



NC Department of Health and Human Services

Introduction for NC Coalition of Aging

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NCDHHS

October 2025

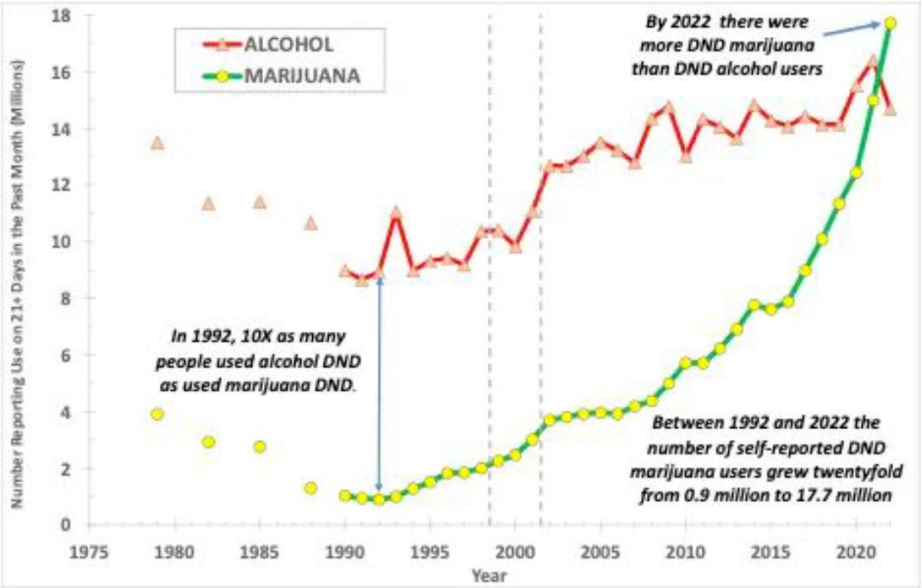
Cannabis Council

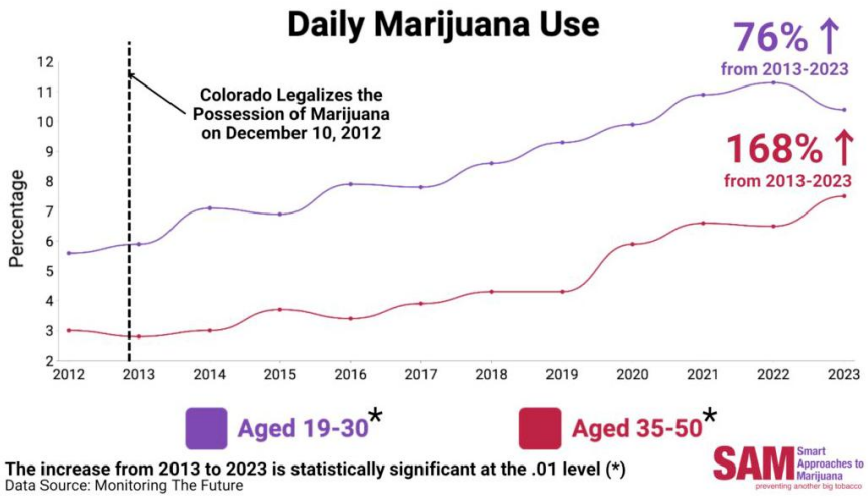
Cannabis Use Nationally is at an All Time High

	Adults (19-30)	Adults (30-50)
Past Year	42%	29%
Past Month	29%	19%
Daily	10%	8%

Not only are more adults and adolescents using cannabis – they are also using more frequently.

Daily or Near Daily use of THC vs. Alcohol in the US (1972-2022)





