

North Carolina provides compassionate release to eligible incarcerated individuals through (1) **Medical Release**, for those who are permanently and totally disabled, terminally ill, or geriatric (age 65 or older);<sup>1</sup> and (2) **Extension of the Limits of Confinement**, for those who are permanently and totally disabled or terminally ill.<sup>2</sup>

## **MEDICAL RELEASE**

### **I. ELIGIBILITY**

**Medical Condition/Age** – To meet the medical or age criteria for Medical Release, an incarcerated individual must be (1) permanently and totally disabled, (2) terminally ill, or (3) geriatric,<sup>3</sup> as defined below:

- “Permanently and totally disabled” means a licensed physician has determined the incarcerated individual is irreversibly physically incapacitated by a physical or medical condition that was unknown at the time of sentencing (or has progressed since sentencing) and renders the person so debilitated there is no public safety risk;<sup>4</sup>
- “Terminally ill” means that a licensed physician has determined the individual has an incurable condition caused by an illness or disease that was unknown at the time of sentencing (or has progressed since sentencing) that is likely to produce death within six months and is so debilitating the person does not pose a public safety risk;<sup>5</sup>
- “Geriatric” means the individual is age 65 or older and suffers from a chronic infirmity, illness, or disease related to aging that has progressed such that the person is incapacitated to the extent there is no public safety risk.<sup>6</sup>

**Exclusions** – Individuals convicted of any of the following crimes are not eligible for Medical Release: (1) Capital felonies, which are punishable by death;<sup>7</sup> (2) Class A, B1, or B2 felonies, including first-degree murder, injuring another by the unlawful use of weapons of mass destruction, second-degree murder, first-degree rape, and first-degree sexual offense; (3) offenses related to the manufacture, possession, or acquisition of weapons of mass destruction;<sup>8</sup> and (4) offenses that require registration under North Carolina law, including categories of statutory rape, incest, and other sexual offenses.<sup>9</sup>

### **II. APPLICATION/REFERRAL**

The Division refers individuals for Medical Release to the Post-Release Supervision and Parole Commission (Parole Commission). Requests for consideration of Medical Release may be submitted in two ways:<sup>10</sup>

- Division medical staff can complete a *Medical Information Form*<sup>11</sup> and submit it to the Chief of Health Services;<sup>12</sup> 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 Division’s website, to the Division Director.<sup>13</sup>

North Carolina prisons that house individuals with acute conditions or who need long-term care must submit a list of people matching the medical and age eligibility criteria to the Chief of Health Services/Health Services Release Coordinator on a quarterly basis (January, April, July, and October).<sup>14</sup> Facilities may make referrals more often, if needed, for individuals who are terminally ill.<sup>15</sup>

### III. DOCUMENTATION AND ASSESSMENT

Within 45 days after receiving a request or recommendation for Medical Release, Division personnel must complete the following assessments and release plan:<sup>16</sup>

- Conviction Review – The Health Services Release Coordinator refers identified individuals to the Assistant Director of Auxiliary Services, who determines eligibility for Medical Release based on criminal convictions and then sends the list of eligible incarcerated individuals to the Chief of Health Services.<sup>17</sup>
- Medical Assessment – Each eligible individual’s attending physician completes a medical assessment using the *Medical Information Form*,<sup>18</sup> including a description of the person’s terminal conditions, physical incapacities, and chronic conditions and a prognosis concerning the likelihood of recovery from those conditions.<sup>19</sup> The physician sends the medical assessment to the Chief of Health Services, and if the individual meets the medical criteria, it is forwarded to Auxiliary Services and the Health Services Social Worker.<sup>20</sup>
- Psychosocial/Risk Review – The Assistant Director of Auxiliary Services completes a “psychosocial review,” which is primarily an assessment of the incarcerated individual’s risk for violence and recidivism.<sup>21</sup>
- Committee Review – The Assistant Director of Auxiliary Services submits the risk assessment and the Chief of Health Services medical referral to a three-member committee for review, which evaluates whether the person is a public safety risk.<sup>22</sup>
- Release Plan – A Health Services Social Worker meets with the incarcerated individual and develops a “comprehensive, viable and appropriate” *Medical Release Plan*.<sup>23</sup> At a minimum, the plan must include the following information:<sup>24</sup>

