



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 to \$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

