

# NC Counties Care: Access Within Reach

## 2025-2026 Presidential Initiative



### Background

At the 118th North Carolina Association of County Commissioners (NCACC) Annual Conference in Pitt County, 2025-2026 NCACC President and Perquimans County Commissioner Wallace Nelson announced his presidential initiative, NC Counties Care: Access Within Reach. **This initiative is focused on improving access to health care services across North Carolina, with particular attention to the needs of rural and underserved communities.** It responds to the increasing challenges counties face due to hospital closures, reduced access to primary care, and the loss of local pharmacies and health care providers.

President Nelson, a lifelong resident of Perquimans County and a licensed pharmacist, brings both personal experience and professional insight to the issue. Perquimans County, like many rural areas, has no hospital and limited medical infrastructure. Trends in pharmacy and hospital closures have raised statewide concerns about the ability of residents to access essential health care services. As President Nelson emphasized, “This is not just a revenue issue — bottom line, it is a barrier to health care. Whatever the impact, we should be concerned. We need to be concerned.”

To address these challenges, the presidential initiative will focus on three primary areas:

- publishing research and policy briefs that explore health care access issues across the state;
- hosting three regional forums in early 2026 to bring together local officials, health care providers, and policy experts; and
- supporting counties in developing strategies to improve local health care delivery systems.

The initiative aims to promote collaboration across sectors, inform state and federal policy discussions, and ensure that all North Carolinians have access to care — when and where they need it.

### Initiative Objectives

#### Research & Publications

NCACC will commission and release a series of articles highlighting health care access issues and potential solutions. These will be shared with NCACC members, the General Assembly, state and federal partners, and other stakeholders. *See the second side of this page for more information on each paper.*

#### Statewide Forums

Three regional forums will be hosted in early 2026. The forums will convene county officials, health care providers, researchers, and policy experts. Topics will include rural hospital closures, disparities in health care delivery, and opportunities for county-level engagement.

#### County Support and Engagement

The initiative will encourage counties to take an active role in addressing health care access. NCACC will support policy development, facilitate partnerships, and promote strategies to improve local health care delivery systems.



## Rural Hospital Closures in North Carolina

Since 2010, rural hospital closures have reshaped health care access across North Carolina, with eight rural hospitals closing in communities that already face economic and workforce challenges. These closures are concentrated in counties with lower incomes, higher unemployment, and higher shares of Black and Hispanic residents, exacerbating existing health inequities.

When a rural hospital closes, residents often experience longer travel times for emergency and inpatient care, while counties face ripple effects including increased strain on EMS systems, loss of local jobs, and a weakened economic base. Rural hospitals also function as anchor institutions; their loss affects not only health care access but also county tax revenues, workforce stability, and the viability of other local services. This research paper will explore the impacts of rural hospital closures on a county's community fabric.

## Health Care in County Jails

North Carolina counties are legally responsible for providing health care to individuals held in local jails, a responsibility that has grown more complex as jail populations increasingly include people with serious mental illness, substance use disorders, chronic disease, and unmet primary care needs.

Many individuals enter jail with limited or no access to health care in the community, shifting the burden of care to counties and sheriffs' offices. At the same time, staffing shortages, limited on-site clinical coverage, and the suspension of Medicaid during incarceration create significant operational and financial challenges for counties. As a result, county jails have become de facto health care providers for some of the state's most vulnerable residents, with implications for county budgets, public health systems, and constitutional compliance. This paper will explore the rising cost of providing health care in jail settings.

## County Innovations to Meet Health Care Needs

Across North Carolina, counties consistently step in to address health care gaps when traditional systems fall short, using locally driven and often cross-departmental approaches. Counties have expanded Mobile Integrated Healthcare and community paramedicine programs through EMS, developed behavioral health crisis response and co-responder models, supported Medicaid expansion outreach through DSS and community partners, and strengthened connections to care for justice-involved individuals returning to the community.

While these efforts vary by county, they reflect a common pattern: counties act as problem-solvers and system integrators, leveraging local partnerships to deliver practical, resident-focused solutions. These innovations demonstrate how counties adapt to unmet needs and evolving health challenges while supporting both public health and public safety. This paper will explore how counties are rising to meet the critical health care needs of their residents.