

# NCMS Board of Directors Meeting

## Saturday, October 11, 2025

### Grandover, Greensboro, NC

North Carolina



**Medical Society**  
*Always Leading*

## STRATEGIC PLANNING AGENDA

### FRIDAY, OCTOBER 10, 2025

7:30–9:00 am — Meeting Registration

8:00–9:00 am — Breakfast Buffet/Networking

9:00–11:00 am — Welcome & Plenary Session

Keynote Speaker: Alice Hm Chen, MD, Chief Health Officer, Centene

Additional Speakers:

Ronald J. Howrigan, President, Fulcrum Strategies

Michael Long, Chairman & CEO, Lumeris

11:00–11:30 am — Break

11:30 am–12:30 pm — Lunch Buffet

12:30–1:00 pm — Break

1:00–4:00 pm — Plenary Session: Shaping the Future of NCMS

5:30–6:30 pm — Cocktail Hour

6:30–8:30 pm — President's Inauguration & Awards Dinner

### SATURDAY, OCTOBER 11, 2025

7:00–8:00 am — Breakfast Buffet

8:00–9:00 am — Final Report

9:00–11:00 am — Breakout Sessions (Board Meetings)

11:00–11:30 am — Adjourn; Boxed Lunch Available

North Carolina Medical Society Board of Directors

Saturday, October 11, 2025

9:30 AM - 11:00 AM

Title:	NCMS Board of Directors Agenda
Location/Link:	Grandover Resort
	Greensboro, NC
Room:	Grandville D
President:	Carl Westcott, MD



Attendance:	NCMS Board Members		NCMS Staff	
	President	Carl J. Westcott, MD	Stephen Keene, CEO	
	President-Elect	Karen Smith, MD	Ashley Rodriguez, Chief Legal Officer	
	Immediate Past President	John Meier, IV, MD	John Thompson, Chief Strategy Officer	
	Secretary/Treasurer	Tracy L. Eskra, MD		
	Region 1 Representative	Claude Jarrett, MD		
	Region 2 Representative	Charul Haugan, MD		
	Region 4 Representative	Martin Palmeri, MD		
	At-Large Member	C. Labron Chambers, Jr., MD		
	At-Large Member	Bill Ferrell, MD		
	At-Large Member	Jugta Kahai, MD		
	At-Large Member	Ronnie Laney, Jr., MD		
	At-Large Member	Bryant Murphy, MD		

Mission of the NCMS: to provide leadership in medicine by uniting, serving, and representing physicians and their health care teams to enhance the health of North Carolinians.

Time	Description	Additional Attachments	Presenter	Action
9:30 AM	Welcome and Call to Order		Dr. Carl Westcott	
9:31 AM	Approval of Minutes: July 2025, September 2025	DRAFT Minutes	Dr. Westcott	Action
9:35 AM	Motion for Appointment of Dr. Katie Lowry	DRAFT Motion	Steve Keene	Action
9:40 AM	NCMS Secretary Treasurer Report	Financial Report	Dr. Tracy Eskra	Action
9:50 AM	CEO Report		Steve Keene	Inform
10:10 AM	NC Vaccine Schedule	Resolution From Dr. Biola	Steve Keene	Action
10:15 AM	Input from Friday Meeting		Steve Keene	Inform
10:25 AM	Legislative Update		John Thompson	Inform
10:35 AM	Other Business		Dr. Westcott	Inform
10:45 AM	Board Member Recognition		Dr. Westcott	Inform
10:50 AM	Executive Session		Ashley Rodriguez	
11:00 AM	Adjourn		Dr. Westcott	

# DRAFT July Meeting Minutes

**DRAFT**  
**NCMS Board of Directors Meeting**  
**President: John J. Meier, IV, MD**  
**July 26, 2025**

<b>NCMS BOARD:</b>	<b>STAFF:</b>
John J. Meier, IV, MD, President	Steve Keene, Interim CEO/EVP
Carl Westcott, MD, President-Elect	Ashley Rodriguez, Chief Legal Officer
Eileen Raynor, MD, Immediate Past President	John Thompson, VP Advocacy
Tracy Eskra, MD, Secretary-Treasurer	Larry Crawford, CPA
Claude Jarrett, MD, Region 1	
Charul Haugan, MD, Region 2 (virtual)	
Karen Smith, MD, Region 3 (virtual)	
Martin Palmeri, MD, Region 4	
C. Labron Chambers, Jr., MD, At-Large	
William "Bill" Ferrell, MD, At-Large	
Jugta Kahai, MD, At-Large	
Ronnie Laney, Jr., MD, At-Large	
Bryant Murphy, MD, At-Large	

**9:03 Call to Order**

The meeting was called to order by Dr. John Meier at approximately 9:03AM.