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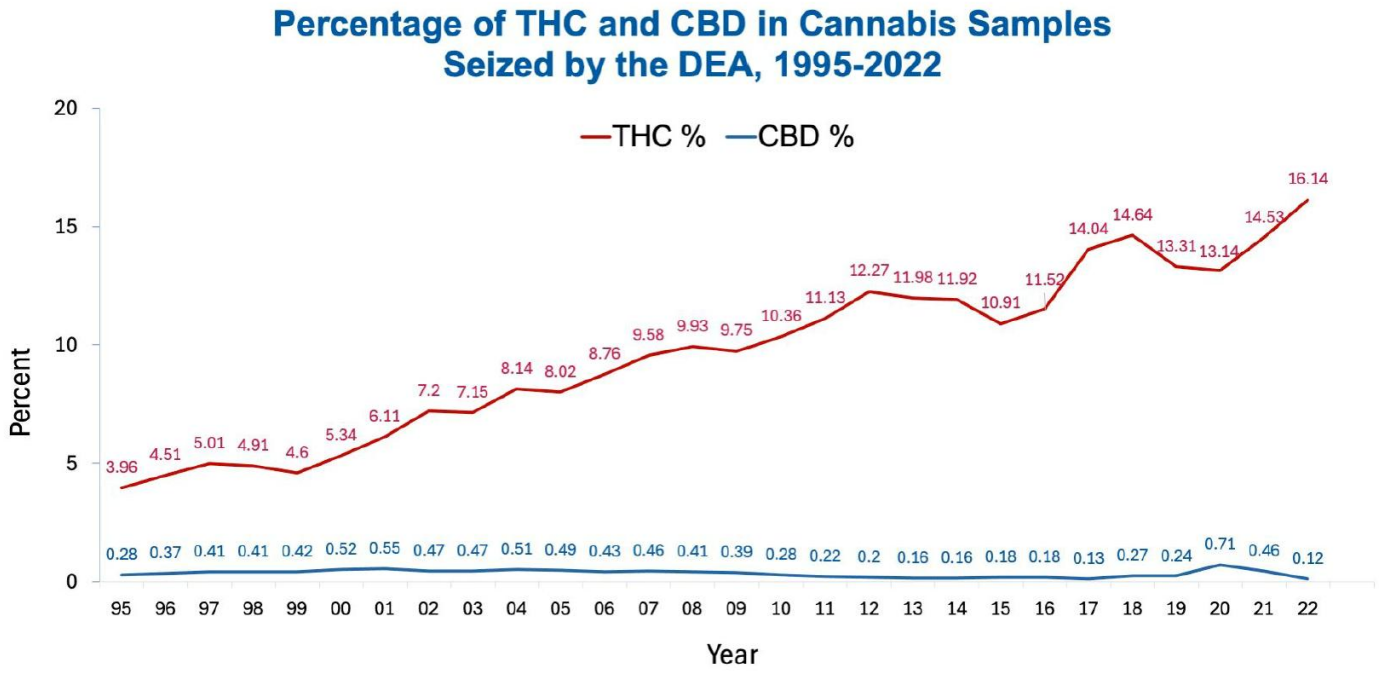
THC potency has increased significantly. Today's cannabis products regularly contain 20-30% THC.



Avg THC content (Cannabis plant)

1970s: ~2%

2025: 15-30%

SOURCE: U Miss, Potency Monitoring Project

https://nida.nih.gov/research/research-data-measures-resources/cannabis-potency-data

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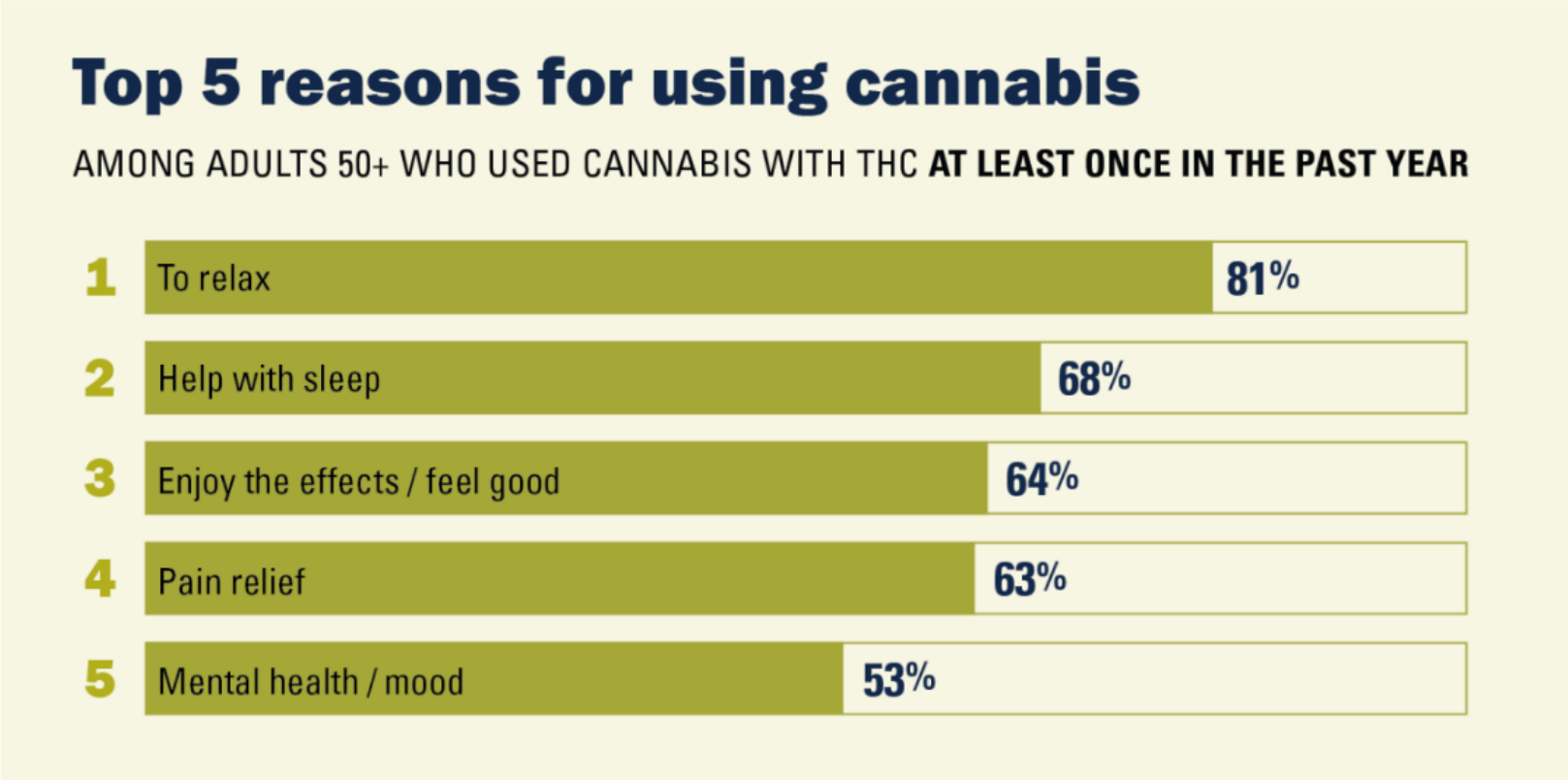
In all, **21% of people age 50 and older** said they used a form of cannabis that contains the **psychoactive compound THC at least once in the past year**, according to new findings from the University of Michigan National Poll on Healthy Aging.