- The proposed course of medical treatment;
  - The proposed site for treatment and follow-up;
  - 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 duration of Medical Release, which includes “eligibility for enrollment” in a commercial health insurance plan, Medicare, Medicaid, or access to other adequate financial resources for the duration of the Medical Release.
- Facility/Residence Investigation – The Medical Release Parole Case analyst generates a Medical Residence Investigation and transmits that to the appropriate Chief Probation/Parole Officer, who assigns it to Probation/Parole Officer.<sup>25</sup> The assigned Officer must consider the level of care needed and ensure that the proposed residence and caretakers are appropriate.<sup>26</sup> It is unclear whether this investigation is coordinated with the Social Worker’s *Medical Release Plan* efforts.

After reviewing all the relevant information, the Chief of Health Services and the Assistant Director of Auxiliary Services or their designees (1) make a final recommendation to the Parole Commission regarding an individual’s suitability for Medical Release and (2) forward all the relevant documentation, including the *Medical Release Plan*.<sup>27</sup>

#### **IV. DECISION-MAKING PROCESS**

**Decision-Maker** – The North Carolina Post-Release Supervision and Parole Commission has sole authority to grant Medical Release to individuals who are terminally ill, permanently and totally disabled, or geriatric.<sup>28</sup>

- The Parole Commission has 15 days to make a Medical Release decision regarding a terminally ill individual<sup>29</sup> and 20 days to make a decision related to a permanently and totally disabled or geriatric individual.<sup>30</sup>

During this time period, the Parole Commission (1) makes an independent assessment of the risk for violence and recidivism that the incarcerated person poses to society and (2) provides the victim(s) or their family members with “an opportunity to be heard.”<sup>31</sup>

There is no additional publicly available information on the details of the Parole Commission’s decision-making process.

## V. POST-DECISION

**Denials and Appeal Rights** – If the Division determines that an individual does not meet the eligibility criteria or the Parole Commission denies Medical Release, the person may not reapply unless there is a “demonstrated change” in the medical condition.<sup>32</sup>

### Effect of Medical Release on Nonmedical Release or Parole Eligibility

- A denial of Medical Release does not affect an incarcerated individual’s eligibility for any other form of parole or release under North Carolina law.<sup>33</sup>
- Note that a previous revocation of Medical Release may be a factor in determining an individual’s eligibility for other forms of parole or release<sup>34</sup> but does not prevent eligibility for Medical Release in the future.<sup>35</sup>

**Release** – Division policy details the “release/pick up” of individuals approved for Medical Release.<sup>36</sup> Those who are permanently and totally disabled or terminally ill can be released directly to a family member or transported by ambulance.<sup>37</sup>

**Conditions and Supervision** – The Parole Commission sets conditions of release, including the following, which apply until the individual’s original sentence would have expired:<sup>38</sup>

- 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’s Community Corrections Section and will permit Probation/Parole Officers to visit the residence or medical facility at “reasonable times” at least every 90 days;<sup>39</sup> and
- The Parole Commission will receive periodic assessments from the person’s treating physician.