**9:04 Statement to NCMB**

Dr. Meier shared a statement he made to the NCMB. As part of the NCMB July meeting. The purpose of the meeting was to share NCMS goals and feedback for the NCMB.

**6:02 Minutes Approved**

A **MOTION** to approve the minutes of the June 26, 2025 Board of Directors meeting carried unanimously.

**6:10 Executive Session**

A **MOTION** to begin executive sessions was carried unanimously.

**7:50 Adjourn**

Executive session ended, and a **MOTION** to adjourn the meeting carried unanimously.

Respectfully Submitted,

Stephen W. Keene  
Interim CEO

# DRAFT

# September

# Meeting

# Minutes

**DRAFT**  
**NCMS Board of Directors Meeting**  
**Virtual Meeting**  
**President: John J. Meier, IV, MD**  
**September 17, 2025**

<b>NCMS BOARD:</b>	<b>STAFF:</b>
John J. Meier, IV, MD, President	Steve Keene, Interim CEO/EVP
Carl Westcott, MD, President-Elect	Ashley Rodriguez, Chief Legal Officer
Eileen Raynor, MD, Immediate Past President	John Thompson, VP Advocacy
Tracy Eskra, MD, Secretary-Treasurer	Larry Crawford, CPA
Claude Jarrett, MD, Region 1	
Charul Haugan, MD, Region 2	
Karen Smith, MD, Region 3	
Martin Palmeri, MD, Region 4	
C. Labron Chambers, Jr., MD, At-Large	
William “Bill” Ferrell, MD, At-Large	
Jugta Kahai, MD, At-Large	
Ronnie Laney, Jr., MD, At-Large	
Bryant Murphy, MD, At-Large	

**In Attendance:**

John Meier, MD, President; Carl Westcott, MD, President-Elect; Tracy Eskra, MD, Secretary-Treasurer; Eileen Raynor, MD, Immediate Past President; Karen Smith, MD; Ronnie Laney, MD; Martin Palmeri, MD; Bill Ferrell, MD; Claude Jarrett, MD; LeBron Chambers, MD; Stephen Keene, JD, CEO; Ashley Rodriguez, JD, CLO; John Thompson, Chief Strategy Officer; Larry Crawford, CPA, CFO

**5:34 pm      Call to Order**

The meeting was called to order by John Meier, MD at 5:34 PM EDT.

**5:35pm      MEWA**

Ms. Rodriguez reported that the North Carolina Medical Society Employee Benefit Trust, Board of Trustees received official notice from the Department of Labor on September 10<sup>th</sup> that the Department would not be pursuing further action related to the NCMS Employee Benefit Plan. A copy of this notice follows below as **Exhibit A.**

Now that the Department’s investigation has come to a formal conclusion, we are able to initiate a plan for the voluntary cessation of operations and dissolution of the Trust. NCMS, Curi, Sentinel, and the trustees have been working with Steven Sawyer and outside counsel to understand what steps must be taken to appropriately end the Trust. That plan must be reduced to writing and shared with the NC Department of Insurance for approval before communications are shared with enrolled practices.

Upon further review of the Trust’s governing documents, NCMS was advised to have the NCMS Board of Directors formally take action to document its decision to cease sponsorship of the trust as that business decision must be included as part of the written plan provided to the NC Department of Insurance. As the Trust’s sponsor,

NCMS must also authorize the Trust’s Board of Trustees to develop and submit a plan for dissolution to the Department. A proposed motion including both actions was presented for the Board’s consideration:

**MOTION**

WHEREAS, the North Carolina Medical Society (“NCMS”) is committed to its primary mission to promote the highest standards of medical practice and improve the health of the citizens of North Carolina through activities including advocacy, education, leadership development, and physician support; and

WHEREAS, the NCMS offers various resources and services to support physicians in their practice, including practice management assistance, legal guidance, and access to a network of colleagues for collaboration and support; and