3 of the top 5 reasons are medical.

University of Michigan National Poll September 2024

Adverse Outcomes are Increasing in Cannabis Legal States

ED visits
For seniors
In CA

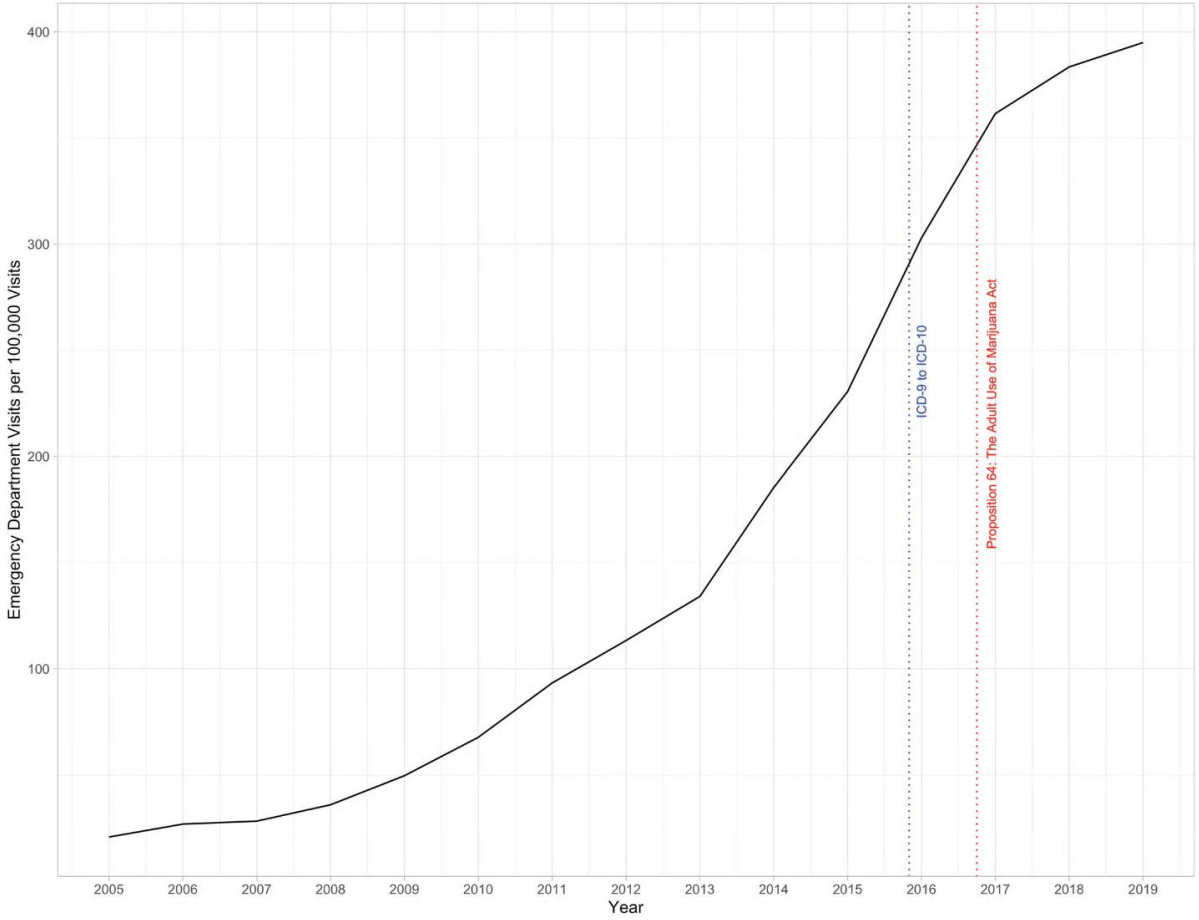
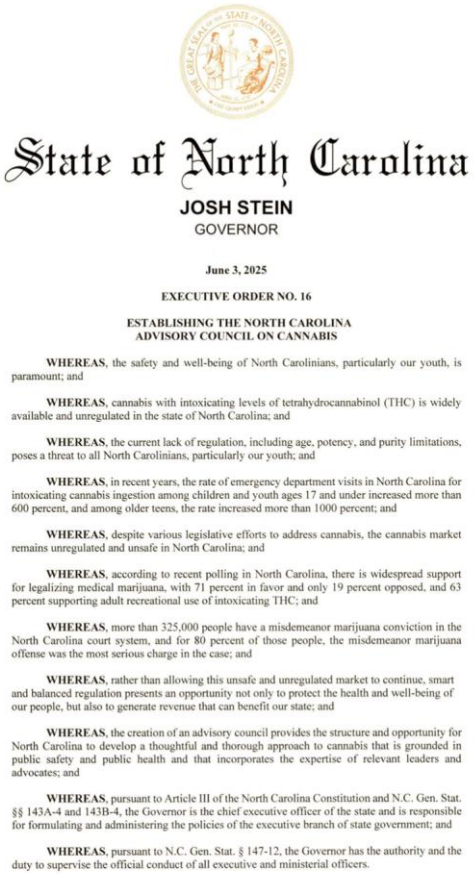