Note that Division policy, in its discussion of supervision after Medical Release, states that Medical Release conditions restrict individuals from leaving their residences and/or medical facilities except for medical appointments.<sup>40</sup> Division policy also directs the Community Corrections Officers to 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.<sup>41</sup>

**Revocation/Termination** – The Parole Commission can order an individual’s return to custody for a revocation hearing in the following circumstances:

- **Change in Medical Status** – Medical Release can be revoked if the individual’s health improves to the point the person would not be eligible for release if still in custody.<sup>42</sup> In making a revocation decision, the Parole Commission must consider the most recent medical assessment and risk assessment.<sup>43</sup> 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.<sup>44</sup>
- **Failure to Comply With Medical Release Conditions** – The Parole Commission may also revoke Medical Release if it receives “credible information” that an individual has failed to comply with any of the conditions.<sup>45</sup>

Revocation of Medical Release does not prevent an individual from being considered for Medical Release or any other type of parole in the future.<sup>46</sup>

## **VI. REPORTING/STATISTICS**

Each year, by March 1, the Department and Parole 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, and released on Medical Release.<sup>47</sup>

- In 2019, the Parole Commission granted Medical Release to seven individuals. The Division had referred two additional individuals who died before the Parole Commission issued a decision.<sup>48</sup>
- In 2020, the Parole Commission reported it received 15 requests for Medical Release. The Commission granted 14 requests and denied one; of the 14 individuals granted Medical Release, five have died.<sup>49</sup>

## **EXTENSION OF THE LIMITS OF CONFINEMENT**

The Secretary of the Department of Public Safety (Department) may “extend” the limits of an individual’s confinement for various reasons, which means the individual may serve the sentence outside of a prison. An Extension of the Limits of Confinement may be granted for those individuals who are permanently and totally disabled or terminally ill so they may receive palliative care.<sup>50</sup>

- An Extension of the Limits of Confinement is granted in 90-day intervals. The Extension is reevaluated every 90 days, and a decision is made on whether an

additional Extension should be granted or the individual should be returned to prison.<sup>51</sup>

## **I. ELIGIBILITY**

**Medical Condition** – To be eligible for an Extension of the Limits of Confinement (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 as a result of an existing physical or medical condition;<sup>52</sup> or
- “Terminally ill” means having a condition caused by an illness or disease that (1) causes physical incapacitation, (2) is likely to produce death within six months, and (3) is so debilitating that it is highly unlikely the person poses a significant public safety risk.<sup>53</sup>

The conditions must have been unknown at the time of sentencing and not diagnosed upon the individual’s entry to prison.<sup>54</sup>

**Exclusions** – To be eligible, incarcerated individuals must be in minimum custody.<sup>55</sup>

## **II. APPLICATION/REFERRAL**

A request to consider an incarcerated individual for an Extension may come from any source.<sup>56</sup> All requests are referred to the Facility Head at the prison where the person is housed.<sup>57</sup>

- The Department’s Division of Adult Correction and Juvenile Justice’s Medical Director (also referred to as the Chief of Health Services) must (1) notify the Department Secretary immediately when an individual is classified as terminally ill and (2) provide regular reports on individuals classified as permanently and totally disabled.<sup>58</sup>
- Note that the Medical Director is directed to make information on terminally ill individuals available to the Secretary within 10 working days so that the final determination can be made within 30 days of notification.<sup>59</sup>

## **III. DOCUMENTATION AND ASSESSMENT**

**Initial Reviews** – The Facility Head reviews Extension requests and, if determined appropriate, refers them to a Division physician who conducts an initial evaluation.<sup>60</sup> If an individual meets the medical criteria, the physician sends the case to the Assistant Director of Health Services, who also reviews it.<sup>61</sup> If the Assistant Director

agrees that the person meets the medical criteria, the case is referred to the Director of Prisons.<sup>62</sup>

## Investigations

- Risk – The Director of Prisons reviews the case and decides whether to refer it for investigation. If the decision is to continue, the Director makes a determination as to whether the incarcerated individual poses a threat to the community.<sup>63</sup>
- Community Resources – At the same time that the Director is evaluating the individual’s threat to the community, Health Services investigates the availability of community resources for provision of community care.<sup>64</sup>
  - An incarcerated individual must be “pre-certified” for hospice care or similar palliative care in the community.<sup>65</sup>
  - The Department does not cover the cost of medical or palliative care in the community.<sup>66</sup>

