



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

June 22, 2022

Dear Partners

As you are aware, the [State of Emergency](#) (SOE) remains in effect until rescinded. [Executive Order 256](#) (EO 256), which is enabled by the SOE, provides critical health care flexibilities and expires on July 15th. Continuation of the provisions in EO 256 will require concurrence from the [Council of State](#).

The flexibilities in EO 256 help ensure critical health and safety services across many health care settings, and they are still important today. We are pursuing legislative action for authority to continue these flexibilities without a State of Emergency and an executive order. We appreciate the active engagement of the General Assembly on this issue. If the requested authority is granted by the General Assembly, the State of Emergency should end. Should legislative action not take place in time, it is questionable whether flexibilities in EO 256 would be able to be extended. Therefore, there is a chance many of the critical flexibilities and authorities may end July 15th.

Examples of these critical health care flexibilities include:

- Losing the flexibilities in EO 256 could limit EMS agencies' ability to respond to emergencies. State rules require two EMS-credential professionals on an ambulance. **However, current flexibilities allow for a non-EMS credential professional to drive an ambulance while an EMS credentialed professional is responsible for all the medical aspects of service.** There is a critical shortage of EMS staff across the state. Even with this staffing flexibility, DHHS has received more than 2 dozen requests from EMS agencies for support due to insufficient staffing.
- Losing the flexibilities in EO 256 would hamper capacity while hospitals' staffing resources are tighter than ever. State rules don't allow for hospitals to temporarily expand clinical locations and beds or use clinical spaces more flexibly, even while federal regulation does. **For example, with current flexibilities, one health system was able to temporarily increase patient beds and temporarily use detox beds as medical beds to accommodate the surge of patients.**
- Losing the flexibilities in EO 256 would further limit admissions to nursing homes due to staffing shortages. State law does not allow a person to work until fully certified, while federal regulation allows a person to work as a nurse aide for up to 4 months during training and prior to certification. **Current flexibilities allow NC to align with federal regulation and address critical staff shortages in nursing homes.** Even with this flexibility, 84% of nursing homes in NC have limited admissions due to staffing shortages.
- Losing the flexibilities in EO 256 would immediately limit access to vaccine, testing, and treatment locations across the state that rely on the State Health Director's standing orders for administering COVID-19 vaccines, treatments or tests. While some of this could be mitigated, it would require hundreds of pages of paperwork to be completed by local partners and county entities. And for some providers of care, there is no potential mitigation.

Thank you so much for your service to the people of North Carolina. We will keep you posted with future developments.

Sincerely,

A handwritten signature in black ink, appearing to read "Kody H. Kinsley".

Kody H. Kinsley
Secretary
NC Department of Health and Human Services

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