FIGURE 1 Trend in cannabis-related emergency department visit rate per 100,000 visits among adults aged 65 years and older in California, 2005–2019

Journal of the American Geriatric Society September 2022

Executive Order 16 (June 4, 2025): Duties



State of North Carolina

JOSH STEIN
GOVERNOR

June 3, 2025

EXECUTIVE ORDER NO. 16

ESTABLISHING THE NORTH CAROLINA ADVISORY COUNCIL ON CANNABIS

WHEREAS, the safety and well-being of North Carolinians, particularly our youth, is paramount; and

WHEREAS, cannabis with intoxicating levels of tetrahydrocannabinol (THC) is widely available and unregulated in the state of North Carolina; and

WHEREAS, the current lack of regulation, including age, potency, and purity limitations, poses a threat to all North Carolinians, particularly our youth; and

WHEREAS, in recent years, the rate of emergency department visits in North Carolina for intoxicating cannabis ingestion among children and youth ages 17 and under increased more than 600 percent, and among older teens, the rate increased more than 1000 percent; and

WHEREAS, despite various legislative efforts to address cannabis, the cannabis market remains unregulated and unsafe in North Carolina; and

WHEREAS, according to recent polling in North Carolina, there is widespread support for legalizing medical marijuana, with 71 percent in favor and only 19 percent opposed, and 63 percent supporting adult recreational use of intoxicating THC; and

WHEREAS, more than 325,000 people have a misdemeanor marijuana conviction in the North Carolina court system, and for 80 percent of those people, the misdemeanor marijuana offense was the most serious charge in the case; and

WHEREAS, rather than allowing this unsafe and unregulated market to continue, smart and balanced regulation presents an opportunity not only to protect the health and well-being of our people, but also to generate revenue that can benefit our state; and

WHEREAS, the creation of an advisory council provides the structure and opportunity for North Carolina to develop a thoughtful and thorough approach to cannabis that is grounded in public safety and public health and that incorporates the expertise of relevant leaders and advocates; 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.

Section 3. Duties:

- Protecting our **youth**, including laws regarding **age limits**, advertising directed at youth, packaging that appeals to children, and child-resistant packaging.
- Ensuring adequate cannabis use **prevention** models for youth and cannabis treatment models for youth and adults are available in community.
- Supporting public safety, including enforcement of **laws against impaired driving** and additional tools for law enforcement.

Executive Order 16: Duties Continued

Section 3. Duties, Continued:

- Promoting **public health** considerations, including **public education** campaigns, **surveillance** to monitor public health harms, and potential marijuana prescriptions for treatment.

- Elevating regulatory considerations such as **potency and flavor limits**, **purity standards**, and retail restrictions.

- **Advancing justice**, including expunging past convictions that do not align with the recommendations of the Council, including for simple possession of marijuana.

- Recommending appropriate government **regulatory structure**, including **sales restrictions and taxation**, and **staffing** to effectively implement the Council's recommendations to the benefit of the state.

Executive Order 1: Timeline

Section 4. Meetings and Deliverables

- Beginning in July 2025, the Council shall meet as a body of the whole at least **every other month through December 2026** and at other times at the call of the chair or the Governor.

- The Council shall submit its preliminary recommendations for a comprehensive cannabis policy, including any proposed legislation, to the Governor by **March 15, 2026, and its final recommendations by December 31, 2026.**

A bit more about the CAC…

- 27 members (4 in the NCGA)
- 2 co-chairs
- Supported by DHHS and Governor's staff
- All meetings public record and open to the public
- Input welcomed via comments submitted on website
- Meetings are mostly in person, some virtual
- Subcommittees to focus on specific areas and report back
- Decision making by majority
- Recommendations and possibly legislative language to NCGA

Rural Health Transformation Program (RHTP)

What Is the Rural Health Transformation Program (RHTP)?

