

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025

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SENATE BILL 335  
Health Care Committee Substitute Adopted 4/2/25

Short Title: Pharmacists/Test and Treat/Influenza & Strep.

(Public)

Sponsors:

Referred to:

March 20, 2025

A BILL TO BE ENTITLED

AN ACT TO ALLOW PHARMACISTS TO TEST AND TREAT FOR CERTAIN ILLNESSES WITH CERTAIN MEDICATIONS APPROVED BY THE BOARD OF PHARMACY, TO PROVIDE FOR FAIR AND EQUITABLE REIMBURSEMENT OF HEALTH CARE SERVICES OR PROCEDURES THAT ARE PERFORMED BY A PHARMACIST WITHIN THAT PHARMACIST'S SCOPE OF PRACTICE AND THAT ARE EQUIVALENT TO SERVICES PERFORMED BY OTHER HEALTH CARE PROFESSIONALS, AND TO APPROPRIATE FUNDS TO THE DEPARTMENT OF INSURANCE.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** G.S. 90-85.3 reads as rewritten:

**"§ 90-85.3. Definitions.**

...

(b2) "CLIA-waived test" means a laboratory test authorized by the Food and Drug Administration and waived under the Clinical Laboratory Improvement Amendments of 1988.

(b3) "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 drug therapy management agreements with physicians in accordance with the provisions of G.S. 90-18.4.

...."

**SECTION 1.(b)** G.S. 90-85.3A reads as rewritten:

**"§ 90-85.3A. Practice of pharmacy.**

...

(b) A pharmacist may advise and educate patients and health care providers concerning therapeutic values, content, uses, and significant problems of drugs and devices; assess, record, and report adverse drug and device reactions; take and record patient histories relating to drug and device therapy; administer drugs; monitor, record, and report drug therapy and device usage; perform drug utilization reviews; and participate in drug and drug source selection and device and device source selection as provided in G.S. 90-85.27 through G.S. 90-85.31.

...

(e) A pharmacist may order and perform a CLIA-waived test and initiate treatment pursuant to the result of the CLIA-waived test for (i) influenza and (ii) streptococcus infections in accordance with statewide protocols. A pharmacist shall not treat a health condition under this section with any controlled substance classified in Schedules I through IV."

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



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

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

4       (a) The following definitions apply in this section:

5           (1) Healthcare provider. – Either of the following:

6           a. An individual who is licensed, certified, or otherwise authorized under  
7 Chapter 90 of the General Statutes to provide healthcare services in  
8 the ordinary course of business or practice of a profession or in an  
9 approved education or training program.

10           b. A health care facility licensed under Chapter 131E or Chapter 122C of  
11 the General Statutes and where healthcare services are provided to  
12 patients.

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

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

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

20           c. Administration of a vaccine or medication.

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

23       (b) A health benefit plan offered by an insurer in this State shall cover healthcare services  
24 provided by a pharmacist at no less than the same rate as any other healthcare provider  
25 performing the same service if all of the following conditions are met:

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

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

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

33       (d) An insurer shall accept a claim under this section regardless of whether it is submitted  
34 by a pharmacist or a pharmacy submitting the claim on behalf of a pharmacist the pharmacy  
35 employs or contracts with."

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

37       "(d) Insurers that delegate credentialing agreements or requirements for pharmacists  
38 licensed under Article 4A of Chapter 90 of the General Statutes or the relevant laws of another  
39 state to a contracted healthcare facility shall accept the credentialing for all pharmacists employed  
40 by, or contracted with, those healthcare facilities."

41       **SECTION 2.(c)** G.S. 58-3-200(d) reads as rewritten:

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

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

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

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

7 **"§ 58-56A-55. Health benefit plan requirements applicable.**

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

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

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

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

27               **SECTION 4.** Except as otherwise provided, this act is effective when it becomes  
28 law.