



# SENATE BILL 357: Pharmacists/Collaborative Practice.

2025-2026 General Assembly

<b>Committee:</b>	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	<b>Date:</b>	April 17, 2025
<b>Introduced by:</b>	Sens. Sawrey, Hise, Galey	<b>Prepared by:</b>	Jason Moran-Bates
<b>Analysis of:</b>	First Edition		Committee Staff

**OVERVIEW:** *Senate Bill 357 would allow clinical pharmacist practitioners to perform medical tasks, acts, and functions when working under a practice agreement with a licensed physician. It would establish requirements for those agreements. It would also require insurers to cover services provided by clinical pharmacist practitioners and clarify that prescription drug coverage provisions of Chapter 58 (Insurance) also apply to third-party administrators and pharmacy benefits managers.*

**CURRENT LAW:** Under current law, clinical pharmacist practitioners can only provide drug management therapy to patients.

## BILL ANALYSIS:

Section 1 of the bill would allow clinical pharmacist practitioners working under a practice agreement with a licensed physician to perform medical acts, tasks, and functions, provided the following conditions are met:

- There must be a site-specific supervising physician who conducts periodic reviews of the health care services provided by the clinical pharmacist practitioners.
- Delegation of specific healthcare services must be included in a written practice agreement between the supervising physician and the clinical pharmacist practitioner.

The practice agreement between the physician and the clinical pharmacist practitioner may allow the clinical pharmacist practitioner to substitute biosimilars for currently prescribed drugs.

Physicians may supervise as many clinical pharmacist practitioners as they deem can be safely supervised and may allow other healthcare practitioners to collaborate with the clinical pharmacist practitioners. Group practices may implement one site-specific, multi-provider practice agreement.

Section 2 of the bill would require insurers who delegate credentialing agreements for pharmacists to a third party to accept all credentialing of pharmacists the third party employs or contracts with. Insurers would be required to cover all healthcare services provided by pharmacists acting within their scope of practice if those services would have been covered if they had been provided by other healthcare providers. It would also make the prescription drug coverage requirements in Chapter 58 (Insurance) applicable to third-party administrators and pharmacy benefits managers to the same extent they apply to insurers.

Section 3 would give the North Carolina Medical Board and North Carolina Board of Pharmacy the authority to adopt rules to implement the act.

**EFFECTIVE DATE:** The rules provisions would be effective when the bill becomes law. The remainder of the bill would be effective October 1, 2025, and apply to insurance contracts entered into, renewed, or amended on or after that date.

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