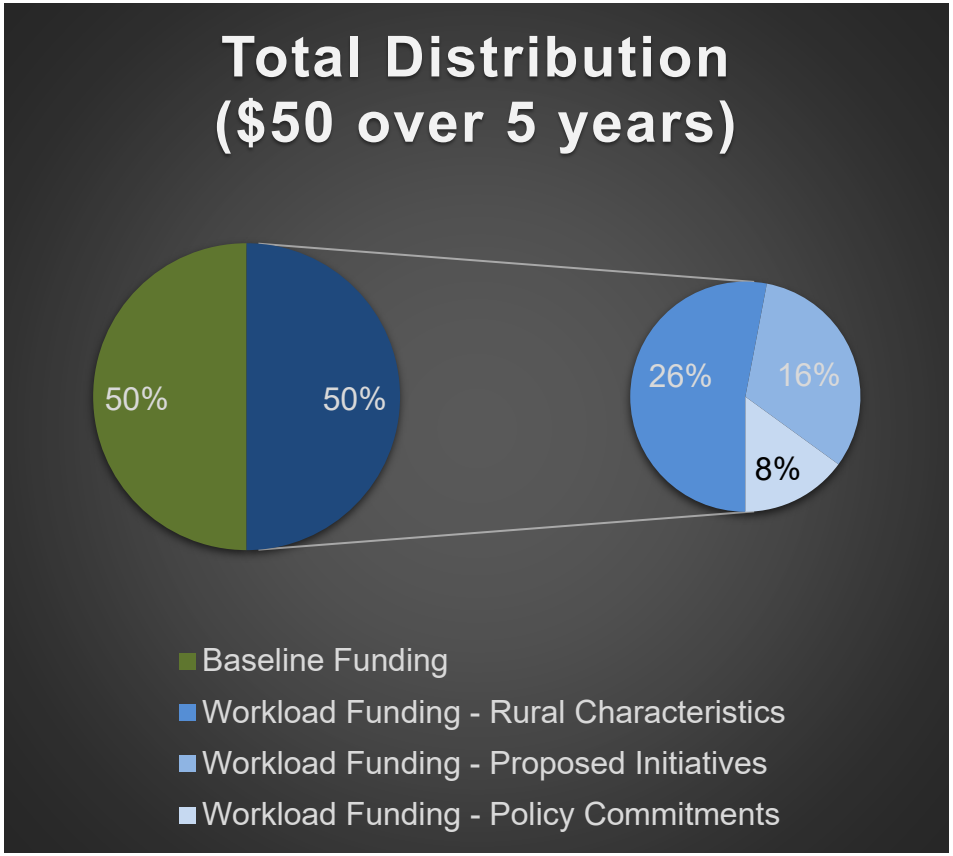
- **RHTP is part of H.R. 1 federal legislation** (Section 71401 of Public Law 119-21) meant to "*strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.*"
- This funding allocation was released on 9/15 by CMS via a Notice of Funding Opportunity (NOFO) for states to apply. Funding will be distributed in the form of a cooperative agreement.
- **H.R. 1 also made changes to Medicaid that will reduce funding and impact rural hospitals**
- The RHTP is not a replacement for lost funding. It's a distinct opportunity to test and scale models that can make rural care more sustainable, integrated, and responsive to community needs.

Why Focus on Rural Health?

- Access issues
- Higher burden of chronic disease
- Higher rates of poverty
- Higher percentage of seniors

Funding Overview and our plan will be evaluated

- **Total Funding:** $50 billion
- **Award Type:** Cooperative agreement
- **Number of Awards:** Up to 50 (one per State)
- **Funding Structure:**
  - **Baseline Funding:** $25B equally distributed
  - **Workload Funding:** $25B based on application quality and rural metrics



Rural Health Transformation Program: North Carolina Priorities

NCDHHS is preparing to submit its application now and will use the opportunity to continue its mission to address the financial strain rural providers, and hospitals, have faced for years.

NC's application to CMS will outline plans to:

- Improve access to rural hospitals and providers
- Strengthen the rural health care workforce
- Foster provider partnerships
- Improve outcomes for rural residents

Vision for a Healthier Rural North Carolina

We envision a rural North Carolina where every person—regardless of geography or income—has access to affordable, high-quality, and culturally responsive care.

Our implementation of RHTP will focus on:

- **Improved health outcomes** across the lifespan, including reductions in chronic disease, suicide and overdose rates, and preventable hospitalizations.
- **Expanded access to care, services, and support** through flexible, community-based, and mobile delivery models that meet people where they are.
- **A resilient rural health workforce** that is sufficient, supported, and representative of the communities it serves.
- **Integrated systems of care** that connect clinical services with social supports, informal networks, and community-based organizations.
- **Data-informed decision-making** through interoperable systems and localized insights that drive targeted investments.
- **Sustainable infrastructure and innovation** that endure and transform how care is delivered.
- **Increasing access to care for health and opportunity**, especially for underserved populations and geographies.