Health Services notifies the Director of Prisons regarding its investigation, and if it has not been able to obtain pre-certification, the individual’s case is denied.<sup>67</sup> If the person is pre-certified for hospice/palliative care, the Director of Prisons refers the case to the Office of Victim Services.<sup>68</sup>

**Victim Input** – The Office of Victim Services makes “reasonable” efforts to contact registered victims.<sup>69</sup> Once contacted, the Office explains that the person is being considered for an Extension and will ask for the victim’s input, which is communicated to the Director of Prisons and ultimately considered by the Secretary.<sup>70</sup> Note that the confidentiality of the incarcerated individual’s medical condition must be maintained. The victim’s input is also kept confidential.<sup>71</sup>

**Recommendation** – Once these steps are completed, the Director of Prisons makes a recommendation to the Department Secretary.<sup>72</sup>

## IV. DECISION-MAKING PROCESS

**Decision-Maker** – The Department Secretary makes the final decision regarding an individual’s request for an Extension of the Limits of Confinement, including a final determination that the person no longer poses a significant public safety risk.<sup>73</sup>

**Notifications** – The Secretary must notify the Director of Prisons, the Director of Community Corrections, and Victim Services of the decision. The Director of Prisons will then notify Health Services and the Facility Head, and Victim Services will notify those victims who were contacted for input.<sup>74</sup>

**Conditions** – When an individual is approved for an Extension of the Limits of Confinement, the person must agree in writing to the terms of the Extension.<sup>75</sup>

- If the individual is mentally ill, in a coma, or otherwise unable to sign the agreement, the person’s guardian or person with power of attorney will sign.<sup>76</sup>
- Community Corrections may electronically monitor individuals granted an Extension.<sup>77</sup>

## **V. POST-DECISION**

**Reevaluations** – The Secretary grants Extensions for 90 days at a time.

- Every 90 days, the Extension of the Limits of Confinement is reevaluated and the Secretary makes a decision as to whether an additional Extension should be granted or the individual needs to be returned to custody.<sup>78</sup> The evaluation includes consideration of any changes, if any, in the person’s medical condition and any violations of the Extension terms.<sup>79</sup>
- The Facility Head (of the prison in which the individual was housed before release) makes a recommendation about continuing the Extension, and the Director of Prisons (or a designee) makes the final decision.<sup>80</sup>
- Department 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.<sup>81</sup>

**Supervision** – Individuals granted an Extension of the Limits of Confinement are still considered incarcerated and will be supervised by the Division of Community Corrections Probation and Parole Officers.<sup>82</sup>

**Termination/Revocation** – Individuals who do not comply with the terms of the Extension, fail to remain within the extended limits, or tamper with electronic monitoring equipment are returned to custody.<sup>83</sup>

## **VI. REPORTING/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 and did not respond to FAMM’s request for information.



## **NORTH CAROLINA COMPASSIONATE RELEASE** **PRIMARY LEGAL SOURCES**

### **MEDICAL RELEASE**

#### **Statute**

North Carolina General Statutes §§ 15A-1369 through 15A-1369.5 (2020), available through the North Carolina General Assembly,  
[https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_15A/Article\\_84B.pdf](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_15A/Article_84B.pdf).

#### **Agency Policy**

North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Prisons, Policy and Procedures, Chapter Q, § .0300, Medical Release of Ill and Disabled Offenders (Feb. 1, 2018), [https://files.nc.gov/ncdps/Q-.0300-02\\_01\\_18.pdf](https://files.nc.gov/ncdps/Q-.0300-02_01_18.pdf).

North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Prisons, *Medical Release Request* (undated),  
[https://files.nc.gov/ncdps/documents/files/medical\\_release\\_form.pdf](https://files.nc.gov/ncdps/documents/files/medical_release_form.pdf).

North Carolina Department of Public Safety, Division of Prison Health Services, Health Services Policy and Procedure Manual, Policy CC-12, Medical Release (Sept. 2017),  
<https://files.nc.gov/ncdps/CC-12%20Medical%20Release.pdf>.

