

North Carolina¹ provides compassionate release to eligible incarcerated individuals through (1) **Medical Release**, for those who are permanently and totally disabled, terminally ill, or geriatric (age 55 or older);² and (2) **Extension of the Limits of Confinement**, for those who are permanently and totally disabled or terminally ill.³

MEDICAL RELEASE

I. ELIGIBILITY

Medical Condition or Age – To meet the criteria for Medical Release, an incarcerated individual must be so incapacitated the individual poses no risk or low risk to public safety and is (1) permanently and totally disabled, (2) terminally ill, or (3) geriatric.⁴

- “Permanently and totally disabled” means a licensed physician has determined the incarcerated individual is permanently and irreversibly physically incapacitated by a physical or medical condition that was unknown at the time of sentencing or has progressed since sentencing to cause permanent and total disability.⁵
- “Terminally ill” means a licensed physician has determined the individual has an incurable condition (1) caused by an illness or disease that was unknown at the time of sentencing or has progressed since sentencing to become terminal, (2) is likely to produce death within nine months, and (3) is so debilitating the individual poses no risk or low risk to public safety.⁶
- “Geriatric” means the individual is age 55 or older and suffers from a chronic infirmity, illness, or disease that has progressed such that the person is medically incapacitated and poses no risk or low risk to public safety.⁷

Exclusions – Individuals convicted of capital or Class A, B1, or B2 felonies or sexual offenses that require registration are not eligible for medical release.⁸

II. APPLICATION OR REFERRAL

The Department of Adult Correction (Department) refers incarcerated individuals for Medical Release to the Post-Release Supervision and Parole Commission (Commission). Requests to be considered for a Medical Release referral may be submitted in two ways:⁹

- Department medical staff in the Division of Institutions can complete a *Medical Information Form* and submit it to the Chief Medical Officer (CMO);¹⁰ or
- An incarcerated individual, the individual’s attorney, or a family member may submit a request in writing, either as a letter or using the *Medical Release*

Request form on the Department’s website, to the Division of Comprehensive Health Services.¹¹

North Carolina prisons that house individuals with acute conditions or who need long-term care must submit individuals for consideration for Medical Release to the CMO once a potentially qualifying condition is identified.¹² If a case is considered urgent, it shall be discussed with the CMO prior to or upon submission.¹³

III. DOCUMENTATION AND ASSESSMENT

Assessment Process – Within 45 days of receiving a request or recommendation for Medical Release, Department personnel must complete the following assessments, create a release plan, and make a referral to the Committee:¹⁴

- Conviction Review – The Health Services Release Coordinator refers identified incarcerated individuals to the Director of Rehabilitative Services, who determines eligibility for Medical Release based on criminal convictions and then returns the list of eligible incarcerated individuals to the CMO.¹⁵
- Medical Assessment – Each eligible individual’s attending physician completes a medical assessment using the *Medical Information Form*,¹⁶ including a description of the individual’s terminal conditions, physical incapacities, and chronic conditions and a prognosis concerning the likelihood of recovery from those conditions.¹⁷ The physician sends the medical assessment to the CMO and if the individual meets the medical criteria, it is forwarded to the Director of Rehabilitative Services.¹⁸
- Psychosocial Review – The Director of Rehabilitative Services completes a “psychosocial review.”¹⁹ The review includes the individual’s medical and psychosocial condition and the risk the individual poses to society. The risk assessment may include the individual’s involvement in assaults, the severity of the offense for which the individual is incarcerated, prison records, and release plan.²⁰
- Release Plan – A social worker meets with the incarcerated individual, secures a *Release of Information* form, and develops a “comprehensive, viable and appropriate” medical release plan.²¹ At a minimum, the plan must include the following information:
 - The proposed course of medical treatment.
 - The proposed site for treatment and follow-up care.
 - Documentation that qualified medical providers are prepared to provide the medical services identified in the medical release plan.