Next steps and engagement

- **Dates to remember:**
  - November 5, 2025: NCDHHS submits application to CMS
  - Dec. 31, 2025: Target for CMS approval of application
  - Early 2026: More guidance to be issued on how partners can apply for fund

For more information:

- Press Release: North Carolina to Apply for the Rural Health Transformation Program
- Website: Rural Health Transformation Program

Veteran Health and Access to Care

Importance of Veteran's Health

- Veterans across North Carolina have diligently served their country for decades, and they have unique health needs that are critical for us to recognize and support.
- For those who rely on our services, we must ensure continued communication and commitment to making veterans and their families aware of all the programs and resources we have for their benefit.

Veteran Health Programs through NCDHHS

DHHS is fully committed to our veterans, servicemembers, and their families in North Carolina. A few NCDHHS supported initiatives:

- **AskMeNC campaign:** A NC partnership led by NCDHHS and other Veteran-serving organizations, to help veterans and others affiliated with the military to more easily access federal and state benefits, VA health care, housing, education, and related resources.
- **988 Suicide and Crisis Lifeline:** 988 provides free, private support. It's available 24 hours a day, 7 days a week. Provides direct connection to the Veterans Crisis Line (option 1).
- **Task Force on Veteran's Health:** Partnership with NC Institute of Medicine to help develop coordinated policy recommendations for veteran behavioral health, substance use, and care navigation.

Healthcare Workforce Challenges

NC Workforce Healthcare Concerns

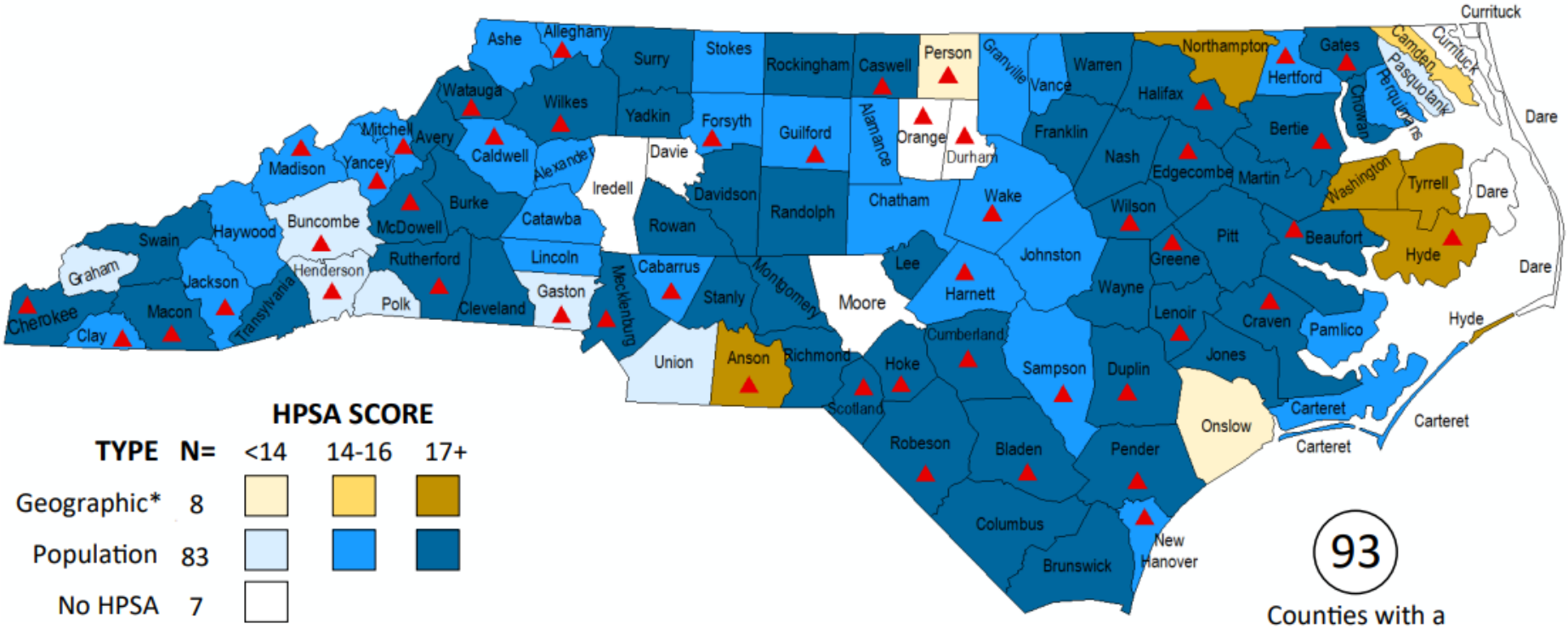
- **12 rural hospitals have closed** or converted to Rural Emergency Hospital status since 2006, and more are at risk.
- **Workforce shortages are acute:** rural counties have fewer than half the number of physicians per capita compared to urban areas.
- **Maternal care deserts are growing:** many rural hospitals have closed OB units, forcing pregnant people to travel hours for delivery.

We are at critically low levels for providers in rural settings:

- 94 counties have a health professional shortage.
- 97 counties have a mental health professional shortage.
- 93 counties have a dental health provider shortage.

