



# State of North Carolina

**ROY COOPER**  
GOVERNOR

October 5, 2024

## EXECUTIVE ORDER NO. 318

### MEETING NORTH CAROLINA'S RESPONSE AND RECOVERY NEEDS IN SUPPORT OF HURRICANE HELENE RELIEF EFFORTS

**WHEREAS**, Hurricane Helene ("Helene") entered the State of North Carolina on September 26, 2024 as a tropical storm; and

**WHEREAS**, Helene has inflicted significant damage on public and private property; and

**WHEREAS**, impacts from Helene constitute a State of Emergency, as defined in N.C. Gen. Stat. § 166A-19.3(19); and

**WHEREAS**, on September 25, 2024, the undersigned issued Executive Order No. 315, which declares a State of Emergency and provides for the health, safety, and welfare of residents and visitors located in North Carolina ("Declaration of a State of Emergency"); and

**WHEREAS**, Executive Order No. 315 invokes the Emergency Management Act, and authorizes the Governor to exercise the powers and duties set forth therein to direct and aid in the response to, recovery from, and mitigation against emergencies; and

**WHEREAS**, on September 26, 2024, the President of the United States issued an emergency declaration, FEMA-3617-EM, for the State of North Carolina, providing, in part, for Public Assistance-Category B, including direct federal assistance to the State; and

**WHEREAS**, on September 28, 2024, the President of the United States approved an Expedited Major Disaster Declaration, FEMA-4827-DR, for the State of North Carolina; and

**WHEREAS**, the ongoing recovery and response efforts will impact the capacity of the health care system; and

**WHEREAS**, North Carolina should take all reasonable actions to expand the capacity of the health care system; and

**WHEREAS**, these efforts to expand capacity should include adding health care providers and expanding access to resources and medical services; and

**WHEREAS**, in some cases, expanding health care capacity will require temporarily waiving or suspending legal and regulatory constraints; and

**WHEREAS**, in the coming days and weeks, decisions about expanding capacity will require real-time decision-making and will need to be made in a timeframe that cannot accommodate even emergency rule-making; and

**WHEREAS**, to enable rapid decision-making, the undersigned has determined that it is in the best interest of the people of North Carolina to provide the Secretary of the North Carolina Department of Health & Human Services (“Secretary”) with authority to waive the enforcement of certain legal and regulatory constraints in order to expand capacity and save lives; and

**WHEREAS**, to meet the recovery and response needs of North Carolina, the undersigned has determined that it is in the best interest of the people of North Carolina to expand our health care and other licensed professionals to provide for the state’s health care needs; and

**WHEREAS**, the damage and destruction caused by Helene has created potentially dangerous situations where North Carolinians may be exposed to life threatening allergens, stinging insects, bacterium or other harmful substances; and

**WHEREAS**, the State Health Director has been assigned authority by the Secretary, pursuant to N.C. Gen. Stat. § 130A-3, to exercise authorities under N.C. Gen. Stat. § 130A-5, to develop and carry out health programs necessary for the protection and promotion of the public health and the control of disease; and

**WHEREAS**, N.C. Const. art. III § 5(4) vests the Governor with the duty to take care that the laws be faithfully executed; and

**WHEREAS**, the weather events associated with Helene have resulted in the destruction and/or loss of vital records as defined by N.C. Gen. Stat. § 130A-2(10); and

**WHEREAS**, N.C. Gen. Stat. § 130A-93.1(a)(1)-(2) provides that the State Registrar of N.C. Vital Records within the North Carolina Department of Health and Human Services (“State Registrar”) shall collect and process fees when issuing replacement vital records; and

**WHEREAS**, 10A N.C. Admin. Code 41H .0701 establishes fees the State Registrar must collect when issuing replacement vital records; and

**WHEREAS**, N.C. Gen. Stat. § 161-10(a)(8)-(9) establishes fees local registers of deeds must collect when issuing replacement vital records; and

**WHEREAS**, N.C. Gen. Stat. § 166A-19.10(b) authorizes and empowers the undersigned to make and amend orders, rules, and regulations within the limits of the authority conferred upon him in the North Carolina Emergency Management Act; and

**WHEREAS**, N.C. Gen. Stat. § 166A-19.30(b)(4) authorizes the undersigned, with the concurrence of the Council of State, to waive a provision of any regulation or ordinance of a State agency or a political subdivision which restricts the immediate relief of human suffering; and

**WHEREAS**, the execution of the undersigned’s emergency powers under N.C. Gen. Stat. § 166A-19.30 is appropriate to ensure the public safety of residents and visitors located in North Carolina during the State of Emergency; and

**WHEREAS**, in order to provide for the rapid and orderly rehabilitation of persons and restoration of property, the undersigned, with the concurrence of the Council of State, has made the determination that it is in the State’s interest to suspend the collection of certain replacement vital records fees.