- The financial resources in place to cover medical costs for the length of Medical Release, which includes “eligibility for enrollment” in a commercial health insurance plan, Medicare, Medicaid, or access to other adequate financial resources.²²
- Committee Review – The Director of Rehabilitative Services and the CMO submit the psychosocial review/risk assessment and the medical referral, respectively, to a three-member committee for review. The committee evaluates whether the individual is a public safety risk.²³

After reviewing all the relevant information, the CMO and the Director of Rehabilitative Services make a final recommendation to the Commission regarding an individual’s suitability for Medical Release. The medical release plan is included with the referral.²⁴

IV. DECISION-MAKING PROCESS

Decision-Maker – The Commission has sole authority to grant Medical Release to incarcerated individuals who are terminally ill, permanently and totally disabled, or geriatric.²⁵

The Commission has 15 days from receiving a referral to decide whether to grant Medical Release regarding a terminally ill individual and 20 days to grant Medical Release for permanently and totally disabled or geriatric individuals.²⁶ During this time, the Commission makes an independent assessment of the individual’s risk for violence and recidivism and provides the victim(s) or their family members with “an opportunity to be heard.”²⁷

Once a case is referred to the Commission, the Lead Parole Case Analyst (Analyst) oversees the process. The Analyst reviews the paperwork from the assessments and ensures it is accurate and complete. The Analyst then presents the case and the Commission votes to decide if they will review it.

Notice – If the case moves forward, notification is sent to the District Attorney’s Office in the county of conviction and to victims and interested parties. Victims and interested parties have 10 days to respond with their concerns.²⁸

Investigation – A Medical Residence Investigation is also required. The Chief Probation/Parole Officer receives the investigation and assigns it to a Probation/Parole Officer (Officer). The Officer has three days to complete the investigation of the individual’s proposed residence for treatment. The Officer must consider the level of care needed and ensure that the proposed residence and caretakers are appropriate for the medical release plan.²⁹ If the proposed residence is rejected, the Officer will alert the Analyst via the case database system and phone

call. The Analyst creates a new plan based on comments from the Officer and submits it for a new investigation. The new investigation must be completed within two days.³⁰

Decision – When the residence investigation is complete and all appropriate logistics for the Medical Release Plan have been finalized, the Analyst submits the case to the Commission for the final vote. If Medical Release is granted, release procedures begin and notification is sent to the District Attorney, victims, and other interested parties.³¹

Denials – If the Department determines that an incarcerated individual does not meet the eligibility criteria or the Commission denies Medical Release, the individual may not reapply unless there is a “demonstrated change” in the medical condition.³² After a denial, notification is sent to the individual, victims, interested parties, and all involved staff. The case is then returned to the normal parole review process.³³

Effect of Denial on Parole Eligibility – A denial of Medical Release does not affect an individual’s eligibility for any other form of parole or release under North Carolina law.³⁴

V. POST-DECISION

Release – Division of Community Supervision policy details the “release/pick up” of incarcerated individuals approved for Medical Release.³⁵ Individuals granted Medical Release must be released on the given release date. Those who are permanently and totally disabled or terminally ill and are determined not to be a risk to public safety can be released directly to a family member or transported by ambulance.³⁶ A parole officer is present at the release facility to explain all conditions of release and secure the individual’s signature on the conditions.³⁷

Conditions – The Commission sets conditions of release, including the following, which apply until the individual’s original sentence would have expired:³⁸

- The individual’s care must be consistent with the care specified in the approved medical release plan.
- The individual must comply with the prescribed medical release plan and any requirements set by the medical professionals providing treatment.
- The individual is subject to supervision by the Division of Community Supervision and must permit officers to visit the residence or medical facility at “reasonable times.”
- The Commission will receive periodic assessments from the individual’s treating physician.³⁹

The Health Services Release Coordinator will establish that the individual understands these conditions.⁴⁰ Additionally, the Commission requires the following conditions for Medical Release:

- The individual agrees to remain in their approved residence except when receiving medical treatment.
- The individual understands if their condition improves and they no longer qualify for Medical Release, they will be returned to custody.
- The individual understands they will be returned to custody if their physical or mental activities risk their safety or the safety of others.⁴¹

Further, the Commission may require other conditions for release, such as payment of a supervision fee, restitution, payment of costs associated with trial, and limitations on firearm ownership.⁴²

Supervision – Because Medical Release criteria require an individual to be low or no risk to public safety, individuals receive minimal supervision.⁴³ Community Supervision officers must contact the individual at least every 90 days and submit progress reports, including medical updates, to the individual’s Medical Release Parole Case Analyst within the first 30 days of supervision and every six months after that.⁴⁴

