STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR

North Carolina Health Care Affordability Commission
July 21, 2026
Albemarle Building, Room 240
Raleigh, North Carolina
Co-Chairs: Treasurer Brad Briner & Secretary Devdutta Sangvai

10:00 AM	CALL TO ORDER INTRODUCTORY REMARKS	Treasurer Bradford B. Briner *Co-Chair* Secretary Devdutta Sangvai *Co-Chair*
10:10 AM	MEMBER INTRODUCTIONS	Voting Members Advisory Members Commission Staff
10:20 AM	ETHICS, OPEN MEETINGS, AND PUBLIC RECORDS COMPLIANCE	South A. Moore *Commission Staff*

10:25 AM	COMMISSION MEETINGS AND LOGISTICS	Secretary Sangvai
10:30 AM	NORTH CAROLINA'S HEALTH CARE AFFORDABILITY CHALLENGES	Professor Barak Richman *Facilitator*
11:30 AM	BREAK	
11:40 AM	DISCUSSION	Professor Richman
1:00 PM	ADJOURN	Secretary Sangvai

NORTH CAROLINA HEALTH CARE AFFORDABILITY COMMISSION		
MEMBER NAME	**TITLE**	**ORGANIZATION**
Treasurer Brad Briner	Treasurer	State of North Carolina
	Co-Chair	Health Care Affordability Commission
Secretary Devdutta Sangvai	Sec. of NC Department of Health and Human Services	State of North Carolina
	Co-Chair	Health Care Affordability Commission
Sen. Gale Adcock	Senator, NC-16	North Carolina General Assembly
Sen. Benton Sawrey	Senator, NC-10	North Carolina General Assembly
Rep. Timothy Reeder	Representative, NC-9	North Carolina General Assembly
Rep. Allen Buansi	Representative, NC-56	North Carolina General Assembly
Director Kristin Walker	Dir. Office of State Budget Management	State of North Carolina
Josh Dobson	President & CEO	NC Healthcare Association
John Green	CEO	Iredell Health System
Sandra Greene	Professor of Practice	Gillings School of Global Health
Tina Gordon	CEO	NC Nurses Association
Steve Keene	President	NC Medical Society
Rachel Keever	CEO	Foundation for Health Leadership and Innovation
Mark McClellan	Director	Duke Margolis Center for Health Policy
Karen McLeod	President & CEO	Benchmarks
Paige Ouimet	Professor	Kenan Institute of Private Enterprise

Cristy Page	CEO, Dean	UNC Health, UNC School of Medicine
Michelle Ries	Director	Institute of Medicine
Nicholas Riggs	Director	NC Navigator Consortium
Rob Robinson	President	NC Association of Public Community Health Plans
Gary Salamido	President & CEO	NC Chamber
Karen Smith	Physician	Family Medical Practice of Karen L. Smith
Tunde Sotunde	CEO	Blue Cross and Blue Shield of NC
Laurie Stradley	CEO	Impact Health
Dave Werry	President	Well
Tom Wroth	President & CEO	Community Care of NC

COMMISSION STAFF		
NAME	**TITLE**	**EMAIL**
Barak Richman (Facilitator)	Professor of Business Law and Co-Director, Health Law & Policy Program, George Washington School of Law	barakr@law.gwu.edu
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Eric Naisbitt	Chief of Staff, Office of the State Treasurer	eric.naisbitt@nctreasurer.gov
Tom Friedman	Executive Administrator of the State Health Plan, Office of the State Treasurer	thomas.friedman@nctreasurer.gov

State of North Carolina

JOSH STEIN
GOVERNOR

June 30, 2026

EXECUTIVE ORDER NO. 39

ESTABLISHING THE NORTH CAROLINA HEALTH CARE AFFORDABILITY COMMISSION

WHEREAS, access to affordable health care is critical to promoting health and well-being, preventing disease, advancing economic opportunity, and increasing the quality of life for all North Carolinians; and

WHEREAS, medical inflation and rising health care prices contribute to premiums and out-of-pocket costs that many North Carolinians cannot afford; and

WHEREAS, these rising costs disproportionately impact rural communities; and

WHEREAS, health care spending accounts for almost one fifth of all spending in the nation's Gross Domestic Product; and

WHEREAS, among the 12 countries that spend the most on health care, the United States spends the most on health care but has the highest rate of treatable deaths; and

WHEREAS, health care spending nationwide grew by more than seven percent each year from 2023 through 2025; and

WHEREAS, from 2000 to 2020, average per-person health care spending in the United States rose from $4,101 per year $10,191 and from $3,950 per year to $8,917 in North Carolina and in 2025 average per-person spending in the United States reached nearly $16,500; and

WHEREAS, Americans pay more than $1,500 in annual out-of-pocket health care costs on average, in addition to health insurance premiums; and

WHEREAS, more than a quarter of Americans report postponing medical treatment due to the cost of care; and

WHEREAS, highly concentrated health care markets in metropolitan areas, rural hospital closures and conversions, and health care provider shortages have reduced access to affordable health care in North Carolina; and

WHEREAS, despite spending more on health care, the United States has fewer physicians and hospital beds than peer countries; and

WHEREAS, the expiration of enhanced Affordable Care Act premium tax credits increased premiums for hundreds of thousands of North Carolinians by more than $500 a month and forced nearly 214,000 North Carolinians to disenroll from or not renew their health insurance, the largest percentage enrollment drop in the nation; and

WHEREAS, many of the 214,000 North Carolinians who lost Affordable Care Act coverage are now uninsured; and

WHEREAS, North Carolina's health care ecosystem is estimated to lose tens of billions of dollars over the next decade because of federal policy changes; and

WHEREAS, rising health care costs also strain the State's finances, increasing costs for NC Medicaid and the NC State Health Plan for Teachers and State Employees; and

