GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2025

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SENATE BILL 335 PROPOSED COMMITTEE SUBSTITUTE S335-PCS35258-BC-10

PROPOSED COMMITTEE SUBSTITUTE \$355-PC\$35256-BC-10		
Short Title:	Pharmacists/Test and Treat/Influenza & Strep.	(Public)
Sponsors:		
Referred to:		
	March 20, 2025	
WITH C PROVIE SERVIC WITHIN EQUIVA PROFES INSURA	Assembly of North Carolina enacts: ECTION 1.(a) G.S. 90-85.3 reads as rewritten:	F PHARMACY, TO F HEALTH CARE A PHARMACIST ND THAT ARE HEALTH CARE
Administrati (b3) "oguidelines and Medical Bootherapy mand G.S. 90-18.4	CLIA-waived test" means a laboratory test authorized by the on and waived under the Clinical Laboratory Improvement Americal pharmacist practitioner" means a licensed pharmacist deriteria for such title established by the joint subcommittee of and the North Carolina Board of Pharmacy and is authorized nagement agreements with physicians in accordance with the control of the cont	endments of 1988. First who meets the f the North Carolina ed to enter into drug
	ECTION 1.(b) G.S. 90-85.3A reads as rewritten: Practice of pharmacy.	
therapeutic vand report as and device the perform drug and device s	a pharmacist may advise and educate patients and health care paralues, content, uses, and significant problems of drugs and develouses drug and device reactions; take and record patient history nerapy; administer drugs; monitor, record, and report drug therapy utilization reviews; and participate in drug and drug source source selection as provided in G.S. 90-85.27 through G.S. 90-85.	rices; assess, record, ries relating to drug by and device usage; selection and device 5.31.
	the result of the CLIA-waived test for (i) influenza and (ii) strep	

SECTION 1.(c) This section becomes effective October 1, 2025.

section with any controlled substance classified in Schedules I through IV."



in accordance with statewide protocols. A pharmacist shall not treat a health condition under this

SECTION 2.(a) 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 provider. Either of the following:
 - a. An individual who is licensed, certified, or otherwise authorized under Chapter 90 of the General Statutes to provide healthcare services in the ordinary course of business or practice of a profession or in an approved education or training program.
 - b. A health care facility licensed under Chapter 131E or Chapter 122C of the General Statutes and where healthcare services are provided to patients.
 - (2) <u>Healthcare services. Any of the following health or medical procedures or services rendered by a healthcare provider:</u>
 - 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.
 - <u>c.</u> Administration of a vaccine or medication.
 - (3) 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 at no less than the same rate as any other healthcare provider performing the same service 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.
- (d) An insurer shall accept a claim under this section regardless of whether it is submitted by a pharmacist or a pharmacy submitting the claim on behalf of a pharmacist the pharmacy employs or contracts with."

SECTION 2.(b) G.S. 58-3-230 is amended by adding a new subsection to read:

"(d) Insurers that delegate 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.(c) G.S. 58-3-200(d) reads as rewritten:

"(d) Services Outside Provider Networks. – No insurer shall penalize an insured or subject an insured to the out-of-network benefit levels offered under the insured's approved health benefit plan, including an insured receiving an extended or standing referral under G.S. 58-3-223, unless contracting health care providers able to meet health needs of the insured are reasonably available to the insured without unreasonable delay. Upon notice or request from the insured, the insurer shall determine whether a health care provider able to meet the needs of the insured is available to the insured without unreasonable delay by reference to the insured's location and the specific medical needs of the insured."

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

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12 13 "(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 that apply to health benefit plans are applicable to a third-party administrator in the same way they are applicable to an insurer."

SECTION 2.(e) 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 that apply to health benefit plans are applicable to a pharmacy benefits manager in the same way they are applicable to an insurer."

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

SECTION 3. No later than October 1, 2025, the North Carolina Medical Board and the North Carolina Board of Pharmacy, in conjunction with the State Health Director, shall adopt rules to implement the provisions of Section 1 of this act. At a minimum, those rules shall include:

- (1) An approved course of treatment pharmacists may implement for influenza and streptococcus infections.
- (2) Protocols for testing and treatment of influenza and streptococcus infections that balance patient safety with ensuring access to care provided by pharmacists.
- (3) If the Boards deem it appropriate, rules (i) limiting the number of times a patient can be treated by a pharmacist in a given time span and (ii) creating an audit mechanism to enforce those rules.
- (4) Patient parameters necessitating referral to a primary, urgent, or emergency care provider.
- (5) Any other rules the Boards deem necessary.

SECTION 4. Except as otherwise provided, this act is effective when it becomes

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