WHEREAS, the NCMS sponsors the North Carolina Medical Society Employee Benefit Trust (“NCMS Trust”) to provide group medical, dental, and life benefits to support physicians and their employees; and

WHEREAS, the NCMS desires to expand its offerings to physicians to provide more flexible, competitive, and expansive group medical, dental, and life benefits; and

WHEREAS, the NCMS desires to focus its limited resources to best accomplish its primary mission;

NOW THEREFORE, it is hereby

RESOLVED, that the NCMS does hereby voluntarily cease its sponsorship of the NCMS Trust and thereby terminate the NCMS Trust; and

FURTHER RESOLVED, that the Board of Trustees of the NCMS Trust shall develop a plan for the voluntary cessation of operations and dissolution of the NCMS Trust in accordance with the NCMS Trust’s Amended and Restated Trust Agreement and Declaration of Trust and all applicable laws and regulations.

The motion to adopt the resolution carried unanimously.

**6:00pm**

**NCMS Annual Business Meeting**

Mr. Keene reviewed the agenda for the meeting. The State Health Director’s report will occur during this meeting, to be held virtually from 9:00-11:00AM EDT on October 4, 2025. To supplement the extensive medical community publicity this event has already received, the NCMS will contact specialty and component society leaders in particular to encourage their participation.

**6:15pm**

**Medicaid Rate Cuts**

Mr. Thompson provided a status report on the expected Medicaid rate cuts. There is a high probability the proposed cuts will take effect on October 1, 2025, despite extensive work by providers, Medicaid health plans, legislative allies and program officials who to avoid them. The reasons are not related to Medicaid program performance or to a specific issue occurring in Medicaid. Instead, there is an unresolved difference of opinion regarding the amount of money needed to keep the Medicaid program running as designed through mid-2026 (i.e., the Medicaid rebase



appropriation). The Fiscal Research Division of the General Assembly calculated a smaller rebase appropriation (\$674 MM) than the Administration's Office of State Management and Budget (\$800MM). The General Assembly provided \$500MM in its mini-budget passed this summer on the belief that the Department could identify administrative savings to cover the rest of the rebase requirements. The difference is still unresolved and legislators are not in agreement about whether or how to address it. If more money is not appropriated to supplement the \$500MM already appropriated, the Department has indicated it will reduce the fee schedule for physicians and reduce premiums paid to health plans on October 1<sup>st</sup>.

The NCMS has worked with legislators, program officials, other physician and provider groups, and health plans to encourage collaboration between the General Assembly and the Administration on the rebase requirement, and to educate public officials about the potentially crippling effect the proposed cuts can have on the Medicaid program. The NCMS has been asked to sign a letter together with the health plans and Benchmarks expressing concern about the proposed cuts. The Board members will review the letter and signal their support or opposition via email on the question of NCMS becoming a signatory on the letter. The advocacy work will continue.

**6:30 pm      COVID-19 Vaccines**

The Stein Administration acted this week to have the State Health Director, Lawrence Greenblatt, MD issue statewide standing orders for the COVID-19 vaccines. This action, supported by the NCMS and numerous medical and health leaders across the State, is intended to satisfy the physician prescription requirement in state law so that pharmacists can administer the COVID-19 vaccine to those eligible under the CDC guidelines. Significant confusion remains across all categories of health professionals regarding how patients can access the vaccine. Action by the ACIP is expected on or by September 20, 2025, however, few expect the new political appointees to ACIP to support action that will improve access to COVID-19 vaccines.

**6:40 pm      NCMS Value Team**

Mr. Keene briefed the Board on actions being taken to re-establish within the NCMS the expertise and resources needed to support physicians and their teams in value-based models of care. Resources to support this work are under development, and it is expected the program costs will be covered. The Board will explore ways to build upon this at its Board meeting on October 11, 2025 in Greensboro.

**6:42 pm      Adjourn**

There being no further business, the meeting was adjourned at 6:42 PM EDT.

Respectfully Submitted,

Stephen W. Keene  
Interim CEO

# NCMS Board of Directors Region 3 Representative

## APPOINTMENT OF KATIE LOWRY, MD TO THE NCMS BOARD

### BACKGROUND

Typically, when a sitting NCMS Board member is elected to an Officer position, the NLDC interviews and nominates a candidate to replace them on the Board. Due to a ministerial error, that process was not followed this year, inadvertently causing Dr. Karen Smith's seat to be vacant. The Bylaws anticipate such an occurrence, and it is the Board's responsibility to consult with the NLDC<sup>1</sup> and fill the seat by appointment until the next election.