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

**Section 1. Increasing the Pool of Professional Health Care Workers**

**A. Regulatory flexibility to expand the health care workforce.**

For the reasons and pursuant to the authority set forth above, the undersigned orders as follows:

1. Authority to meet extraordinary health care needs.

- a. To meet the goal of providing health care and saving lives in response to the wave of disaster brought on by Helene, and to meet the need for additional health care workers to treat patients, the undersigned delegates to each professional health care licensure board the authority to waive or modify enforcement of any legal or regulatory constraints that would prevent or impair the following:
  - i. Allowing persons to provide care if they are licensed in other states, territories, or the District of Columbia, but not licensed in North Carolina.
  - ii. Allowing persons to provide care if they are retired or if their licenses are inactive.
  - iii. Allowing skilled, but unlicensed volunteers to provide care.
  - iv. Allowing students at an appropriately advanced stage of professional study to provide care.
  
- b. Without limiting the foregoing, the undersigned delegates to each professional health care licensure board the authority to accomplish the goals listed in Subdivision (a)(i)-(iv) above by waiving or modifying any of the following regulations:
  - i. The regulations on admission and licensure for the practice of medicine, at 21 N.C. Admin. Code Chapter 32.
  - ii. The regulations on admission and licensure for the practice of nursing, at 21 N.C. Admin. Code Chapter 36.
  - iii. The regulations on admission and licensure for the practice of midwifery, at 21 N.C. Admin. Code Chapter 33.
  - iv. The admission and licensure regulations for the social worker profession, at 21 N.C. Admin. Code Chapter 63.
  - v. The regulations on admission and licensure for the practice of respiratory care, at 21 N.C. Admin. Code Chapter 61.
  - vi. The admission and licensure regulations for the pharmacy profession, at 21 N.C. Admin. Code Chapter 46.
  - vii. The regulations on admission and licensure for the practice of speech language pathology/therapy, at 21 N.C. Admin. Code Chapter 64.
  - viii. The regulations on admission and licensure for the practice of psychology, at 21 N.C. Admin. Code Chapter 54.
  - ix. The regulations on admission and licensure for the practice of clinical mental health counseling, at 21 N.C. Admin. Code Chapter 53.
  - x. The admission and licensure regulations for substance use disorder professionals, at 21 N.C. Admin. Code Chapter 68.
  - xi. The regulations on admission and licensure for the practice of occupational therapy, at 21 N.C. Admin. Code Chapter 38.
  - xii. The regulations on admission and licensure for the practice of physical therapy, at 21 N.C. Admin. Code Chapter 48.
  - xiii. The regulations on admission and licensure for the practice of recreational therapy, at 21 N.C. Admin. Code Chapter 65.
  - xiv. The admission and licensure regulations for the profession of interpreters and transliterators, at 21 N.C. Admin. Code Chapter 25.
  - xv. The admission and licensure regulations for the profession of nursing home administrators, at 21 N.C. Admin. Code Chapter 37.
  - xvi. The admission and licensure regulations for the profession of assisted living administrators, at 10A N.C. Admin Code 13F .1701.
  - xvii. The admission and licensure regulations for the perfusionist profession, at 21 N.C. Admin. Code Subchapter 32V.
  - xviii. The admission and licensure regulations for marriage and family therapists, at 21 N.C. Admin. Code Chapter 31.
  - xix. The admission and licensure regulations for dentists and dental hygienists, at 21 N.C. Admin. Code Chapter 16.
  - xx. Any regulations that are related to the provisions listed above.

- c. In each case, the professional health care licensure board shall have the authority to allow or not allow, in its discretion, these waivers or modifications, and the board shall have the authority to impose conditions on any persons authorized to provide care under this Subsection.
2. Posting waivers and modifications. Each professional health care licensure board shall document such waivers and modifications in writing and post them on their respective websites.
3. Guidance on training and qualifications. The professional health care licensure boards shall provide guidance on the training and qualifications necessary for their licensees to be ready to address workforce shortages in essential health care services needed to properly manage this State of Emergency.
4. No reduction in existing waiver authority. Nothing in this Subsection shall limit the existing statutory waiver authority of any board.
5. Temporary nature of this Subsection.
  - a. Waivers and modifications under the authority of this Subsection are temporary and shall be effective only for the duration of this Executive Order.
  - b. The undersigned delegates to each professional health care licensure board the authority to reimpose, during the duration of this Executive Order, any legal or regulatory constraint for which the board has waived or modified enforcement under this Subsection.