Revocation – The Commission can order an individual’s return to custody for the following circumstances:

- **Change in Medical Status** – If the individual’s periodic medical assessment indicates their health has improved to the point they are not eligible for Medical Release, the Commission shall order the individual returned to custody while they wait for a revocation hearing.⁴⁵ In making a revocation decision, the Commission must consider the most recent medical assessment and a risk assessment.⁴⁶ If Medical Release is revoked, the individual must return to prison to serve the balance of the sentence, with credit given for the duration of the Medical Release.⁴⁷
- **Failure to Comply with Medical Release Conditions** – The Commission may also revoke Medical Release if it receives “credible information” that an individual has failed to comply with any of the conditions of release.⁴⁸ The individual will return to custody to await a hearing. If Medical Release is revoked, the individual must serve the remainder of their sentence with credit for the time on Medical Release while they were compliant.⁴⁹ The individual is not inherently ineligible for other types of parole based on revocation, but revocation may be a factor used to determine eligibility.⁵⁰

VI. REPORTING AND STATISTICS

By March 1st each year, the Department and Commission must report to the Chairs of the House Appropriations Subcommittee on Justice and Public Safety, Senate Appropriations Committee on Justice and Public Safety, and Joint Legislative Oversight Committee on Justice and Public Safety the number of permanently and totally disabled, terminally ill, and geriatric individuals proposed for, considered for, and granted Medical Release.⁵¹

- In 2022, the Commission considered 10 individuals referred for Medical Release. The Commission granted Medical Release to seven and denied one. Two other referrals were pending decision at the time of the report.⁵²
- In 2023, the Commission received eight referrals for consideration for Medical Release. The Commission granted three requests and denied one; four of the individuals referred died before their case was decided.⁵³

EXTENSION OF THE LIMITS OF CONFINEMENT

The Secretary of the Department of Adult Correction (Secretary) may “extend” the limits of an incarcerated individual’s confinement for various reasons, meaning the individual may serve the sentence outside of a prison. An Extension of the Limits of Confinement (Extension) may be granted for individuals who are permanently and totally disabled or terminally ill so they may receive palliative care.⁵⁴

I. ELIGIBILITY

Medical Condition – To be eligible for an Extension to obtain palliative care, an incarcerated individual must be permanently and totally disabled or terminally ill, as defined below:

- “Permanently and totally disabled” means permanently and irreversibly physically incapacitated because of an existing physical or medical condition. The individual must be unlikely to pose a significant public safety risk because of their incapacitation.⁵⁵
- “Terminally ill” means having an incurable condition caused by an illness or disease that is likely to produce death within six months. The condition must be so debilitating that it is highly unlikely the individual poses a significant public safety risk.⁵⁶

The conditions must have been unknown at the time of sentencing and not diagnosed upon the individual’s entry to prison.⁵⁷

Exclusions – To be eligible, incarcerated individuals must be in minimum custody.⁵⁸

II. APPLICATION OR REFERRAL

A request to consider an incarcerated individual for an Extension may come from any source.⁵⁹ All requests are referred to the Warden at the prison where the individual is housed.⁶⁰ If an individual is determined to be terminally ill, either as a result of a request from outside the Department or by Department procedure, the CMO must notify the Secretary immediately and the Secretary must “make a good faith effort” to decide within 30 days of being notified.⁶¹ Additionally, the Chief Medical Officer (CMO) must provide regular reports to the Secretary on individuals classified as permanently and totally disabled.⁶²

III. DOCUMENTATION AND ASSESSMENT

Initial Reviews – The Warden reviews Extension requests and, if determined appropriate, refers them to the facility physician who conducts an initial evaluation.⁶³ If an incarcerated individual meets the medical criteria, the physician sends the case to the CMO who also reviews it.⁶⁴ If the CMO agrees that the individual meets the medical criteria, the case is referred to the Deputy Secretary of Institutions (Deputy Secretary).⁶⁵ If the individual is identified as terminally ill, the information will be given to the Deputy Secretary within 10 working days so the Secretary can make a final decision within 30 days.⁶⁶