### PROPOSED MOTION

MOTION, That pursuant to Article VI of the NCMS Constitution and Section B-5.102 of the NCMS Bylaws, Katie Lowry, MD be and hereby is appointed as the Region 3 Representative on the North Carolina Medical Society Board of Directors until the next general election to fill the vacancy created by election of Karen L. Smith, MD as 2026 President-Elect.



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<sup>1</sup> Steve Keene discussed this issue with Dr. Raynor as NLDC Chair on September 24, when it was discovered. Dr. Raynor reached out to Dr. Lowry to explore her interest in serving on the NCMS Board and learned on September 29 that she was willing to serve.

## APPOINTMENT OF KATIE LOWRY, MD TO THE NCMS BOARD

### **KATIE LOWRY MD, MPH**

#### **Graduate Education:**

Brody School of Medicine at ECU/PCMH, Greenville, North Carolina Pediatric Residency, July 2000–June 2003

Brody School of Medicine at ECU, Greenville, North Carolina. August 1995–May 2000. MD July 2000

#### **Masters Education:**

University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. August 1993–May 1995. MPH Maternal and Child Health.

#### **Undergraduate Education:**

University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. August 1986–August 1991. BA Biology

#### **Professional Experience:**

May 2010 – Present: Robeson Pediatrics, PA, Lumberton, North Carolina, Owner/Pediatrician

April 2009 – April 2010: Rainbow Pediatrics of Fayetteville, Fayetteville, North Carolina Pediatrician

August 2007 – April 2009: Children's Health of Carolina, Lumberton Children's Clinic, Lumberton, North Carolina Pediatrician

September 2006 – August 2007: Cary Pediatrics, Cary, North Carolina Pediatrician July 2003–August 2006: Children's Health of Carolina, Pembroke Pediatrics, Pediatrician

#### **Awards received:**

Outstanding Medical Student Teacher presented to Pediatric Intern by third-year medical students at Brody SOM at ECU, June 2001

The Jon B. Tinglestad Award: Outstanding Graduating Resident of the Year, June 2003

#### **Professional Memberships:**

Diplomate of the American Board of Pediatrics, Oct. 19, 2004 Fellow, American Academy of Pediatrics (April 2005)

NC Medical Society Foundation, President, (2019-2021), Trustee 10/2013- 2022

NC Pediatric Society, Executive Committee Member, 2008-2012, 2017-2021 Member, NC Pediatric Society, current

Member, NC Medical Society, current

Member, NC Physicians Advisory Group, 2021 to August, 2025

#### **Other:**

Health Care Leadership and Management: NCMS Foundation, KIPL, Completed June, 2018

Leadership College: NCMS Foundation, KIPL, Completed October, 2022

NC State License 2003-00493

# NCMS Board of Directors Treasurer Report

**Meeting Name Finance Committee NCMSF**

**Meeting Chair Dr. T. Eskra**

**Meeting Date September 8, 2025**

**Attendees:**

**Drs. Eskra, Mangum, Jarrett and Hanlon**

**S. Keene, CEO**

**L Crawford, CFO/ VP Finance**

**Absentees: Drs. Cash, Hoffman, Callaway, Oyler, Swan-Moore**

**Zoom Meeting began at 6:00 pm.**

**Dr. Eskra welcomed everyone to the meeting and highlighted the Agenda Items .**

**Agenda Items-Finance Committee Meeting - September 8, 2025**

- 1-Discuss -July YTD 2025 Unaudited Financial Statements-NCMS**
- 2- Investment returns YTD on UBS investments**
- 3- Cash balances and needs**

**Larry Crawford reviewed the July 2025 YTD Unaudited Financial Statements**

**1-Highlights of the unaudited July 2025 YTD Financials are:**

- Membership dues YTD are \$1,796,873 and 86% of 2025 budget
- Other revenue lines are substantially on target at this point. Total revenue items are at 68% of the 2025 budget.
- Expense categories are at 76% of budget.
- Revenue from the Building Note and MM account are \$274,111
- Rental Expense on our building lease is \$250,250
- **There is an Operating Loss of (\$434,305) before Investment Earnings of \$410,507.**
- **Net Deficit YTD July 2025 is \$(23,798)**
- **Net Assets on July 30, 2025, are \$17.5 Mil.**
- **Cash Balances total \$ 1,028,000 today as compared to \$2,549,000 on Dec 31, 2024**
- **We will need to draw down \$750,000 from the UBS MM account in September for operations.**

**Major non-Budget items now included in the 2025 Year Forecast column are:**

Accrued Severance Payments to former officers (\$300,000), Recruiting Fees for new CEO ( \$150,000), Salary Expense and benefits for new CEO ( \$250,000), RIF restructuring savings (\$470,000) and restructuring costs (\$250,000).

