

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H.B. 824
Apr 8, 2025
HOUSE PRINCIPAL CLERK

H

D

HOUSE BILL DRH30343-MR-58A

Short Title: Expand Treatment Access/Opioid Use Disorder. (Public)

Sponsors: Representative White.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO EXPAND ACCESS TO TREATMENT FOR OPIOID OVERDOSE AND OPIOID
3 USE DISORDER BY UPDATING HEALTH BENEFIT PLAN COVERAGE OF, AND
4 REIMBURSEMENT FOR, OVERDOSE AND SUBSTANCE USE DISORDER
5 MEDICATIONS AND TO MAKE TECHNICAL AND CONFORMING CHANGES TO
6 UPDATE THE GENERAL STATUTES THAT RELATE TO MENTAL HEALTH
7 COVERAGE UNDER HEALTH BENEFIT PLANS.

8 The General Assembly of North Carolina enacts:

9
10 **PART I. CREATE PARITY FOR COVERAGE UNDER A HEALTH BENEFIT PLAN**
11 **APPLICABLE TO PHARMACIES AND PHARMACISTS**

12
13 **REQUIRE CERTAIN PHARMACY SERVICES TO BE COVERED UNDER A HEALTH**
14 **BENEFIT PLAN**

15 **SECTION 1.1.(a)** Article 3 of Chapter 58 of the General Statutes is amended by
16 adding a new section to read:

17 **"§ 58-3-241. Healthcare services provided by pharmacists.**

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

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

21 a. Testing, assessment, and management of a health condition, illness,
22 injury, or disease. This includes testing, diagnosis, or treatment
23 rendered by a pharmacist acting within the pharmacist's scope of
24 practice.

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

27 c. Administration of a vaccine or medication, including long-term
28 injectables such as buprenorphine.

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

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

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

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



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

4 **SECTION 1.1.(b)** This section is effective October 1, 2025, and applies to insurance
5 contracts issued, amended, or renewed on or after that date.

6 7 **ACCEPT HEALTHCARE FACILITY CREDENTIALING FOR PHARMACISTS** 8 **EMPLOYED BY THE FACILITY**

9 **SECTION 1.2.(a)** G.S. 58-3-230 is amended by adding a new subsection to read:

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

14 **SECTION 1.2.(b)** This section is effective October 1, 2025, and applies to insurance
15 contracts issued, amended, or renewed on or after that date.

16 17 **PART II. ENHANCE COVERAGE OF PRESCRIPTION DRUGS FOR OPIOID** 18 **DISORDER AND OPIOID OVERDOSE UNDER HEALTH BENEFIT PLANS**

19 **SECTION 2.1.** G.S. 58-3-220 is amended by adding a new subsection to read:

20 "(k) Select Prescription Drugs. – Insurers offering a health benefit plan shall provide
21 coverage of all prescription drugs approved by the United States Food and Drug Administration
22 for the treatment of opioid disorder and opioid overdose. If an insurer maintains one or more
23 closed formularies, then all prescription drugs requiring coverage under this section shall be
24 included on those formularies. The following shall apply to prescription drugs for which coverage
25 is required under this subsection:

26 (1) The prescription drug shall not be subject to prior authorization as a condition
27 of coverage.

28 (2) Pharmacies dispensing the prescription drug shall be reimbursed at the most
29 recent National Average Drug Acquisition Cost price plus a dispensing fee. If
30 the prescription drug dispensed is not available on the most recent National
31 Average Drug Acquisition Cost price list, then the most recent Wholesale
32 Acquisition Cost price plus a dispensing fee shall be used to reimburse
33 pharmacies for dispensing the prescription drug."

34 **SECTION 2.2.** This Part is effective October 1, 2025, and applies to insurance
35 contracts issued, amended, or renewed on or after that date.

36 37 **PART III. CONFORM TO FEDERAL LAW AND MAKE OTHER TECHNICAL** 38 **CHANGES TO UPDATE THE GENERAL STATUTES THAT RELATE TO MENTAL** 39 **HEALTH COVERAGE UNDER HEALTH BENEFIT PLANS**

40 **SECTION 3.1.(a)** Subsections (b), (c), (d), and (j) of G.S. 58-3-220 are repealed.

41 **SECTION 3.1.(b)** Subsection (h) of G.S. 58-3-220 is recodified as subsection (a1)
42 of G.S. 58-3-220.