North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Community Corrections Policy and Procedures (Community Corrections Policy), Chapter E, § .0900, Early Medical Release (April 1, 2019), <https://files.nc.gov/ncdps/documents/files/Policy.pdf>.

### **EXTENSION OF THE LIMITS OF CONFINEMENT**

#### **Statute**

North Carolina General Statutes § 148-4 (2020), available through the North Carolina General Assembly,  
[https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_148/GS\\_148-4.html](https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter_148/GS_148-4.html).

#### **Agency Policy**

North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Prisons, Policy and Procedure (Prison Policy), Chapter Q, § .0400, Extension of Limits of Confinement (Feb.1, 2018), [https://files.nc.gov/ncdps/Q-.0400-02\\_01\\_18.pdf](https://files.nc.gov/ncdps/Q-.0400-02_01_18.pdf).

## NOTES

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\* *Id.* means see prior note.

<sup>1</sup> N.C. Gen. Stat. §§ 15A-1369 through 15A-1369.5; North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Prisons, Policy and Procedure (Prison Policy), Chapter Q, § .0300, Medical Release of Ill and Disabled Offenders; North Carolina Department of Public Safety, Division of Prison Health Services, Health Services Policy and Procedure Manual (Health Policy), Policy CC-12, Medical Release; North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Community Corrections Policy and Procedures (Community Corrections Policy), Chapter E, § .0900, Early Medical Release. Note that some Department publications refer to Medical Release Early Medical Release or EMR.

<sup>2</sup> N.C. Gen. Stat. § 148-4; North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Prison Policy, Chapter Q, § .0400, Extension of Limits of Confinement.

<sup>3</sup> N.C. Gen. Stat. §§ 15A-1369.2 (a) (1) and (a) (2).

<sup>4</sup> N.C. Gen. Stat. § 15A-1369 (7); Prison Policy, Chapter Q, § .0302 (b); Health Policy CC-12, Definitions; Corrections Policy, Chapter E, §§ .0902 and .0904.

<sup>5</sup> N.C. Gen. Stat. § 15A-1369 (8); Prison Policy, Chapter Q, § .0302 (a); Health Policy CC-12, Definitions; Corrections Policy; Chapter E, §§ .0902 and .0904.

<sup>6</sup> N.C. Gen. Stat. § 15A-1369 (3); Prison Policy, Chapter Q, § .0302 (c); Health Policy CC-12, Definitions; Corrections Policy, Chapter E, §§ .0902 and .0904.

<sup>7</sup> N.C. Gen. Stat. § 15A-1369.2 (b).

<sup>8</sup> N.C. Gen. Stat. § 15A-1369.2 (b); Prison Policy, Chapter Q, § .0303. See the North Carolina Judicial Branch, Offense Classifications, for the felony offense list, <https://www.nccourts.gov/documents/publications/offense-classifications>.

<sup>9</sup> N.C. Gen. Stat. § 15A-1369.2 (b), referencing N.C. Gen. Stat. § 14-27A; Prison Policy, Chapter Q, § .0303.

<sup>10</sup> N.C. Gen. Stat. § 15A-1369.3 (a).

<sup>11</sup> The *Medical Information Form* (Form DC-293) is on pages 4 through 6 of the Health Services Policy and Procedure Manual, Policy CC-12, Medical Release.

<sup>12</sup> Prison Policy, Chapter Q, § .0304 (b) (1); Health Policy CC-12, § I (A) (1).

<sup>13</sup> N.C. Gen. Stat. § 15A-1369.3 (a); Prison Policy, Chapter Q, § .0304 (b) (2); Health Policy CC-12, § I (A) (2).

<sup>14</sup> Prison Policy, Chapter Q, § .0304 (a); Health Policy CC-12, § I (B).

<sup>15</sup> *Id.*

<sup>16</sup> N.C. Gen. Stat. § 15A-1369.3 (c); Prison Policy, Chapter Q, § .0304 (l).

