OFFICE OF INSPECTOR GENERAL
OF THE NEBRASKA CORRECTIONAL SYSTEM

Medical parole, geriatric parole, and recent deaths in NDCS custody

MONITORING REPORT NO. 2026-01

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EXECUTIVE SUMMARY

About two dozen people die each year, mostly of natural causes, while in the custody of the Nebraska Department of Correctional Services (NDCS, or the Department). In recent years, as many as half who died appear to have been eligible for medical parole at the time.

Created by the Legislature in 2005, medical parole allows certain offenders who are terminally ill or permanently incapacitated to serve the remainder of their sentences in the community. These individuals may then "die in some sort of dignity,"[1] while also freeing the state correctional system of costs associated with their incarceration and ongoing medical care. Medical parole is not available to those serving sentences of life or death.

Geriatric parole, a similar but separate option, was created by the Legislature in 2023. It applies to those age 75 or older who have served at least 15 years of their current sentence, but excludes a broader range of offenses than medical parole.

Although the Board of Parole has sole discretion in granting medical or geriatric parole to those eligible, NDCS plays important roles in identifying eligible people, making arrangements for them in the community, and supervising them once they are released.

Recently, NDCS and the Board of Parole have worked to enhance the medical parole process so more eligible individuals can be considered in a timelier fashion. These efforts resulted in a system that is notably better than in past years. However, through investigations of in-custody deaths and related oversight activities, the Office of Inspector General of the Nebraska Correctional System (OIG) has identified additional areas of possible improvement. This includes items which may merit attention by the Legislature.

Specifically, the OIG found:

1. Stakeholder awareness of medical parole has improved, with better processing of referrals and tracking of individuals released on medical parole.

[1] State Sen. Vickie McDonald. (2005, May 31). Transcript of floor debate on Legislative Bill 538, Nebraska Legislature. https://www.nebraskalegislature.gov/FloorDocs/99/PDF/Transcripts/FloorDebate/r1day87.pdf

2. Barriers in access to housing and long-term care have resulted in eligible people dying in prison rather than in community settings. These barriers are outside the control of NDCS or the Board of Parole.
3. The medical parole statutes contain no definitions for the terms "terminally ill" or "permanently incapacitated," leaving these open to interpretation.
4. Although statute directs that NDCS "shall" identify those eligible for medical parole, departmental policy appears to treat this affirmative duty as optional.
5. A tool NDCS adopted to help determine eligibility for medical parole, the Karnofsky Performance Scale, may prevent some eligible individuals from being considered by the Board of Parole. This may encroach on the Parole Board's discretion under Neb. Rev. Stat. § 83-1,110.02(2).
6. The current geriatric parole system is more limited than medical parole, with an estimated 16 potential future candidates among the current 65-plus population.

To address these findings, the OIG recommends NDCS take the following steps:

1. Revise policy to clarify that NDCS medical providers and administrators have an affirmative obligation to identify those who might be eligible for medical parole.
2. Discontinue use of the Karnofsky Performance Scale as an additional criterion for people who are otherwise eligible for medical parole. Instead, this information can be submitted to the Board of Parole for consideration.

Additionally, the OIG will recommend the Legislature consider the following:

1. Examine ways to improve access to housing and long-term care for medical parolees and similarly situated individuals.
2. Clarify the meanings of "terminally ill" and "permanently incapacitated" in the medical parole statutes.
3. Further examine the geriatric parole statute to determine whether it is serving its intended purpose or if it should be amended.

This report examines these findings and recommendations in further detail.

BACKGROUND AND SCOPE

About the OIG

The Office of Inspector General of the Nebraska Correctional System (OIG) is an office of the Nebraska Legislature which was created to provide a full-time program of investigation and oversight of Nebraska's correctional system.[2] The OIG exists within the Division of Legislative Oversight, which is overseen by the Legislative Oversight Committee.

Among its statutory duties, the OIG is required to investigate anytime someone dies in NDCS custody or while under NDCS supervision, for the purposes of systemic oversight. The OIG is also authorized to conduct other oversight activities as necessary under the Office of Inspector General of the Nebraska Correctional System Act.[3]

About this Report

This redacted summary report combines findings from several death investigations conducted by the OIG from 2023 to 2025, as well as related information from other OIG oversight activities.