**2- Investment Returns**

**Investment Returns are 8.16% for the 7 months ending July 2025; UBS expects average returns for the year to be about 7%.**

**Action Items for Board of Trustees on October 11, 2025**

- Accept July 2025 YTD Financial Statements and Investment returns as information
- Acknowledge drawdown of \$750,000 in funds from UBS MM account to be used for 2025 operations.

Next Meeting Date for Finance Committee is Monday November 3<sup>th</sup> 2025 at 6 pm via Zoom. Topics to be discussed are the Unaudited September YTD 2025 Financials and the Proposed 2026 NCMS Budget.

Meeting adjourned at 6:25 pm

Financial Statements are attached to this report.

## North Carolina Medical Society

### Balance Sheet

	YTD 7/31/2025	YTD 12/31/2024
<b>Assets</b>		
Petty Cash	\$ 399	\$ 399
Checking Account-Bank	828,886	1,465,428
Payroll Checking Account	349,930	542,813
Operating Account	81,889	541,946
Investments-UBS Cash Reserves- Building	1,789,111	1,770,959
Investments-Fidelity/Morgan Stanley	6,762,403	6,699,503
Valuation-Fidelity/Morgan Stanley	776,322	425,711
Accounts Receivable	641,425	489,257
Mortgage Note Building	6,915,880	6,974,662
MSSI Investment	1,000	1,000
<b>Total Assets</b>	<b>\$ 18,147,245</b>	<b>\$ 18,911,678</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts Payable	\$ 185,241	\$ 273,451
Accrued Salaries/Benefits	497,308	197,308
Refunds Payable	9,034	11,799
Due NCMS Foundation	-	37,438
Due County Societies	380	24,943
Due Specialty Societies	-	12,859
Advance Pay Dues/Deferred Revenue	-	874,800
<b>Total Liabilities</b>	<b>\$ 691,963</b>	<b>\$ 1,432,598</b>
<b>Net Assets</b>		
Reserve for Operations	\$ 1,000,000	\$ 1,000,000
Reserve for Capital Replacement	3,397,508	3,397,508
Net Worth Operating Fund	13,057,774	13,081,572
<b>Total Net Assets</b>	<b>17,455,282</b>	<b>17,479,080</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 18,147,245</b>	<b>\$ 18,911,678</b>



