

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023

H.B. 877  
Apr 25, 2023  
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10406-MGa-18B

Short Title: NCIOM Study/Medical Aid in Dying. (Public)

Sponsors: Representative Harrison.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT DIRECTING THE NORTH CAROLINA INSTITUTE OF MEDICINE TO STUDY  
3 THE LEGALIZATION OF MEDICAL AID IN DYING IN NORTH CAROLINA; AND  
4 APPROPRIATING FUNDS FOR THIS PURPOSE.

5 Whereas, medical aid in dying (MAID) is a recognized end of life (EOL) option for  
6 terminally ill, mentally competent adults who have been diagnosed with a life expectancy of less  
7 than 6 months to hasten the dying process; and

8 Whereas, since 1997, 11 states have legalized MAID, to enable eligible adults who  
9 have been examined by at least two physicians to receive an aid in dying medication that these  
10 adults may choose to self-administer in the comfort of their own homes among family members  
11 and friends; and

12 Whereas, many adults choose not to take the aid in dying medication even after  
13 completing the rigorous application process, but are nevertheless comforted by a renewed sense  
14 of autonomy and control in having the aid in dying medication on hand; and

15 Whereas, data from the 11 states that have legalized MAID indicates that over 90%  
16 of MAID applicants have medical insurance and are enrolled in hospice, but nevertheless prefer  
17 to abbreviate the dying process through MAID; and

18 Whereas, in the collective 50 years of data available from the 11 states that have  
19 legalized MAID, there have been no recorded instances of misuse, abuse, or coercion and the  
20 MAID laws have been operating as envisioned since the time of enactment; Now, therefore,  
21 The General Assembly of North Carolina enacts:

22 **SECTION 1.(a)** The North Carolina Institute of Medicine shall study the advantages  
23 and disadvantages of legalizing medical aid in dying (MAID) in North Carolina. The study shall  
24 include an evaluation of at least all of the following:

- 25 (1) In the 11 states that have legalized MAID (current MAID states), the process  
26 by which a person applies and receives approval for MAID, including  
27 applicant qualifications and safeguards.
- 28 (2) The factors that contribute most to a person's decision to seek MAID.
- 29 (3) The characteristics and demographic backgrounds of persons who seek  
30 MAID.
- 31 (4) The social and emotional impacts on a person's family members when MAID  
32 is available to a person as an alternative to an extended dying process.
- 33 (5) Which medications have been or are currently being used for MAID, and  
34 whether intravenous self-administration would be an improvement over  
35 self-ingestion through the gastrointestinal tract.
- 36 (6) The best options for healthcare providers to opt out of participating in MAID.



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- 1 (7) Available data from the current MAID states that are reporting on conclusions  
2 arising from the legalization of MAID, particularly with respect to the  
3 effectiveness of MAID laws in providing an end-of-life option.
- 4 (8) What end-of-life options are currently available in North Carolina and  
5 recommendations about whether MAID is an advisable additional alternative.
- 6 (9) Developments in MAID legislation since Oregon's 1997 Death with Dignity  
7 Act and recommendations about what safeguards are essential to ensure that  
8 only mentally competent, terminally ill persons are seeking MAID, and that  
9 they are seeking MAID without coercion or undue pressure.
- 10 (10) Using data from current MAID states, the number of people who would likely  
11 utilize MAID if it became legal in North Carolina.
- 12 (11) In current MAID states, whether there are indications that individuals have  
13 been coerced into using MAID.
- 14 (12) In current MAID states, the implementation impact of MAID on healthcare  
15 systems, institutions, and providers.
- 16 (13) In current MAID states, the impact of MAID on awareness or utilization of  
17 hospice and palliative care as an alternative to MAID.
- 18 (14) The reasons why approximately one-third of the persons who apply for and  
19 receive MAID drugs decide not to take them, including whether there are  
20 psychological benefits to having MAID as a legal option even if people  
21 ultimately decide against using or even applying for MAID.
- 22 (15) Any other areas the Department deems relevant or helpful to determining  
23 whether to legalize MAID in North Carolina.

24 **SECTION 1.(b)** The North Carolina Institute of Medicine (NCIOM) shall, prior to  
25 submitting the report required by subsection (c) of this section, conduct at least one public hearing  
26 to ensure the general public has an opportunity to provide the NCIOM with comments regarding  
27 the advantages and disadvantages of legalizing MAID in North Carolina. The NCIOM shall  
28 provide at least 15 days' advance notice of a public hearing conducted pursuant to this subsection.  
29 All interested persons shall be heard at the public hearing.

30 **SECTION 1.(c)** By April 1, 2025, the North Carolina Institute of Medicine shall  
31 report its findings and any recommendations with respect to legalizing MAID in North Carolina,  
32 including any recommendations regarding proposed legislation, to the Joint Legislative  
33 Oversight Committee on Health and Human Services and the Department of Health and Human  
34 Services.

35 **SECTION 2.** Effective July 1, 2023, there is appropriated from the General Fund to  
36 the Department of Health and Human Services the sum of one hundred fifty thousand dollars  
37 (\$150,000) in nonrecurring funds for the 2023-2024 fiscal year to be allocated to the North  
38 Carolina Institute of Medicine to fund the study authorized by Section 1 of this act.

39 **SECTION 3.** Except as otherwise provided, this act is effective when it becomes  
40 law.