NC Health Population Shortage Area Map

Primary Care



HPSA SCORE

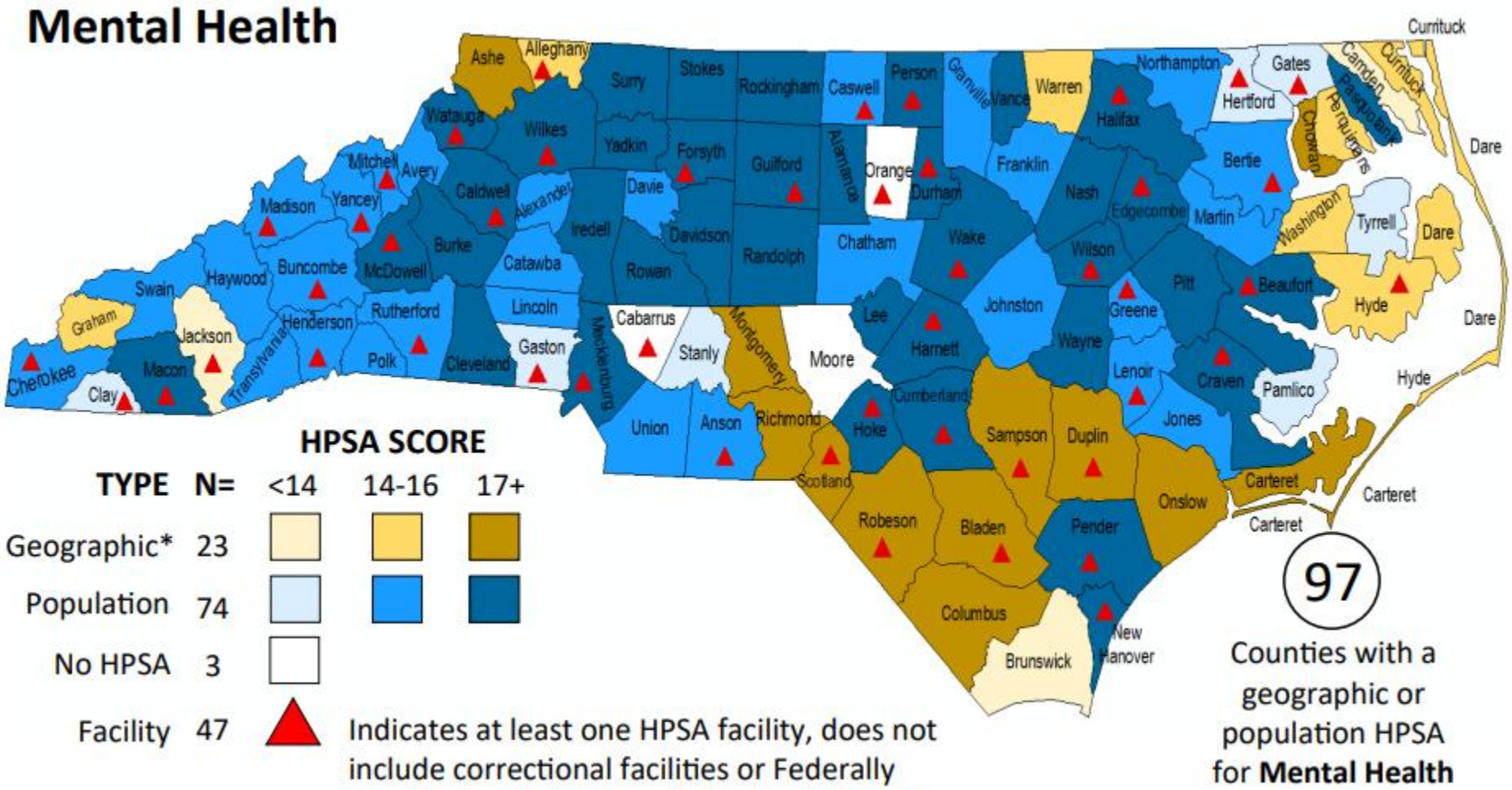
TYPE	N=	<14	14-16	17+
Geographic*	8			
Population	83			
No HPSA	7			
Facility	47	▲		

Indicates at least one HPSA facility, does not include correctional facilities or Federally Qualified Health Center (FQHC) satellite sites.

93

Counties with a geographic or population HPSA for **Primary Care**

NC Health Population Shortage Area Map



Creation of the Public Service Leadership Program (PSLP)

- NCDHHS and the North Carolina Social Work Coalition on Workforce Development have partnered together to create the PSLP to strengthen the state's social work workforce.
- The coalition consists of 25 universities and colleges in North Carolina that offer social work programs and are accredited by the Council on Social Work Education (CSWE).
- The five-year project kicked off this fall with a one-year planning period, followed by a one-year pilot and a three-year testing period.

Creation of the Public Service Leadership Program (PSLP)

The program will focus on the three following goals:

- **Increasing awareness** of careers in social work among students in North Carolina.
- **Strengthening the learning experience** of current social work students by equipping them with the professional knowledge and skills needed to address the complex needs of NC families and communities.
  - A special emphasis will be placed on rural communities and Medicaid-eligible populations.
- Creating **resiliency** in the existing workforce to increase retention and compassion satisfaction while also effectively serving populations with complex needs.