The unredacted version of this report was presented to the Director of Legislative Oversight and the chairperson of the Legislative Oversight Committee on January 15, 2026. The report was then presented to the Director of NDCS on January 21, 2026. The report became final on February 5, 2026, following the NDCS response. Pursuant to Neb. Rev. Stat. § 50-1912, this redacted summary was released on March 26, 2026, in consultation with the chairperson of the Legislative Oversight Committee.

Scope of Review

A typical OIG death investigation includes, at a minimum, thorough reviews of NDCS incident reports, the deceased person's incarceration and treatment records, and information gathered as part of the grand jury investigation, which is mandatory for in-custody deaths in Nebraska. The OIG also regularly conducts interviews with staff, incarcerated people, and others with knowledge of the circumstances of

[2] Neb. Rev. Stat. § 50-1902.
[3] Neb. Rev. Stat. § 50-1906.

individual cases, and examines further evidence, such as departmental memos and documents, as well as institutional surveillance footage and other security-related records.

In conducting these required death investigations, the OIG observed that many of those who died in recent years appeared to have been eligible for medical parole under Neb. Rev. Stat. § 83-1,110.02. As a result of this observation, as well as past discussions with NDCS staff about their struggles finding community placements for formerly incarcerated people who are medically needy, the OIG determined further examination of the medical and geriatric parole systems was merited. This included reviews of state statutes, legislative transcripts, external research reports, NDCS policies, and additional records, as well as interviews with people familiar with the medical and geriatric parole processes.

Some of the deaths mentioned in this report are still being investigated by the OIG. Future reports may contain additional findings, although not necessarily related to medical or geriatric parole.

As the OIG lacks oversight over the Board of Parole, this report contains no findings or recommendations related to Parole Board processes. Board of Parole information is included for context only.

MEDICAL AND GERIATRIC PAROLE: STATUTORY OVERVIEW AND HISTORY

Medical and geriatric parole are two separate alternatives to traditional parole. Some form of medical parole has been in place in Nebraska since 2005, while geriatric parole was created in 2023.

Medical Parole

Nebraska statute allows for people serving sentences in NDCS custody to be considered for medical parole, provided they meet two eligibility criteria:

- The person may not be committed under a sentence of death or of life imprisonment; and
- The person must be determined by the Department to be terminally ill or permanently incapacitated due to an existing medical or physical condition.[4]

If a person is found to meet these criteria, the Board of Parole (Board) then determines whether or not to grant medical parole based on the person's medical, institutional, and criminal records as well as other medical evidence the board deems necessary. Although NDCS determines whether the person is terminally ill or permanently incapacitated, "(T)he decision to grant medical parole … is within the sole discretion of the board."[5]

If granted, medical parole is similar to normal parole. It lasts for the remainder of the person's sentence, less good time, and can be revoked for violations of any conditions established by the board. However, a person's medical parole may also be revoked if their condition improves to the extent that they are no longer eligible for medical parole.[6]

Origins in Nebraska

According to then-Sen. Vickie McDonald of St. Paul, medical parole was intended to allow eligible individuals to "die in some sort of dignity."[7] McDonald introduced the bill which ultimately resulted in

[4] Neb. Rev. Stat. § 83-1,110.02.
[5] Ibid.
[6] Neb. Rev. Stat. § 83-1,110.03.
[7] State Sen. Vickie McDonald. (2005, May 31). Transcript of floor debate on Legislative Bill 538, Nebraska Legislature. https://www.nebraskalegislature.gov/FloorDocs/99/PDF/Transcripts/FloorDebate/r1day87.pdf

the creation of medical parole after conversations with a terminally ill prisoner from her district. She further explained her reasoning during the committee hearing on the bill:

> *Our inmate population is aging. We have mandatory sentencing for longer terms. The result is a growing population of inmates with special health needs including the elderly, the infirm, the chronically ill, and the terminally ill. Medical parole is a logical and compassionate response to the trends in a prison population and health problems associated with them. Hospice services is another.*[8]

Originally, access to medical parole was limited to those who were already "otherwise eligible for parole." This requirement excluded two groups of people, among others, from consideration:

- Those who would someday be eligible for parole but had not yet reached their parole eligibility dates; and
- Those with sentences other than life or death which nonetheless do not provide for a period of release on parole. This includes people with "flat" sentences followed by no community supervision or mandatory post-release supervision.