Investigations

- **Risk** – The Deputy Secretary reviews the case and decides whether to refer it for investigation. If there is a referral, the Deputy Secretary decides whether the individual poses a threat to the community.⁶⁷
- **Community Resources** – At the same time that the Deputy Secretary is evaluating the individual’s threat to the community, Social Work Services investigates the potential for the individual to be treated in the community.⁶⁸ An incarcerated individual must be “pre-certified” for hospice care or similar palliative care in the community.⁶⁹ Additionally, Social Work Services will investigate community resources for the provision of care, as the Division of Institutions does not cover the cost of medical or palliative care for individuals granted an Extension.⁷⁰

Comprehensive Health Services notifies the Deputy Secretary regarding its investigation, and if it has not been able to obtain pre-certification, the individual’s case is denied.⁷¹ If the individual is pre-certified for hospice/palliative care, the Deputy Secretary refers the case to Victim Support Services.⁷²

Victim Input – Victim Support Services makes “reasonable” efforts to contact registered victims or victims’ families.⁷³ Once contacted, Victim Support Services explains that the individual is being considered for an Extension and will ask for the victim’s input.⁷⁴ The Secretary can only decide to grant an Extension after receiving the victim’s input.⁷⁵ The confidentiality of the incarcerated individual’s medical condition must be maintained and no specific medical information shared. The victim’s input is also kept confidential.⁷⁶

Recommendation – Once these steps are completed, the Deputy Secretary makes a recommendation to the Secretary.⁷⁷

IV. DECISION-MAKING PROCESS

Decision – The Secretary makes the final decision regarding an incarcerated individual’s request for an Extension, including a final determination that the individual no longer poses a significant public safety risk.⁷⁸ For terminally ill individuals, the Secretary’s decision must be made within 30 days of receiving the initial notification of the individual’s condition.⁷⁹

Notice – The Secretary must notify the Deputy Secretary of Institutions, the Deputy Secretary of Community Supervision, and Victim Support Services of the decision. The Deputy Secretary will then notify Comprehensive Health Services and the Warden, and Victim Support Services will notify those victims who were contacted for input.⁸⁰

V. POST-DECISION

Conditions – An incarcerated individual approved for an Extension must agree in writing to the terms of the Extension.⁸¹ If the individual is mentally ill, in a coma, or otherwise unable to sign the agreement, their guardian or person with power of attorney may sign for them.⁸² If there is a significant change in medical conditions or the circumstances of the Extension, the individual or their guardian and the medical professional caring for them must promptly notify the Warden.⁸³ The Division of Community Supervision may electronically monitor individuals granted an Extension at the request of the Division of Institutions and will notify the Warden if the individual leaves their permitted location or if the equipment is tampered with.⁸⁴

Supervision – Individuals granted an Extension are still considered incarcerated and will be supervised by the Division of Institutions via the Warden of the closest prison facility or the Division of Community Supervision for electric monitoring.⁸⁵

Reevaluations – Every 90 days, the Extension is reevaluated. The Warden recommends whether the Extension should be granted for another 90 days, and the Deputy Secretary of Institutions makes the final decision.⁸⁶ Division of Institutions policy states that the facility responsible for the individual “should make weekly

unannounced checks” to ensure the individual’s compliance with conditions of the Extension.⁸⁷

Revocation – Individuals who do not comply with the terms of the Extension, fail to remain within the extended limits, fail to return to confinement within a prescribed time, or tamper with electronic monitoring equipment are returned to custody.⁸⁸ The Secretary may also revoke an extension at any time.⁸⁹

VI. REPORTING AND STATISTICS

The Department does not publish statistics on how many individuals are granted an Extension of the Limits of Confinement due to a medical condition or terminal illness.

NORTH CAROLINA COMPASSIONATE RELEASE **PRIMARY LEGAL SOURCES**

MEDICAL RELEASE

Statute

North Carolina General Statutes §§ 15A-1369 through 15A-1369.5 (2024), available through the North Carolina General Assembly,
https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_15A/Article_84B.pdf.

Agency Policy

North Carolina Department of Adult Correction, Division of Institutions, Chapter Q § .0300, *Medical Release of Ill and Disabled Offenders* (Dec. 13, 2023),
<https://public.powerdms.com/NCDAC/documents/2145217>.