43 **SECTION 3.2.** G.S. 58-3-220, as amended by Part II and Section 3.1 of this act,
44 reads as rewritten:

45 "**§ 58-3-220. Mental ~~illness~~-health benefits coverage.**

46 (a) **Mental Health Equity Requirement.** – ~~Except as provided in subsection (b), an insurer~~
47 ~~shall provide in each group health benefit plan benefits for~~ All health benefit plans shall provide
48 coverage for the necessary care and treatment of mental ~~illnesses~~-health conditions that are no
49 less favorable than benefits for the necessary care and treatment of physical ~~illness~~-generally,
50 including application of the same limits. For purposes of this subsection, mental ~~illnesses~~ are as
51 diagnosed and defined in the Diagnostic and Statistical Manual of Mental Disorders, DSM-5, or

1 a subsequent edition published by the American Psychiatric Association, except those mental
 2 disorders coded in the DSM-5 or subsequent edition as autism spectrum disorder (299.00),
 3 substance-related disorders (291.0 through 292.2 and 303.0 through 305.9), those coded as sexual
 4 dysfunctions not due to organic disease (302.70 through 302.79), and those coded as "V" codes.
 5 For purposes of this subsection, "limits" includes deductibles, coinsurance factors, co-payments,
 6 maximum out-of-pocket limits, annual and lifetime dollar limits, and any other dollar limits or
 7 fees for covered services.health conditions.

8 (a1) Definitions. – ~~As used~~The following definitions apply in this section:

9 (1) ~~"Health benefit plan" has the same meaning as~~Health benefit plan. – ~~As~~
 10 defined in G.S. 58-3-167.

11 (2) ~~"Insurer" has the same meaning as~~Insurer. – ~~As defined in G.S. 58-3-167.~~

12 (3) Medical necessity. – ~~As defined in G.S. 58-50-61.~~

13 (4) ~~"Mental illness" has the same meaning as in G.S. 122C-3(21), with a~~Mental
 14 health condition. – A mental disorder defined in the Diagnostic and Statistical
 15 Manual of Mental Disorders, DSM-5, or subsequent editions published by the
 16 American Psychiatric Association, except this term does not include those
 17 mental disorders coded in the DSM-5 or subsequent editions as autism
 18 spectrum disorder (299.00), ~~substance-related disorders (291.0 through 292.9~~
 19 and ~~303.0 through 305.9),~~ those coded as sexual dysfunctions not due to
 20 organic disease (302.70 through 302.79), and those coded as "V" codes.

21 ...

22 (g) Utilization Review. – ~~Nothing in this section prevents an insurer from applying~~
 23 ~~utilization review criteria to determine medical necessity as defined in G.S. 58-50-61 as long as~~
 24 ~~it does so in accordance with all requirements for utilization review programs and medical~~
 25 ~~necessity determinations specified in that section, including the offering of an insurer appeal~~
 26 ~~process and, where applicable, health benefit plan external review as provided for in Part 4 of~~
 27 ~~Article 50 of Chapter 58 of the General Statutes.~~in accordance with G.S. 58-50-61.

28 ...

29 (i) ~~Notwithstanding any other provisions of this section, a group health benefit plan that~~
 30 ~~covers both medical and surgical benefits and mental health benefits shall, with respect to the~~
 31 ~~mental health benefits, comply with all~~Federal Law Applies. – All applicable standards of
 32 Subtitle B of Title V of Public Law 110-343, known as the Paul Wellstone and Pete Domenici
 33 Mental Health Parity and Addiction Equity Act of 2008, and the applicable regulations, as
 34 amended, amended, and other relevant federal law shall apply to health benefit plans.

35

36 **SECTION 3.3.** The Revisor of Statutes shall replace the phrase "chemical
 37 dependency" with the phrase "substance use disorder" in all of the following statutes:

38 (1) G.S. 58-51-16(a).

39 (2) G.S. 58-51-40(a).

40 (3) G.S. 58-51-55(b).

41 (4) G.S. 58-65-90(b).

42 (5) G.S. 58-67-75(b).

43 **SECTION 3.4.** All of the following are repealed:

44 (1) G.S. 58-51-50.

45 (2) Subdivision (a)(2) and subsection (c) of G.S. 58-51-55.

46 (3) G.S. 58-65-75.

47 (4) Subdivision (a)(2) and subsection (c) of G.S. 58-65-90.

48 (5) G.S. 58-67-70.

49 (6) Subdivision (a)(2) and subsection (c) of G.S. 58-67-75.

50 **SECTION 3.5.** G.S. 58-3-192(a)(2) reads as rewritten:

1 "(2) Autism spectrum disorder. – As defined by the most recent edition of the
2 Diagnostic and Statistical Manual of Mental Disorders (DSM) or the most
3 recent edition of the International Statistical Classification of Diseases and
4 Related Health Problems. Autism spectrum disorder is not considered a
5 mental ~~illness~~health condition, as defined in G.S. 58-3-220, ~~58-51-55~~, or a
6 mental illness, as defined in G.S. 58-51-55, 58-65-90, or 58-67-75."

7 **SECTION 3.6.(a)** G.S. 58-56-26 is amended by adding a new subsection to read:

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

12 **SECTION 3.6.(b)** Article 56A of Chapter 58 of the General Statutes is amended by
13 adding a new section to read:

14 "**§ 58-56A-55. Health benefit plan requirements applicable.**

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

18 **SECTION 3.7.** This Part is effective when it becomes law and applies to insurance
19 contracts issued, amended, or renewed on or after that date.

20
21 **PART IV. EFFECTIVE DATE**

22 **SECTION 4.1.** Except as otherwise provided, this act is effective when it becomes
23 law.