The Legislature amended the law in 2018 to eliminate the requirement that offenders be otherwise eligible for normal parole in order to be considered for medical parole.[9] Exclusions remain for those sentenced to death or life in prison.

Geriatric Parole

Geriatric parole is similar to medical parole, but has different eligibility criteria and includes a requirement that anyone who receives geriatric parole wear an electronic monitor (for GPS tracking) for at least 18 months as a condition of their parole.

To qualify for geriatric parole, a person must:

- Be 75 or older;
- Have served at least 15 years of their current sentence; and

[8] State Sen. Vickie McDonald. (2005, February 10). Transcript of Judiciary Committee hearing on Legislative Bill 703, Nebraska Legislature. https://www.nebraskalegislature.gov/FloorDocs/99/PDF/Transcripts/Judiciary/2005-02-10.pdf

[9] Legislative Bill 841.

- Not be serving a life sentence, a sentence for a Class I, IA, or IB felony, or a sentence for "an offense that includes as an element sexual contact or sexual penetration."[10]

Origins in Nebraska

The introduction of geriatric parole in Nebraska resulted from work by the Nebraska Criminal Justice Reinvestment Working Group. The working group was established by the leaders of all three branches of state government at the time – including the Governor, Chief Justice, and Speaker of the Legislature – with the goal of reducing recidivism while shifting resources to more cost-effective public safety strategies.

The working group's final report in 2022 noted the following in relation to geriatric parole:

> *Across studies, researchers have found age is one of the most significant predictors of criminality and criminal behavior decreases as people get older. Studies on recidivism for individuals on parole found the likelihood of violations of their supervision conditions also decreases with age. In these studies, older individuals on parole were less likely to be re-incarcerated. In 2015, ten percent of Nebraska's prison population was made up of people 55 or older, an increase of 63.5 percent from just five years earlier. Unlike many states across the country, Nebraska does not have a geriatric parole option where individuals would be released at a certain age.*
>
> *Furthermore, incarcerated individuals who are older are more likely to have serious health conditions compared to those who are younger, leading to much higher medical costs. Due to these increased needs, prisons across the nation spend roughly two to three times more to incarcerate older individuals. While Nebraska has a medical parole policy, the data show it has been underutilized in the last five years. As such, in 2015, Nebraska spent an average of $8,582 per incarcerated individual on prison health care, a 13 percent increase from 2010.*[11]

The working group identified geriatric parole as a "policy option" but did not reach consensus on the specifics of how such a policy should be implemented.

The first legislation introduced to address the working group's findings, Legislative Bill 920 in 2022, would have required a person to meet the following criteria for geriatric parole:

- Be 70 or older;
- Have served at least 10 years of their current sentence; and

[10] Neb. Rev. Stat. § 83-1,110.05.
[11] https://news.legislature.ne.gov/jud/files/2022/03/NECJR-Working-Group-Final-Report.pdf

- Not be serving a life sentence or a sentence for a Class I or IA felony.

LB 920 failed to pass during the 2022 legislative session.

In 2023, Legislative Bill 50 resurrected much of LB 920 but did not originally include the geriatric parole language. A committee amendment to LB 50 added geriatric parole with the following criteria:

- Must be 75 or older;
- Have served at least 15 years of sentence; and
- Not be serving a life sentence, a sentence for a Class I or IA felony, or a sentence for a sexual offense.

Class IB felonies were added to the list of exclusions as a result of an amendment to the committee amendments brought by the bill's introducer, Senator Justin Wayne of Omaha. The bill ultimately passed with those criteria in 2023.

MEDICAL PAROLE: CURRENT PROCESS AND IMPROVEMENTS

In addition to their discussion of geriatric parole, the Nebraska Criminal Justice Reinvestment Working Group report found medical parole was underutilized in this state. Since then, and particularly in the past year, NDCS and the Board of Parole have undergone efforts to ensure eligible people are considered for medical parole and to otherwise improve the process.

The current standalone NDCS policy on medical parole was first adopted in 2023. This formed the basis of much of the current process for referrals, eligibility determinations, and Parole Board notification. However, additional significant changes have been made since then.