North Carolina Department of Adult Correction, *Medical Release Request Form* (Mar. 2024),
<https://www.dac.nc.gov/medical-release-request-0>. Note this version of the form does not reflect the statutory change in the definition for geriatric, which no longer requires the condition be related to aging.

North Carolina Department of Adult Correction, Division of Community Supervision, Chapter E § .0900, *Early Medical Release* (Apr. 1, 2019),
<https://public.powerdms.com/NCDAC/documents/1946748>.

EXTENSION OF THE LIMITS OF CONFINEMENT

Statute

North Carolina General Statutes § 148-4(8) (2024), available through the North Carolina General Assembly,
https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter_148/GS_148-4.html.

Agency Policy

North Carolina Department of Adult Correction, Division of Institutions, Chapter Q § .0400, *Extension of Limits of Confinement to Receive Palliative Care* (June 2, 2023),
<https://public.powerdms.com/NCDAC/documents/2422887>

NOTES

* *Id.* means see prior note. *Supra* means refer to specified note for full citation.

¹ In 2021, North Carolina moved the Division of Adult Correction, then under the Department of Public Safety, into an independent department, the Department of Adult Correction. The restructuring resulted in language changes for offices, titles, and sub-divisions, and new divisions were created within the Department. Some of the statutes, policy directives, and government documents cited here have not been correctly updated to reflect the changes. This document uses the updated language even when the source documents do not, per the direction given in the 2021 appropriations bill that created the new department (*Current Operations Appropriations Act of 2021*, S.L. 2021-180, § 19C.9.(aaaaa), <https://www.ncleg.gov/EnactedLegislation/SessionLaws/HTML/2021-2022/SL2021-180.html>).

² N.C. Gen. Stat. §§ 15A-1369, 15A-1369.1 (2024). Note that some Department publications refer to Medical Release as Early Medical Release or EMR.

³ N.C. Gen. Stat. § 148-4 (2024).

⁴ N.C. Gen. Stat. § 15A-1369.2(a)(1)-(2) (2024).

⁵ N.C. Gen. Stat. § 15A-1369(7); North Carolina Department of Adult Correction, Division of Institutions, Chapter Q §§ .0300, .0302(b), *Medical Release of Ill and Disabled Offenders* (Dec. 13, 2023), <https://public.powerdms.com/NCDAC/documents/2145217> [hereinafter *Medical Release of Ill and Disabled Offenders*].

⁶ N.C. Gen. Stat. § 15A-1369(8); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0302(a).

⁷ N.C. Gen. Stat. § 15A-1369(3); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0302(c). Note this Directive uses an older statutory definition for geriatric, incorrectly stating the infirmity, illness or disease must be related to aging. The 2023 update to the law removed this requirement.

⁸ N.C. Gen. Stat. § 15A-1369.2(b), referencing N.C. Gen. Stat. § 14-27A (2024); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0303.

These offenses include (1) first-degree murder, second-degree murder, first-degree rape, and first-degree sexual offense, (2) offenses related to the use, manufacture, possession, or acquisition of weapons of mass destruction, (3) death by distribution of controlled substances, (4) death and injury by vehicle and impaired boating, and (5) statutory rape, incest, and other sexual offenses (North Carolina Sentencing and Policy Advisory Commission, *Felony Classification Under the Structured Sentencing Act* (Nov. 21, 2024), <https://www.nccourts.gov/documents/publications/offense-classifications>).

⁹ N.C. Gen. Stat. § 15A-1369.3(a) (2024); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(b).

¹⁰ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(b)(1).

¹¹ N.C. Gen. Stat. § 15A-1369.3(a); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(b)(2). Note this Directive does not include the incarcerated individual among those who can submit a request for a referral.

North Carolina Department of Adult Correction, *Medical Release Request Form* (Mar. 2024), <https://www.dac.nc.gov/medical-release-request-0>. Note this form uses an older statutory definition for geriatric, incorrectly stating the infirmity, illness or disease must be related to aging. The 2023 update to the law removed this requirement.

¹² *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(a).

¹³ *Id.*

¹⁴ N.C. Gen. Stat. § 15A-1369.3(c); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(l).