<sup>17</sup> N.C. Gen. Stat. §§ 15A-1369.3; Prison Policy, Chapter Q, §§ .0304 (c) and (d). Note that Health Policy CC-12, §§ I (E) and (F) says the “Classification Manager” is responsible for this review.

- <sup>18</sup> Prison Policy, Chapter Q, §§ .0304 (e) and (f).
- <sup>19</sup> N.C. Gen. Stat. §§ 15A-1369.3 (b) (1) (a) and (1) (b); Prison Policy, Chapter Q, § .0304 (f).
- <sup>20</sup> Prison Policy, Chapter Q, § .0304 (g).
- <sup>21</sup> N.C. Gen. Stat. § 15A-1369.3 (b) (2); Prison Policy, Chapter Q, §§ .0304 (g) and (k). Note that Health Policy CC-12, § II (A) says the Classification Manager, rather than the Director of Auxiliary Services, is responsible for the risk assessment.
- <sup>22</sup> Prison Policy, Chapter Q, § .0304 (h).
- <sup>23</sup> Prison Policy, Chapter Q, §§ .0304 (i) and (j); Health Policy CC-12, § II (C).
- <sup>24</sup> N.C. Gen. Stat. § 15A-1369 (6); Prison Policy, Chapter Q, §§ .0302 (d) (1) through (d) (4); Health Policy CC-12, Definitions; Corrections Policy, Chapter E, § .0903.
- <sup>25</sup> Corrections Policy, Chapter E, § .0905. The Medical Release statute and prison policy do not mention this requirement.
- <sup>26</sup> *Id.* at (c). Note that the Corrections Policy says that the entire facility/residence investigation process must be completed within two weeks. Corrections Policy, Chapter E, § .0905. See also Corrections Policy, Chapter E, § .0906 regarding the required actions if the residence plan is rejected.
- <sup>27</sup> N.C. Gen. Stat. § 15A-1369.3 (c); Prison Policy, Chapter Q, § .0304 (m); Health Policy CC-12, § II (D) (1).
- <sup>28</sup> N.C. Gen. Stat. § 15A-1369.3 (d); Corrections Policy, Chapter E, § .0901, Purpose.
- <sup>29</sup> N.C. Gen. Stat. § 15A-1369.3 (d).
- <sup>30</sup> *Id.* See also Health Policy CC-12, §§ II (D) (4) and (D) (5).
- <sup>31</sup> N.C. Gen. Stat. § 15A-1369.3 (d); Health Policy CC-12, §§ II (D) (2) and (D) (3).
- <sup>32</sup> N.C. Gen. Stat. § 15A-1369.3 (f).
- <sup>33</sup> *Id.* at (e).
- <sup>34</sup> N.C. Gen. Stat. § 15A-1369.4 (b).
- <sup>35</sup> N.C. Gen. Stat. §§ 15A-1369.4 (b) and 1369.5 (b).
- <sup>36</sup> Corrections Policy, Chapter E, § .0907.
- <sup>37</sup> *Id.*
- <sup>38</sup> N.C. Gen. Stat. § 15A-1369.4 (a); Prison Policy, Chapter Q, § .0304 (j); Health Policy CC-12, § II (E).
- <sup>39</sup> See also Corrections Policy, Chapter E, § .0908. Because state law specifically indicates that people approved for Medical Release must be low risk or “no risk” to the community, supervision is “at a minimum standard.” *Id.*

<sup>40</sup> Id. Note that the Medical Release statute and other relevant Department policies do not mention this restriction.

<sup>41</sup> Corrections Policy, Chapter E, § .0909.

<sup>42</sup> N.C. Gen. Stat. § 15A-1369.5 (a); Prison Policy, Chapter Q, § .0305 (a) (2); Health Policy CC-12, § II (F) (1).

<sup>43</sup> N.C. Gen. Stat. § 15A-1369.5 (a).

<sup>44</sup> Id.