Current Process

The medical parole process utilized by NDCS and the Board of Parole is as follows:

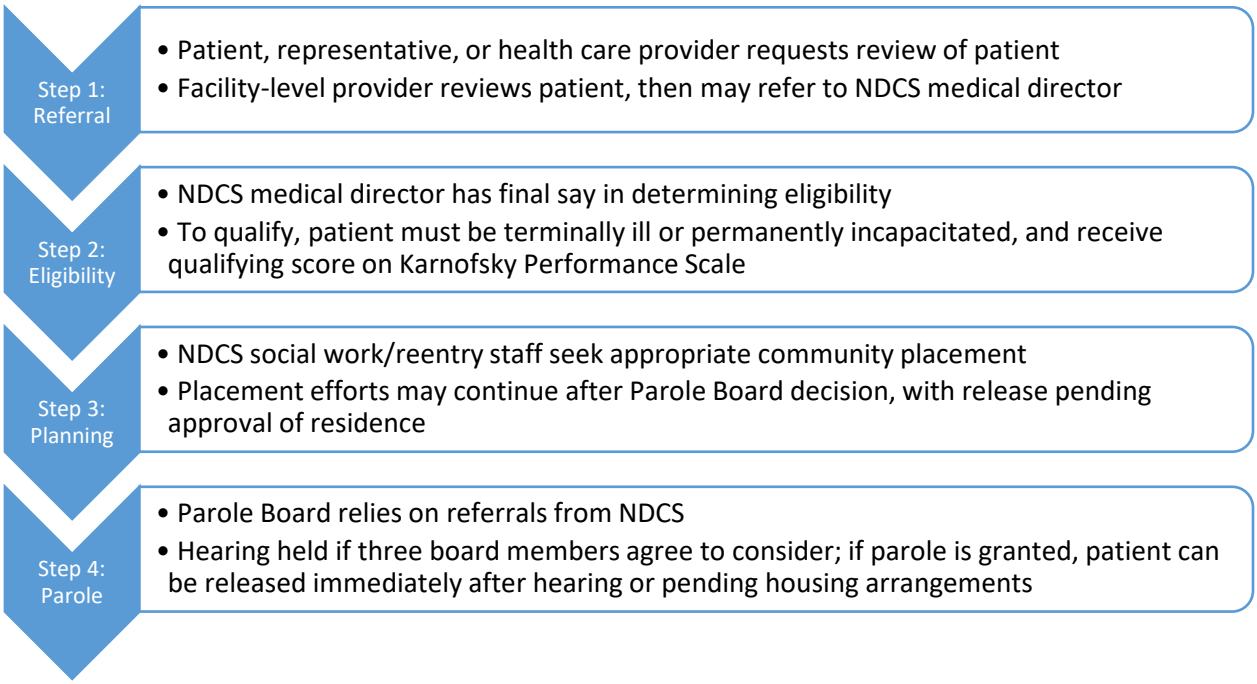

Figure 1

Step 1: Referral to NDCS Medical

Under NDCS internal policy, an incarcerated patient can request medical parole for themselves or be considered at the request of family, friends, the Office of Public Counsel (Ombudsman's office), Inspector General, NDCS staff, or a licensed medical provider.[12] Referrals from NDCS providers go directly to the NDCS medical director, while other requests or referrals must first be vetted by a provider at the facility where the person is incarcerated. If the facility provider believes the patient meets the criteria, the provider *may* refer them to the medical director.

Ultimately, according to the policy, the NDCS medical director "is the authority by which terminal illness or permanent incapacitation will be determined." The policy states the medical director will review all referrals within 21 days of receipt, then notify the NDCS director and the Board of Parole within seven days if the patient is found to be eligible.

Step 2: Eligibility Determination

To determine eligibility, NDCS policy lists three criteria. The first two are from statute: The person must not be serving a sentence of life or death, and they must be terminally ill or permanently incapacitated. The third criteria specifies that a person "must have a Karnofsky Score of 50 or less" to qualify. This is a reference to the Karnofsky Performance Scale. The Karnofsky scale was developed by Dr. David Karnofsky in the 1940s to determine the effects of nitrogen mustard in treating lung cancer patients.[13] It has since found use to measure quality of life and to predict outcomes, including survival, in a variety of health care settings.

The single-page tool is relatively simple and straightforward, describing a patient's "performance status" – essentially their ability to perform daily activities without assistance – on a percentage scale. A score of 100 means "Normal; no complaints; no evidence of disease." A score of zero means "Dead."[14]

Step 3: Reentry Planning

Once someone is being considered for medical parole, NDCS social workers and reentry staff have the task of identifying housing and making other reentry arrangements before the person can be released.