¹⁵ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(c)-(d).

¹⁶ *Id.* at § .0304(e).

The Commission's annual Medical Release Program Report for the state legislature also suggests the medical assessment requires a description of the individual's capability to perform specific acts of daily living, a description of the degree of oversight and care the individual requires, and confirmation the medical condition was not present at sentencing (North Carolina Department of Adult Correction, Post-Release Supervision and Parole Commission, *Medical Release Program Report*, at 2 (May 2, 2024), <https://www.dac.nc.gov/media/12705/open>).

¹⁷ N.C. Gen. Stat. § 15A-1369.3(b)(1); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(e)-(f).

¹⁸ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(g).

¹⁹ N.C. Gen. Stat. § 15A-1369.3(b)(2); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(g).

The Commission's annual Medical Release Program Report for the state legislature also suggests the psychosocial review is required to include the following: the individual's version of the crime they are currently incarcerated for, the individual's version of any previous crimes, a summary of the individual's prison adjustment (including assessments of infractions, details on assaultive and sexual infractions, role and intensity of defiant sentiments, program participation, prison work history, and staff assessments), family history to determine antisocial sentiments in the family, marital history, work history with details on length and reasons for leaving, alcohol and drug history and treatment, mental health history and treatment, medical history including the individual's view on their medical condition and incapacity, perception of release plan, and a general impression of the individual's social skills and attitude related to the interviewer (Post-Release Supervision and Parole Commission, *Medical Release Program Report*, at 3 (May 2, 2024)).

²⁰ N.C. Gen. Stat. § 15A-1369.3(b)(2); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(k).

²¹ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(i).

²² N.C. Gen. Stat. § 15A-1369(6).

²³ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(h).

²⁴ N.C. Gen. Stat. § 15A-1369.3(c); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(m).

²⁵ N.C. Gen. Stat. § 15A-1369.1; *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(n).

²⁶ N.C. Gen. Stat. § 15A-1369.3(d).

²⁷ *Id.*

Statutory requirements for victims' rights and notice may also apply. North Carolina allows victims to request notice of proposed parole or release actions and notice of scheduled release at least seven days in advance. Victims also must be notified of conditions of post-release supervision, and they have the right to present concerns to any agency considering release of the incarcerated individual (N.C. Const. art. 1 § 37(1a)(f)-(g) (2024); N.C. Gen. Stat. §§ 15A-825(a)(11)-(12), 15A-830.5(b)(7)-(8), 15A-836(a)(6), 15A-837(a)(1) (2024)).

²⁸ North Carolina Post-Release Supervision and Parole Commission, *Standard Operations Manual*, at 108 (Oct. 2024), <https://www.dac.nc.gov/divisions-and-sections/post-release-supervision-parole-commission/parole-process> (select option to "View/download the Commission's Standard Operations Manual" at the bottom of the page) [hereinafter *Standard Operations Manual*]. Note the timeline for response is not a statutory requirement. The *Standard Operations Manual* does not always accurately reflect recent statutory changes; only accurate provisions are cited in this document.

²⁹ North Carolina Department of Adult Correction, Division of Community Supervision, Chapter E §§ .0900, .0905, *Early Medical Release* (Apr. 1, 2019), <https://public.powerdms.com/NCDAC/documents/1946748> [hereinafter *Early Medical Release*]. The section also requires the entire investigation be completed within two weeks.

³⁰ *Early Medical Release*, *supra* note 29, at § .0906.

³¹ *Standard Operations Manual*, *supra* note 28, at 108-109.

³² N.C. Gen. Stat. § 15A-1369.3(f).

³³ *Standard Operations Manual*, *supra* note 28, at 109.

³⁴ N.C. Gen. Stat. § 15A-1369.3(e).

³⁵ *Early Medical Release*, *supra* note 29, at § .0907.

³⁶ *Id.*

³⁷ *Id.*

³⁸ N.C. Gen. Stat. § 15A-1369.4(a) (2024).

³⁹ N.C. Gen. Stat. § 15A-1369.4(a); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(j).

⁴⁰ *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0304(j).

⁴¹ *Standard Operations Manual*, *supra* note 28, at 44. Note these conditions are not statutorily required.