WHEREAS, the State has worked with hospitals across North Carolina to relieve more than $6.5 billion in medical debt for more than 2.5 million North Carolinians and reducing health care costs is necessary to ensure North Carolinians do not incur more medical debt; and

WHEREAS, state leaders must address rising health care costs to responsibly steward the State Budget and ensure North Carolinians can afford critical health care; and

WHEREAS, the State has several tools for identifying drivers of rising health care costs, including analyzing data about prescription drug prices collected through reports required by the SCRIPT Act, N.C. Sess. L. 2025-69, which the Governor signed into law last year, and by analyzing combined claims data from NC Medicaid and the State Health Plan; and

WHEREAS, representatives of health systems, employers, and insurers, consumer and patient advocates, bipartisan legislative leaders, and agency and department officials can offer invaluable insights into bold initiatives that can position North Carolina as a leader in tackling the health care affordability challenge moving forward; and

WHEREAS, pursuant to Article III of the North Carolina Constitution and N.C. Gen. Stat. §§ 143A-4 and 143B-4, the Governor is the chief executive officer of the state and is responsible for formulating and administering the policies of the executive branch of state government; and

WHEREAS, pursuant to N.C. Gen. Stat. § 147-12, the Governor has the authority and the duty to supervise the official conduct of all executive and ministerial officers.

NOW, THEREFORE, pursuant to the authority vested in me as Governor by the Constitution and the laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Establishment.

The North Carolina Health Care Affordability Commission ("Commission") is hereby established.

Section 2. Membership.

The Commission shall be composed of seven (7) voting members and no more than twenty-five (25) non-voting members. All members shall be appointed by the Governor and shall serve at his pleasure. Members should represent the geographic, professional, and demographic diversity of North Carolina. Commission members shall serve a term of one (1) year and may be reappointed to successive terms.

The voting members shall be as follows:

a. The Secretary of the North Carolina Department of Health and Human Services, who shall serve as co-chair of the Commission;
b. The State Treasurer, who shall serve as co-chair of the Commission;
c. The Director of the Office of State Budget and Management;
d. Two members of the North Carolina Senate; and
e. Two members of the North Carolina House of Representatives.

The non-voting members shall be North Carolina residents who are knowledgeable about the health care industry and drivers of health care costs in the State.

Section 3. Duties.

The Commission shall have the following responsibilities:

a. The Commission shall identify, research, and advise on the most impactful initiatives that will advance health care affordability in North Carolina, including, but not limited to:
    1. Improving transparency, data collection, and recordkeeping to better serve consumers and inform policymakers;
    2. Promoting competition in the market for health care services, including increasing system capacity;
    3. Addressing health care workforce shortages by increasing supply of providers, especially primary care providers;
    4. Expanding access to and utilization of primary care across the state;
    5. Exploring value-based care models; and
    6. Examining unique solutions to improve affordability in rural areas.
b. The Commission shall consider existing statewide initiatives, such as the Rural Health Transformation Program, and identify opportunities to build upon or achieve greater impact through these efforts.
c. The Commission shall report and deliver its recommendations of initiatives to pursue to the Governor. The Commission's first report shall be delivered no later than January 21, 2027.
d. The Commission shall perform other duties assigned by the Governor.

Section 4. Meetings.

The Commission shall meet as a body of the whole at least three times and at other times at the call of the Co-Chairs or the Governor. The Commission may conduct meetings using electronic conferencing or other electronic means. The Commission's meetings shall be governed by the North Carolina Open Meetings Act, N.C. Gen. Stat. § 143-318.9, *et seq.*

A simple majority of the Commission's voting members shall constitute a quorum for the purpose of transacting the business of the Commission.

Section 5. Administration.

The Governor's Office, the North Carolina Department of State Treasurer, and the North Carolina Department of Health and Human Services shall serve as staff and administrative support services for the Commission.

Members shall serve without compensation but may receive necessary travel and subsistence expenses in accordance with State law and policies and regulations of the Office of State Budget and Management.

Section 6. Effect.

This Executive Order is effective immediately.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 30th day of June in the year of our Lord two thousand and twenty-six.

Josh Stein
Governor

ATTEST:

Elaine F. Marshall
Secretary of State

CONFLICT OF INTEREST POLICY

In accordance with the State Government Ethics Act, it is the duty of every Taskforce member to avoid both conflicts of interest and the appearance of conflicts of interest.

If any member has any known conflict of interest or is aware of facts that might create the appearance of such conflict with respect to any matters coming before the Taskforce today, please identify the conflict or facts that might create the appearance of conflict to ensure that any inappropriate participation in that matter be avoided.

If at any time, any new matter raises a conflict during the meeting, please be sure to identify it at that time.

PUBLIC RECORDS POLICY

N.C. Gen. Stat. §132-1(b): "Public records and public information compiled by the agencies of North Carolina Government or its subdivisions are the property of the people."

Providing access to government records in accordance with state law is an important part of the everyday duties of office holders, government employees, and appointed and elected members of government boards and commissions, including task forces.

The Public Records Act defines public records broadly:

- Public records are any type of document "made or received pursuant to law or ordinance in connection with the transaction of public business by any agency of North Carolina government or its subdivisions."
- Records created or received in the transaction of public business by cabinet agencies, their appointed leadership, employees, commissions and committee members, or contractors are covered by the Act.
- Records related to public business that are created or transmitted through non-governmental accounts may nevertheless be public records.
    - Thus, public business conducted using text messages from a task force Member's personal mobile phone or emails from a personal email account may be public records.

NOTICE OF OPEN MEETING

Pursuant to N.C. Gen. Stat. § 143-318.9, *et seq.*, the Commission's meetings are open to the public. Commission meetings are also livestreamed and recorded.