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[12] NDCS Policy 115.07, "Medical Parole" (Rev. 5/31/25).

[13] Timmermann C. (2013). 'Just give me the best quality of life questionnaire': the Karnofsky scale and the history of quality of life measurements in cancer trials. *Chronic Illness*, *9*(3), 179–190. https://doi.org/10.1177/1742395312466903

[14] The Karnofsky scale is included as an attachment to the NDCS medical parole policy, both of which are attached to this report.

However, NDCS has struggled to find suitable arrangements in the community, which has sometimes resulted in people dying in prison while awaiting parole.

The OIG previously highlighted challenges in this area in 2024, and encouraged NDCS to engage with other stakeholders "to identify appropriate community-based housing for formerly incarcerated people who are terminally ill or require significant ongoing medical care."[15] Housing issues have also been a focus of the Reentry Continuity Advisory Board, a legislatively created board of which the Inspector General is a member.

Step 4: Parole Board Consideration and Release

The Board of Parole does not commence medical parole considerations on its own. Instead, it relies solely on referrals from the NDCS medical director. Once the Parole Board receives a referral, information about the candidate is submitted to all board members. If three board members indicate they support holding a hearing, then one is scheduled. In that case, the person is placed on "hearing status" and generally scheduled for the next day of hearings at their facility. Hearings typically take place once per month at each facility.

The person must attend their hearing in person, regardless of their condition or if they were recently moved to a different facility. After the hearing, if a majority of the Parole Board votes to grant parole, they can be released almost immediately or as soon as a bed becomes available for them in the community.

Other Recent Developments

In addition to the specific steps described above, recent changes also merit mention. These are the result of ongoing process improvement efforts by NDCS and the Board of Parole:

Tracking of Referrals and Recipients

Prior to 2025, no entity was actively tracking which individuals had been referred to NDCS medical for consideration or those who were ultimately granted medical parole. This resulted in delays in processing

[15] Deaths of Natural Causes in NDCS Custody, 2020-2023 (2024-03). Redacted summary included in OIG 2024 Annual Report, https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Inspector_General_of_the_Nebraska_Correctional_System/600_20240912-130303.pdf

referrals and a general lack of information about how many people were considered for medical parole or ultimately granted release.

For example, NDCS staff had identified that of 30 people who died in custody from October 2023 through early 2025, approximately 15 appeared to be eligible for medical parole. However, due to lack of tracking, it was unclear how many of these people were actually referred to the Parole Board for consideration, or even how many other people were granted medical parole during that time.

Referrals for determining medical parole eligibility are now being tracked within the Department's electronic health records system. NDCS and the Board of Parole have also adjusted their case management systems to specifically track medical parole cases.

Awareness and Communication

NDCS and the Board of Parole have also worked to improve awareness and communication surrounding the medical parole process. Some of these efforts have been departmentwide and are reflected in policy, while others have taken place at the facility level.

For example, at the Reception and Treatment Center (RTC), the NDCS facility with the most candidates for medical parole, medical staff convene regular meetings in which they identify and discuss patients who might meet the eligibility criteria.

Additionally, the Board of Parole has begun granting medical parole even for those who are still without living arrangements in the community. These individuals are placed on "parole pending" status and are not released until appropriate living arrangements can be made and approved. As will be explained in the next section of this report, this is an attempt to account for the time-sensitive nature of these cases as well as the barriers in obtaining community-based placements for the people involved.

> Finding #1: Stakeholder awareness of medical parole has improved, with better processing of referrals and tracking of individuals released on medical parole.

MEDICAL PAROLE FINDINGS

Despite recent efforts to improve the medical parole system in Nebraska, some items emerged as remaining concerns during the OIG's investigations.

Access to Community-Based Placements

The most significant remaining issue impacting Nebraska's medical parole system is a lack of access to long-term care beds in the community, especially for certain people who were recently incarcerated. The case of a man who died in NDCS custody in February 2025 helps illustrate this challenge.

The man ("Patient A"[16]) died in a hospice room at the Reception and Treatment Center (RTC). He had been diagnosed with advanced-stage small cell lung cancer about six months earlier and was given a life expectancy of four months to a year. He was already eligible for normal parole, and had previously been released for about eight months in 2022 and 2023 before his parole was revoked due to a drug-related arrest.