## North Carolina Medical Society

Revenue-Expense Year 2025					
	Year Forecast	YTD	2025	Actual %	Year 2024
	12/31/2025	7/31/2025	Budget	Budget	12/31/2024
<b>Revenues</b>					
State Society Dues	\$1,800,000	\$1,796,873	\$2,100,000	86%	\$2,114,820
Meetings & Confer.	\$60,000	\$0	\$150,000	0%	\$167,785
Other Income	\$104,500	\$97,000	\$0		\$260,372
Education Services	\$49,450	\$49,450	\$35,000	141%	\$66,500
NCMS Foundation Revenue	\$160,000	\$153,280	\$65,000	236%	\$52,333
Other Grants	\$20,000	\$8,925	\$160,000	6%	\$10,000
Curi Revenue	\$56,250	\$56,250	\$164,000	34%	\$75,000
MEWA Revenue	\$432,000	\$143,319	\$550,000	26%	\$428,416
Specialty Speciaties Services	\$665,000	\$489,250	\$715,000	68%	\$681,250
Revenue from CCHN	\$1,376,000	\$799,761	\$1,170,000	68%	\$1,529,415
Revenue from Bldg Note-MM-Loan	\$510,931	\$274,111	\$ 541,000	51%	\$136,436
<b>Total Revenues</b>	<b>\$5,234,131</b>	<b>\$3,868,219</b>	<b>\$5,650,000</b>	<b>68%</b>	<b>\$5,522,327</b>
<b>Expenses</b>					
Salaries and Benefits	\$3,465,049	\$2,531,632	\$3,800,000	67%	\$3,615,022
Rent Expense Building	\$434,000	\$250,250	\$439,000		\$132,000
Specialty Societies Expenses	\$667,200	\$357,296			
Operations	\$404,696	\$290,019	\$460,500	63%	\$497,637
Membership Development	\$258,066	\$129,146	\$114,900	112%	\$93,831
Leadership Support	\$108,000	\$97,043	\$108,000	90%	\$102,724
Executive Dept	\$317,700	\$189,734	\$185,500	102%	\$206,999
Annual Meeting	\$80,000	\$0	\$100,000	0%	\$241,359
Headquarters Facility	\$30,000	\$0	\$20,000	0%	\$198,640
Communications	\$41,600	\$159,581	\$41,600	384%	\$44,491
CME Accreditation	\$35,000	\$27,685	\$35,000	79%	\$33,905
External	\$476,500	\$270,138	\$345,500	78%	\$307,501
<b>Total Expenses</b>	<b>\$6,317,811</b>	<b>\$4,302,524</b>	<b>\$5,650,000</b>	<b>76%</b>	<b>\$5,474,109</b>
<b>SURPLUS/ DEFICIT)</b>	<b>-\$1,083,680</b>	<b>-\$434,305</b>	<b>\$0</b>		<b>\$48,218</b>
<b>Investment Earnings</b>	<b>\$500,000</b>	<b>\$410,507</b>	<b>\$500,000</b>	<b>82%</b>	<b>\$686,956</b>
<b>Net Surplus (Deficit)</b>	<b>-\$583,680</b>	<b>-\$23,798</b>	<b>\$500,000</b>	<b>-5%</b>	<b>\$735,174</b>

**MSSI- Specialty Society Manangement**  
**Revenue-Expense Year 2025**

	<b>Year Forecast 12/31/2025</b>	<b>YTD Actual 7/31/2025</b>
<b>Revenues</b>		
Hdqtrs Office Services	\$665,000	\$489,250
Other Revenue	\$0	\$0
<b>Total Revenues</b>	<b>\$665,000</b>	<b>\$489,250</b>
<b>Expenses</b>		
<b>Salaries and Benefits</b>	<b>\$565,000</b>	<b>\$303,500</b>
<b>Other Expenses</b>		
Event Planner-Consultant	\$ 5,000	\$ 4,000
Consultant	\$ 32,000	\$ 16,000
Finance/ Billing est.	\$ 15,000	\$ 7,500
Rent	\$ 12,000	\$ 6,000
Audit	\$ 5,000	\$ 2,500
RE	\$ 30,000	\$ 15,000
Insurance	\$ 3,200	\$ 2,796
<b>Total Other Expenses</b>	<b>\$ 102,200</b>	<b>\$ 53,796</b>
<b>Total Expenses</b>	<b>\$ 667,200</b>	<b>\$ 357,296</b>
<b>Net Income (Loss)</b>	<b>\$ (2,200)</b>	<b>\$ 131,954</b>

# Resolution: NC Vaccine Schedule

Dear Members of the NCMS Board,

This evening (September 16, 2025) we had a lively discussion at the University Tower building during which Dr. Gangarosa made an excellent point about other states' advocacy efforts to sustain vaccine access for their residents. We would like for NCMS to help lead our state in creating similar legislation to ensure vaccine access for North Carolinians.

Recent developments at the federal level raise the possibility that ACIP vaccine recommendations could be reduced, altered, or eliminated. Because North Carolina law and insurance coverage currently rely heavily on ACIP, such changes would leave our state vulnerable, weakening school entry requirements, jeopardizing insurance coverage for key vaccines, and threatening the health of the Public.

We are submitting the resolution below for your consideration.

This resolution positions the North Carolina Medical Society as a leader in protecting families, schools, and patients across our state. It calls for legislative changes to ensure that the NC Commission for Public Health and NCDHHS can maintain an evidence-based immunization schedule, require coverage by insurers, and publish a state-specific vaccine schedule that reflects both ACIP and respected professional medical societies' guidance.

By adopting this resolution, NCMS can take proactive steps to safeguard vaccine access for North Carolinians and demonstrate leadership on an essential public health issue.