⁴² See N.C. Gen. Stat. §§ 15A-1340.34, 15A-1368.4, 148-57.1 (2024).

⁴³ *Early Medical Release*, *supra* note 29, at § .0908. Note this is not a statutory requirement.

⁴⁴ *Id.* at §§ .0908-.0909. Note these are not statutory requirements.

⁴⁵ N.C. Gen. Stat. § 15A-1369.5(a); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0305(a)(2).

⁴⁶ N.C. Gen. Stat. § 15A-1369.5(a).

⁴⁷ *Id.*

⁴⁸ N.C. Gen. Stat. § 15A-1369.4(b); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0305(a)(1).

⁴⁹ N.C. Gen. Stat. § 15A-1369.4(b); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0305(a)(1).

⁵⁰ N.C. Gen. Stat. § 15A-1369.4(b); *Medical Release of Ill and Disabled Offenders*, *supra* note 5, at § .0305(b).

⁵¹ N.C. Gen. Stat. § 143B-1482(b).

⁵² North Carolina Department of Adult Correction, Post-Release Supervision and Parole Commission, *Medical Release Program Report*, at 4 (Feb. 22, 2023, published Mar. 3, 2023), <https://www.dac.nc.gov/documents/2023-03-13-dac-legislative-reportmedical-release-reportpdf/open>.

⁵³ Post-Release Supervision and Parole Commission, *Medical Release Program Report*, at 4 (May 2, 2024), <https://www.dac.nc.gov/media/12705/open>.

⁵⁴ N.C. Gen. Stat. § 148-4(8); North Carolina Department of Adult Correction, Division of Institutions, Chapter Q §§ .0400, .0401, *Extension of Limits of Confinement to Receive Palliative Care* (June 2, 2023), <https://public.powerdms.com/NCDAC/documents/2422887> [hereinafter *Extension of Limits of Confinement*].

Note the statute also allows for Extension of Limits of Confinement so an incarcerated individual can “obtain medical treatment not otherwise available,” however, there is no indication this provision allows for a long-term release period based on a medical condition and is therefore outside the scope of this document (N.C. Gen. Stat. § 148-4(3) (2024)).

⁵⁵ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0402(a).

⁵⁶ N.C. Gen. Stat. § 148-4(8). Division of Institutions policy defines terminally ill to mean physically incapacitated as well (*Extension of Limits of Confinement*, *supra* note 54, at § .0402(b)).

⁵⁷ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0403(a)(1).

⁵⁸ *Extension of Limits of Confinement*, *supra* note 54, at § .0403(a)(2). Note this is not a statutory requirement.

⁵⁹ *Id.* at § .0403(b)(1).

⁶⁰ *Id.*

⁶¹ N.C. Gen. Stat. § 148-4(8).

⁶² *Id.*

⁶³ *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(1).

⁶⁴ *Id.*

⁶⁵ *Id.* at § .0403(b)(2)-(3).

⁶⁶ *Id.* at § .0403(b)(3).

⁶⁷ *Id.* at § .0403(b)(4).

⁶⁸ *Id.* at § .0403(b)(5).

⁶⁹ *Id.* Note this is not a statutory requirement.

⁷⁰ *Id.*

⁷¹ *Id.* at § .0403(b)(6).

⁷² *Id.* at § .0403(b)(7).

⁷³ *Id.*

⁷⁴ *Id.* at § .0403(b)(7)-(8).

⁷⁵ N.C. Gen. Stat. § 148-4(8).

⁷⁶ *Id.* at § .0403(b)(7).

⁷⁷ *Id.* at § .0403(b)(9).

⁷⁸ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(9).

⁷⁹ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(3).

⁸⁰ *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(9).

⁸¹ *Id.* at § .0403(b)(11).

⁸² *Id.*

⁸³ *Id.*

⁸⁴ *Id.* at § .0403(b)(13).

⁸⁵ *Id.* at § .0403(b)(10), (13).

⁸⁶ *Id.* at § .0403(b)(12).

⁸⁷ *Id.*

⁸⁸ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(11), (13).

⁸⁹ N.C. Gen. Stat. § 148-4(8); *Extension of Limits of Confinement*, *supra* note 54, at § .0403(b)(14).