After his terminal diagnosis, NDCS staff and the Board of Parole worked together to try and place him on parole again. However, it took so long to find an appropriate facility willing to accept him that he died in custody before he could be released.

The timeline below is based on contact notes and further information from an NDCS social worker and a reentry specialist who assisted with his case, as well as his medical records and NDCS file:

September 13, 2024	Social worker first contacts Patient A after learning about his cancer diagnosis from medical providers in the RTC skilled nursing facility, and escorts him to a previously scheduled initial review hearing with the Board of Parole. The Board is informed of his diagnosis and prognosis, and schedules him for a December 2024 final hearing, at which he could be granted parole. He expresses interest in going to the Norfolk area due to family support.

[16] Name redacted.

September 24, 2024	Social worker identifies two long-term care facilities in the Norfolk area and submits referrals for Patient A. One responds that they will add him to their waitlist for Medicaid patients.
October 17, 2024	Social worker follows up with facility that waitlisted Patient A, to see where he was on the waitlist but receives no response.
October 30, 2024	Social worker calls five additional facilities in Norfolk area. Three go to voicemail. One facility says it has no available Medicaid beds. Director at fifth facility takes down information about Patient A.
November 4, 2024	Social worker contacts fifth facility from above again and is told Patient A is a "definite possibility" to have at the facility. Social worker submits referral for Patient A the following day.
November 6, 2024	Social worker calls four more long-term care facilities then faxes referrals to each. One responds the following day that they cannot accept Patient A due to his medical complexity.
November 12, 2024	Social worker follows up with the remaining three facilities. Two report they cannot accept Patient A. The third does not answer.
November 27, 2024	Social worker calls facility which described him as a "definite possibility," to confirm his placement. Facility confirms bed availability. Social worker contacts NDCS reentry specialist about submitting a formal parole plan.
December 3, 2024	Staff member at facility follows up to say they were made aware of a criminal charge against patient and can no longer accept him. Social worker begins contacting other agencies in the Norfolk area to inquire about housing options.
December 4, 2024	Norfolk-area facility which had previously waitlisted Patient A clarifies that waitlist is six months to a year out, so social worker abandons this option. Social worker refers patient to another facility in Norfolk. The facility accepts him but there are no beds available. Social worker continues working with the facility and begins to make arrangements for temporary housing at a local transitional living facility.

December 10, 2024	Transitional living facility where social worker was attempting to make temporary arrangements expresses reluctance to accept Patient A due to his previous experience there, funding issues, and concerns about his prognosis.
December 12, 2024	Social worker follows up with Patient A's family to discuss the situation and his lack of a parole plan. Family insists they cannot accommodate him. Social worker agrees to begin looking for placements outside the Norfolk area.
December 19, 2024	Patient A attends his parole hearing. Parole Board defers his hearing until March 2025 due to lack of an approved plan.
January 2025	Social worker and supervisor contact 22 additional nursing homes in central and eastern Nebraska without success. Several say they do not accept people from Corrections or cannot accommodate Patient A's needs or Medicaid. A facility in a community outside of Columbus agrees to accept him in February. Social worker contacts Parole Board about the situation, and the Board agrees to move Patient A's hearing up by one month due to his declining health. Board schedules his hearing for February 20.
February 4, 2025	RTC medical staff send Patient A to outside hospital due to him coughing up blood and low platelet count. He returns to the RTC the following day and is placed in hospice program at the hospital's recommendation.
February 6, 2025	Patient A dies in a hospice room at the RTC.

The social worker in this case contacted dozens of long-term care facilities over several months. Despite her efforts, by the time she found a facility willing to accept the patient, he died before the Parole Board could consider his case.

As noted previously, the Board has since made a practice of granting medical parole pending living arrangements at an appropriate facility. This allows for patients to be released as soon as a bed becomes

available in the community. However, this requires a bed to actually become available, which is not a guarantee.