Respectfully,

Holly Biola, MD, MPH, FAAFP  
Lisa Gangarosa, MD  
Victoria Boggiano, MD MPH  
Priscille Schettini, MD  
Howard Eisenson, MD  
Michael Utecht, MD, FACEP  
Jillian Raghow, PA-C, MPH  
Sarah C. Ruff, MD  
Leann Nelson, MD  
Adrienne Kovacik, PA-C  
Wendy A Edds, MD  
Ronnie Laney, MD, MPH, FAAFP  
Ilan Schwartz MD, PhD, FIDSA

-----BACKGROUND INFO-----

# Protecting Immunization Access in North Carolina

## The Issue

North Carolina's vaccine requirements for school entry, childcare, and insurance rely heavily on the U.S. Advisory Committee on Immunization Practices (ACIP). There is a risk that federal vaccine guidance could be weakened or removed. If that happens, North Carolina may lose established vaccine requirements in schools, and insurers may stop covering certain vaccines that are currently standard.

## What Other States Have Done

State	Key Policy Change
Colorado (HB 25-1027, 2025)	The State Board of Health must consider federal ACIP guidance and recommendations from major professional medical societies (AAP, AAFP, ACOG, ACP) when setting immunization requirements.
Massachusetts (DOI Bulletin 2025-03)	Insurance companies must provide vaccine coverage as determined by the Massachusetts Department of Public Health, even for vaccines not recommended by ACIP/CDC.

## Why This Matters for North Carolina

Ensures state vaccine policy remains stable even if federal guidance changes. Protects insurance coverage for all recommended vaccines. Allows rapid state response to outbreaks and new vaccine science. Positions North Carolina among proactive states safeguarding public health.

## Proposed NC Action

Amend N.C. Gen. Statute. § 130A-152 so the NC Commission for Public Health considers both ACIP and professional medical societies when setting school immunization requirements. Amend Chapter 58 of the Insurance Code so insurers must cover all vaccines recommended by NCDHHS without cost-sharing, regardless of ACIP status. Direct NCDHHS to publish an official North Carolina Immunization Schedule, updated annually, to guide schools, insurers, and providers.

## Talking Points for Legislators

We want North Carolina families protected from vaccine policy disruptions at the federal level. This plan keeps our schoolchildren and teachers safe, our insurance coverage intact, and our public health system strong. Our state has long been a leader in championing the health of the public. It is time to act again to safeguard our people.

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### **NCMS Resolution: Ensuring North Carolina Immunization Access and Coverage**

Submitted by: Holly Biola, MD, [and those named in letter above]

For consideration by: North Carolina Medical Society Board of Directors / House of Delegates

WHEREAS, the Advisory Committee on Immunization Practices (ACIP) has historically provided federal vaccine recommendations, but future changes to federal authority could reduce or eliminate these guidelines; and

WHEREAS, North Carolina law currently ties many school entry and childcare immunization requirements directly to ACIP, leaving the State vulnerable if ACIP guidance is curtailed; and

WHEREAS, North Carolina patients depend on health insurers to provide comprehensive vaccine coverage, and insurers typically rely on federal ACIP recommendations; and

WHEREAS, vaccines remain among the most effective and cost-efficient preventive measures in public health, and continuity of access is vital to the health of North Carolinians; and

WHEREAS, North Carolina should demonstrate leadership by ensuring that our state has resilient vaccine policy that protects families, schools, and insurers regardless of federal changes; now, therefore, be it

RESOLVED, that the North Carolina Medical Society supports amending N.C. Gen. Stat. § 130A-152 to direct the North Carolina Commission for Public Health to establish required immunizations for school and childcare entry based on consideration of both ACIP recommendations and recommendations of professional medical organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American College of Obstetricians and Gynecologists; and be it further

RESOLVED, that the North Carolina Medical Society supports legislation to require all health insurers regulated by the North Carolina Department of Insurance to provide coverage for all vaccines recommended by the North Carolina Department of Health and Human Services (NCDHHS), without cost-sharing, regardless of federal ACIP status; and be it further

RESOLVED, that the North Carolina Medical Society supports directing NCDHHS to publish and update annually a North Carolina Immunization Schedule, reflecting both federal ACIP and other professional recommendations, to guide state immunization requirements, insurance coverage, and public health programs; and be it further

RESOLVED, that the North Carolina Medical Society shall advocate for this legislation in the North Carolina General Assembly to protect access to vaccines for all North Carolinians.