

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H.B. 410
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10005-MGa-18

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, 10 states and the District of Columbia have legalized MAID to
9 enable eligible adults who have been examined by at least two physicians to receive an aid in
10 dying medication that these adults may choose to self-administer in the comfort of their own
11 homes among family members 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 United States jurisdictions that have legalized MAID
16 indicates that over 90% of MAID applicants have medical insurance and are enrolled in hospice
17 but nevertheless prefer to abbreviate the dying process through MAID; and

18 Whereas, in the collective 50 years of data available from the 11 United States
19 jurisdictions that have legalized MAID, there have been no recorded instances of misuse, abuse,
20 or coercion and the MAID laws have been operating as envisioned since the time of enactment;
21 and

22 Whereas, the percentage of eligible adults who have availed themselves of this
23 end-of-life option in each United States jurisdiction where MAID has been legalized has not
24 exceeded 0.75%; Now, therefore,

25 The General Assembly of North Carolina enacts:

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

- 29 (1) In the 11 United States jurisdictions that have legalized MAID (current MAID
30 states), the process by which a person applies and receives approval for
31 MAID, including applicant qualifications and safeguards.
32 (2) The factors that contribute most to a person's decision to seek MAID.
33 (3) The characteristics and demographic backgrounds of persons who seek
34 MAID.
35 (4) The social and emotional impacts on a person's family members when MAID
36 is available to a person as an alternative to an extended dying process.



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- (5) Which medications have been or are currently being used for MAID, and whether intravenous self-administration would be an improvement over self-ingestion through the gastrointestinal tract.
- (6) The best options for healthcare providers to opt out of participating in MAID.
- (7) Available data from the current MAID states that are reporting on conclusions arising from the legalization of MAID, particularly with respect to the effectiveness of MAID laws in providing an end-of-life option.
- (8) What end-of-life options are currently available in North Carolina and recommendations about whether MAID is an advisable additional alternative.
- (9) To what extent the absence of MAID in North Carolina and other states increases the chance that a terminally ill person will choose to commit suicide by violent or other means.
- (10) Developments in MAID legislation since Oregon's 1997 Death with Dignity Act and recommendations about what safeguards are essential to ensure that only mentally competent, terminally ill persons are seeking MAID and that they are seeking MAID without coercion or undue pressure; and, by contrast, which current safeguards have become redundant and are no longer needed.
- (11) Using data from current MAID states, the number of people who would likely utilize MAID if it became legal in North Carolina.
- (12) In current MAID states, whether there are indications that individuals have been coerced into using MAID.
- (13) In current MAID states, the implementation impact of MAID on healthcare systems, institutions, and providers.
- (14) In current MAID states, the impact of MAID on awareness or utilization of hospice and palliative care as an alternative to MAID.
- (15) The reasons why approximately one-third of the persons who apply for and receive MAID drugs decide not to take them, including whether there are psychological benefits to having MAID as a legal option even if people ultimately decide against using or even applying for MAID.
- (16) The percentage of eligible terminally ill, mentally competent persons in each United States jurisdiction where MAID is legal who do, in fact, avail themselves of this law.
- (17) Any other areas the Department deems relevant or helpful to determining whether to legalize MAID in North Carolina.

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

SECTION 1.(c) By April 1, 2027, the North Carolina Institute of Medicine shall report its findings and any recommendations with respect to legalizing MAID in North Carolina, including any recommendations regarding proposed legislation, to the Joint Legislative Oversight Committee on Health and Human Services and the Department of Health and Human Services.

SECTION 2. Effective July 1, 2025, there is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred fifty thousand dollars (\$150,000) in nonrecurring funds for the 2025-2026 fiscal year to be allocated to the North Carolina Institute of Medicine to fund the study authorized by Section 1 of this act.

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