For example, at a parole hearing the OIG attended on September 18, 2025, two men were granted medical parole pending approval of housing and other arrangements. Both men remained in custody at the RTC as of early December 2025, and neither had a parole plan in place by that time.[17]

According to NDCS social work staff, common reasons for denial by long-term care facilities include concerns about people coming directly from prison and felony records (especially sex offenses), in addition to medical or financial reasons. While recidivism and perceptions about recidivism is a challenging subject, particularly when it comes to sexual offenders,[18] some recent examples in Nebraska may help illustrate why long-term care facilities are reluctant to accept people from NDCS:

- Patient B, a convicted sex offender, was granted normal parole in August 2020 and released to an assisted living facility in southeast Nebraska.[19] The following year, he was sanctioned for using a roommate's smartphone to view pornography, then had his parole revoked after staff found him in the room of a cognitively impaired female resident, and he acknowledged he had touched her vagina. He faced a new criminal charge following that incident and ultimately died at the RTC in 2023.
- Patient C, also a convicted sex offender, was granted normal parole in August 2023 and released to an assisted living facility in south-central Nebraska.[20] In March 2024, his parole was revoked after staff at the assisted living facility discovered he had been engaging in sexual acts with a female resident who was described as "vulnerable" and unable to consent. He ultimately died at the RTC later that year.

These cases should not be considered as evidence that people from NDCS, including convicted sex offenders, are more or less likely to engage in this kind of behavior than anyone else. These are included as examples in this report because they were the subjects of mandatory death investigations by the OIG, and speak to concerns noted by long-term care facilities in Nebraska.

[17] Names redacted.
[18] Lussier, P., Chouinard Thivierge, S., Fréchette, J., & Proulx, J. (2024). Sex Offender Recidivism: Some Lessons Learned From Over 70 Years of Research. *Criminal Justice Review*, *49*(4), 413–452. https://doi.org/10.1177/07340168231157385
[19] Name redacted.
[20] Name redacted.

Eligibility Determinations

The other critical findings relate to the eligibility criteria for medical parole and the process for determining who meets those criteria.

Lack of Statutory Definitions

First, there are no definitions for "terminally ill" or "permanently incapacitated" in the medical parole statutes, despite these being essential criteria for eligibility.[21] According to people involved in this process, this has resulted in a lack of clarity about who should be considered eligible for release.

In 2018, when the medical parole statutes were last amended, the bill introducer described terminal illness as "as an incurable condition that would result in death within six months, as determined by a qualified medical professional, that is so debilitating that the inmate does not pose a public safety risk."[22] This is similar to a definition used in at least one other state, but was not included in the Nebraska law.[23]

Related definitions utilized elsewhere in statute or state agency rules and regulations include:

- The Rights of the Terminally Ill Act defines "terminal condition" as "an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician, result in death within a relatively short time."[24]
- Nebraska Department of Insurance regulations define a "terminally ill" person as "an individual who has no reasonable prospect of cure and, as estimated by a physician, has a life expectancy of less than six months."[25]
- Federal rules cited in Nebraska's Medicaid State Plan define "terminally ill" as a person having "a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course."[26]

[21] Neb. Rev. Stat. § 83-1,110.02.
[22] See transcript of Judiciary Committee hearing on Legislative Bill 852 (2018). LB 852 was amended into Legislative Bill 841, which ultimately passed: https://www.nebraskalegislature.gov/FloorDocs/105/PDF/Transcripts/Judiciary/2018-02-01.pdf
[23] The OIG found similar language in North Carolina: https://www.ncleg.gov/enactedlegislation/statutes/html/bychapter/chapter_148.html.
[24] Neb. Rev. Stat. § 20-403.
[25] Title 210, Nebraska Administrative Code, Chapter 44.
[26] 42 CFR Part 418.

Identification of Possible Candidates

Statute directs that NDCS "*shall identify* committed offenders who may be eligible for medical parole based upon their medical records."[27] Transcripts from the 2005 legislative session further indicate this was intended to serve as a requirement for NDCS.[28]

However, the Department's process for identifying eligible candidates relies on voluntary referrals. Requests by patients or their advocates are vetted by facility-level medical providers, who in turn "*may* make a referral to the medical director," according to NDCS policy.[29]

Another death from February 2025 provides an example of how this approach can result in people who appear to meet the eligibility requirements in statute nonetheless being excluded from consideration for medical parole. Patent D[30] died of prostate cancer after being in NDCS custody for less than two years. His sentence was for fourth-offense driving under the influence. He had been deemed eligible for community custody (work detail) before his medical condition worsened. However, despite his cancer having been considered terminal for several months, he was never referred for medical parole.

NDCS medical staff who were involved in his care cited this patient as an example where they could have been more proactive in identifying possible candidates for medical parole. Although the RTC has adopted new internal processes to help identify and refer such patients more consistently, the NDCS policy still gives medical providers discretion in making referrals, even if they have reason to believe a patient is eligible for medical parole under statute.