<sup>45</sup> N.C. Gen. Stat. § 15A-1369.4 (b); Prison Policy, Chapter Q, § .0305 (a) (1); Health Policy CC-12, § II (F) (2). See also Corrections Policy, Chapter E, § .0910.

<sup>46</sup> N.C. Gen. Stat. §§ 15A-1369.4 (b) and 15A-1369.5 (b); Prison Policy, Chapter Q, § .0305 (b); Health Policy CC-12, § II (G).

<sup>47</sup> N.C. Gen. Stat. § 143B-707.2 (b).

<sup>48</sup> North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Memorandum/Medical Release Report (March 1, 2020), [https://files.nc.gov/ncdps/documents/files/ACJJ-Parole-Commission\\_Medical-Release-Report\\_2020.pdf](https://files.nc.gov/ncdps/documents/files/ACJJ-Parole-Commission_Medical-Release-Report_2020.pdf).

<sup>49</sup> Email from Leigh Kent, North Carolina Post-Release Supervision and Parole Commission, to FAMM (June 30, 2021) (on file with FAMM, Office of the General Counsel).

<sup>50</sup> N.C. Gen. Stat. § 148-4 (8); Prison Policy, Chapter Q, § .0401.

<sup>51</sup> Prison Policy, Chapter Q, §§ .0402 (a) (9) and (b) (13).

<sup>52</sup> N.C. Gen. Stat. § 148-4 (8); Prison Policy, Chapter Q, § .0402 (a) (1).

<sup>53</sup> Id.

<sup>54</sup> N.C. Gen. Stat. § 148-4 (8); Prison Policy, Chapter Q, § .0402 (a) (2).

<sup>55</sup> Prison Policy, Chapter Q, § .0402 (a) (4).

<sup>56</sup> Id. at (b) (1).

<sup>57</sup> Id.

<sup>58</sup> N.C. Gen. Stat. § 148-4 (8); Prison Policy, Chapter Q, § .0402 (a) (3).

<sup>59</sup> Prison Policy, Chapter Q, § .0402 (a) (3).

<sup>60</sup> Id. at (b) (1).

<sup>61</sup> Id.

<sup>62</sup> Id. at (b) (2) and (b) (3).

<sup>63</sup> Id. at (b) (4).

<sup>64</sup> Id. at (a) (6).

<sup>65</sup> Id. at (a) (6) and (b) (5).

<sup>66</sup> Id.

<sup>67</sup> Id. at (b) (6).

<sup>68</sup> Id. at (b) (7).

<sup>69</sup> Id. at (a) (7) and (b) (8).

<sup>70</sup> Id. at (a) (7), (b) (8), and (b) (9).

<sup>71</sup> Id. at (a) (7).

<sup>72</sup> Id. at (b) (10).

<sup>73</sup> Id. at (a) (5) and (b) (10).

<sup>74</sup> Id. at (a) (7) and (b) (10).

<sup>75</sup> Id. at (b) (12). Note that if the Secretary approves an individual for an Extension to a location that is not near the prison facility, the Department makes arrangements to have the closest prison facility to the care facility to be the responsible prison. That includes handling the Extension agreement and checking on the individual. Id. at (b) (11).

<sup>76</sup> Id. at (b) (12).

<sup>77</sup> Id. at (a) (8) and (b) (14).

<sup>78</sup> Id. at (a) (9) and (b) (13).

<sup>79</sup> Id. at (a) (9).

<sup>80</sup> Id. at (b) (13).

<sup>81</sup> Id.

<sup>82</sup> See North Carolina Department of Public Safety, “ELC: Reducing Prison Population to Lower the Risk of COVID-19” (Updated March 3, 2021), <https://www.ncdps.gov/blog/2020/09/24/elc-reducing-prison-population-lower-risk-covid-19>.

<sup>83</sup> Prison Policy, Chapter Q, § .0402 (b) (14). The rules also state that the Secretary can return an individual to custody “at any time.” Id. at (a) (10).