina Medical Board and the North Carolina Board of Pharmacy and is authorized to ~~enter into~~ perform medical acts, tasks, and functions for drug ~~therapy~~ therapy, disease, or population health management agreements with physicians in accordance with the provisions of G.S. 90-18.4."

SECTION 2.(a) Part 7 of Article 50 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-50-296. Pharmacist credentialing.**

Insurers offering a health benefit plan that delegates credentialing agreements or requirements for pharmacists licensed under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state to a contracted healthcare facility shall accept the credentialing for all pharmacists employed by, or contracted with, those healthcare facilities."

SECTION 2.(b) Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-3-241. Healthcare services provided by pharmacists.**

(a) The following definitions apply in this section:

(1) Healthcare services. – Any of the following health or medical procedures or services rendered by a healthcare provider:

a. Testing, diagnosis, or treatment of a health condition, illness, injury, or disease. This includes testing, diagnosis, or treatment rendered by a pharmacist acting within the pharmacist's scope of practice.

b. Dispensing of drugs, medical devices, medical appliances, or medical goods for the treatment of a health condition, illness, injury, or disease.

c. Administration of a vaccine or medication.

(2) Pharmacist. – An individual licensed to practice pharmacy under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another state.

(b) A health benefit plan offered by an insurer in this State shall cover healthcare services provided by a pharmacist if all of the following conditions are met:

(1) The service or procedure was performed within the pharmacist's licensed lawful scope of practice.

(2) The health benefit plan would have covered the service if the service or procedure had been performed by another healthcare provider.

(c) The participation of a pharmacy in a drug benefit provider network of a health benefit plan shall not satisfy any requirement that insurers offering health benefit plans include pharmacists in medical benefit provider networks."

SECTION 2.(c) G.S. 58-56-26 is amended by adding a new subsection to read:

"(e) Notwithstanding any provision of this Article to the contrary, all requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a third-party administrator in the same way they are applicable to an insurer."

SECTION 2.(d) Article 56A of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-56A-55. Health benefit plan requirements applicable.**

All requirements relating to the coverage of prescription drugs and pharmacy services under this Chapter applicable to health benefit plans are applicable to a pharmacy benefits manager in the same way they are applicable to an insurer."

SECTION 2.(e) This section becomes effective October 1, 2025, and applies to contracts entered into, renewed, or amended on or after that date.

SECTION 3.(a) The North Carolina Medical Board and the North Carolina Board of Pharmacy may adopt temporary rules to implement the provisions of this act.

SECTION 3.(b) This section is effective when it becomes law.

SECTION 4. Except as otherwise provided, this act becomes effective October 1, 2025.