## **Section 2. Suspension of Certain Fees for North Carolina Vital Records**

For the reasons and pursuant to the authority set forth above, the undersigned orders as follows:

- A. The State Registrar shall suspend enforcement of the collection of fees set forth in N.C. Gen. Stat. § 130A-93.1(a)(1)-(2) and 10A N.C. Admin. Code 41H .0701 that are associated with processing and issuing: (1) replacement vital records maintained pursuant to Article 4 of Chapter 130A of the North Carolina General Statutes for individuals who maintained a residence on September 25, 2024, in any North Carolina counties declared in or subsequently added to the Federal Major Disaster Declaration issued on September 28, 2024, FEMA-4287-DR, and the boundary of the Eastern Band of Cherokee Indians; and (2) death certificates maintained pursuant to Article 4 of Chapter 130A of the North Carolina General Statutes for individuals who died on or after September 25, 2024, in any North Carolina counties declared in or subsequently added to the Federal Major Disaster Declaration issued on September 28, 2024, FEMA-4287-DR, and the boundary of the Eastern Band of Cherokee Indians.
- B. N.C. Gen. Stat. §§ 130A-93.1(a)(1)-(2), 161-10(a)(8), (9), 10A N.C. Admin. Code 41H .0701, and any other related state or political subdivision regulation or ordinance are waived to the limited extent necessary to permit local registers of deeds, in their discretion, to suspend the collection of fees associated with processing and issuing replacement vital records maintained pursuant to Article 4 of Chapter 130A of the North Carolina General Statutes and Article 2 of Chapter 161 of the North Carolina General Statutes for individuals who maintained a residence on September 25, 2024, in the any North Carolina counties declared in or subsequently added to the Federal Major Disaster Declaration issued on September 28, 2024, FEMA-4287-DR, and the boundary of the Eastern Band of Cherokee Indians; and (2) death certificates maintained pursuant to Article 4 of Chapter 130A of the North Carolina General Statutes for individuals who died on or after September 25, 2024, in any North Carolina counties declared in or subsequently added to the Federal Major Disaster Declaration issued on September 28, 2024, FEMA-4827-DR, and the boundary of the Eastern Band of Cherokee Indians.
- C. Paragraphs A and B of this Section 2 apply solely to fees for death certificates and replacement vital records maintained pursuant to Article 4 of Chapter 130A of the North

Carolina General Statutes and Article 2 of Chapter 161 of the North Carolina General Statutes.

- D. The suspension of fees in this Section shall remain in place for ninety (90) days following the end of the State of Emergency.
- E. This Section of the Executive Order shall be (a) distributed to the news media and other organizations calculated to bring its contents to the attention of the general public; (b) promptly filed with N.C. Vital Records within the North Carolina Department of Health and Human Services' Division of Public Health, and published on N.C. Vital Records' website and at the N.C. Vital Records' office; and (c) distributed to others as necessary to ensure proper implementation of this Executive Order.

**Section 3. Standing Order for Emergency Medications**

In order to further support the response and recovery efforts and protect public health by providing access to certain emergency medicine, the undersigned orders the State Health Director, in addition to and in accordance with her powers set out in Chapter 130A of the North Carolina General Statutes, to issue any statewide standing orders needed in her medical judgment to provide emergency medications, including but not limited to medications to treat severe and life-threatening allergies, anaphylaxis or infections, and vaccinations to address exposure to tetanus and other infectious pathogens, subject to the terms of the standing order.

The State Health Director, acting in accordance with the provisions set out herein, and persons licensed or authorized to perform professional services in the field of health care acting in accordance with State Health Director Standing Orders issued under this Section shall be considered "emergency management workers" as that term is defined in N.C. Gen. Stat. § 166A-19.60(e).

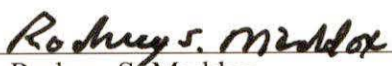
**Section 4. Effect and Duration**

This Executive Order is effective immediately and shall remain in effect until rescinded or superseded by another applicable Executive Order with the exception of Section 2D, which shall survive the termination of the State of Emergency as set forth in that section. An Executive Order rescinding the Declaration of a State of Emergency will automatically rescind this Executive Order.

**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 5<sup>th</sup> day of October in the year of our Lord two thousand and twenty-four.

  
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Roy Cooper  
Governor

**ATTEST:**

  
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Rodney S. Maddox  
Chief Deputy Secretary of State