Support for Direct Support Professionals (DSPs)

DSPs are critical in helping people with intellectual and developmental disabilities live, work and thrive in communities of their choice.

NC General Assembly has allocated $7.4M for recruitment and retention grants for DSPs through NCDHHS

- Round 1 awards: 142 awards given across 56 providers and 86 employers of record; 4 innovative pilot programs awarded.
- Round 2 awards: 28 awards given across 20 providers and 8 employers of record; Round 2 will leverage 1115 Medicaid match funds to increase total amount of funds available.

Mental Health Workforce Loan Repayment

- **Incentivization of Recruitment and Retention for Publicly Funded Mental Health Roles**
- The NC General Assembly appropriated $20 million for a loan repayment program to strengthen North Carolina's mental health and substance use workforce by incentivizing providers to serve in underserved counties, helping to close critical care gaps across the state.

Loan Forgiveness for Nurses

- **Loan Forgiveness Programs through the NC Loan Repayment Program have been expanded to include Registered Nurses**
- NCDHHS' Office of Rural Health launched a new incentive program to support registered nurses and clinical nurse specialists this fall.
- To qualify, RNs must commit up to 4 years in rural, medically underserved areas of the state.

NC Caregiving Workforce Strategic Leadership Council

- Launched in 2022 by the NCDHHS and the NC Department of Commerce, the Council brings together state agencies, educational institutions and partner organizations to strategically align state efforts to develop a sustainable caregiving workforce.
- Following the state's greatest areas of need, the Council chose to focus on three areas:
  - **Nursing**
  - **Mental health and substance use**
  - **Direct care**

NC Caregiving Workforce Strategic Leadership Council

Nursing Workforce Initiatives:

- **Expanded Academic Coaching for Community College Students.**
  - The North Carolina Community College System (NCCCS) completed a successful three-year pilot program
- **Investments in Clinical Partnerships**
  - In May 2024, a partnership between UNC System and the North Carolina Area Health Education Centers (AHEC) expanded the number of Clinical Instructor Partnership (CIP) programs statewide.

NC Caregiving Workforce Strategic Leadership Council

Mental Health and Substance Use Treatment Workforce Initiatives:

- **Expand Career Pathways for Unlicensed Professionals.**
  - Allows Associates-prepared human services professionals with a specified number of years of relevant professional experience to practice as an Associate or Qualified Professional.
- **Increase Training and Credentialing for Peer Support Professionals.**
  - NCDHHS partnered with UNC School of Social Work and NC certified peers to create a free, state-wide, standardized peer support specialist training and certification process.

Vaccine Guidance and Orders

The Importance of Vaccinations

- Vaccines are one of the most effective means available to prevent severe illness, hospitalization and death. They help protect the health of children and adults, their families, and the entire community from the spread of infectious diseases.
- October is the ideal time to get vaccinated to have the strongest protection during peak respiratory virus season through winter.
- Vaccinations against seasonal respiratory viruses, including flu, RSV and COVID-19 are especially important for people who are at higher risk of severe viral respiratory disease.

COVID-19 Standing Orders

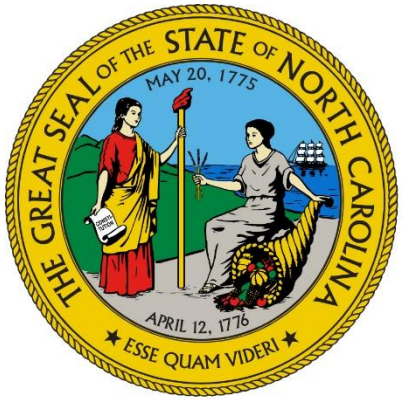
Standing orders issued Friday, September 12, 2025, allowed certain populations to get their COVID-19 vaccine without a prescription.

- This standing order helped bridge the gap for adults between when updated COVID-19 vaccine boosters became available in pharmacies and when the ACIP recommendations were approved by CDC, helping more than 80,000 North Carolinians get the COVID-19 vaccine.
- The CDC's ACIP recently voted to recommend the COVID-19 vaccine to everyone 6 months of age and older if an individual or parent/guardian chooses to get one for themself or their child after discussion with a doctor, nurse, pharmacist, or other health care provider.
- The standing orders were rescinded on Monday, Oct.13,2025 to give North Carolina pharmacies time to adopt protocols that align with the approved recommendations.

Influenza Test/Treat/Prevent

On Oct. 1, North Carolina put in place a standing order to allow immunizing pharmacists across the state to be able to test for the flu virus and then immediately treat high risk inviduals with the appropriate medications to reduce severity of illness and complications.

- Under these standing orders, pharmacists are now able to evaluate people ages 5 and older.
- The standing order allows pharmacists to offer preventive treatment to high-risk individuals who have had a significant exposure to influenza within the past 48 hours.


THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
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Questions?