Use of Karnofsky Score

Once a patient is referred for consideration, under NDCS policy, the Department's medical director "is the authority by which terminal illness or permanent incapacitation will be determined."[31] The second concern identified by the OIG relates to the eligibility criteria the medical director considers in making these decisions – specifically, the use of the Karnofsky Performance Status.

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[27] Neb. Rev. Stat. § 83-1,110.02.
[28] State Sen. Vickie McDonald. (2005, February 10). Transcript of Judiciary Committee hearing on Legislative Bill 703, Nebraska Legislature. https://www.nebraskalegislature.gov/FloorDocs/99/PDF/Transcripts/Judiciary/2005-02-10.pdf
[29] NDCS Policy 115.07, "Medical Parole." (Rev. 5/31/25).
[30] Name redacted.
[31] NDCS Policy 115.07, "Medical Parole." (Rev. 5/31/25).

As noted previously, statute provides two criteria a person must meet in order to be eligible for medical parole:

- The person may not be committed under a sentence of death or of life imprisonment; and
- The person must be determined by the Department to be terminally ill or permanently incapacitated due to an existing medical or physical condition.[32]

Notably, the statute does not require both terminal illness *and* permanent incapacitation, just one or the other. Statute assigns NDCS the task of determining who may be eligible based upon their medical records.

The NDCS policy lists a third eligibility criteria: that a person must have a Karnofsky score of 50 or less. This criterion is not listed in statute and appears to prevent some eligible individuals from being considered by the Board of Parole. It may also encroach on the Board's "sole discretion" in deciding who should receive medical parole.[33]

In explaining his reasons for relying on the Karnofsky score, the NDCS medical director used an example of a person being caught driving under the influence while diagnosed with terminal cancer. He suggested the case illustrated the potential risks of granting medical parole to someone who is terminally ill but still able to carry out their normal activities, and indicated that the Karnofsky score could help determine the person's ability to reoffend.

Although this might be valuable information for the Parole Board to consider, its use by NDCS essentially adds a qualifier to terminal illness that does not exist in statute. While it could potentially be used as a measure of incapacitation, it is not necessary for someone who is already terminally ill to also be permanently incapacitated, as the statute does not require both terminal illness and permanent incapacitation, just one or the other.

The example offered by the medical director is similar to the case of a man who died in NDCS custody in September 2025.

[32] Neb. Rev. Stat. § 83-1,110.02.
[33] Ibid.

Patient E[34] had been sentenced to one year in prison for aggravated DUI, his third offense, and entered NDCS custody in June 2025. He already had a six-inch cancerous mass on the right side of his neck, with a mass nearly as large on the left side, and was immediately admitted to the RTC's skilled nursing facility. Outside testing confirmed the cancer had spread to his brain, bones, lungs, liver, and lymph nodes. Physicians recommended him for hospice that same month.

With good time and credit for time served, his tentative release date from prison was projected at September 18, 2025. Medical staff submitted a referral June 24, 2025, to have him considered for early release on medical parole. However, he was deemed ineligible due to having a Karnofsky score of 60, and his case was never heard by the Board of Parole.

He died September 13, five days before his sentence was supposed to end.

Revocation Implications

The lack of definitions for "terminally ill" and "permanently incapacitated," as well as NDCS' use of the Karnofsky score to determine eligibility for medical parole, also have implications for potential revocations.

Statute allows the Parole Board to revoke a person's medical parole if their medical condition "improves to the extent that he or she is no longer eligible for medical parole."[35] Because the eligibility criteria are not defined in the law, it is unclear how much improvement would trigger possible revocation. The Board of Parole has indicated it may consider the Karnofsky score as part of this determination, but again, this score does not directly reflect the eligibility criteria in statute.

> Finding #2: Barriers in access to housing and long-term care have resulted in eligible people dying in prison rather than in community settings. These barriers are outside the control of NDCS or the Board of Parole.

[34] Name redacted.
[35] Neb. Rev. Stat. § 83-1,110.03.

Finding #3: The medical parole statutes contain no definitions for the terms “terminally ill” or “permanently incapacitated,” leaving these open to interpretation.

Finding #4: Statute directs that NDCS “shall identify committed offenders who may be eligible for medical parole,” but departmental policy still appears to treat this affirmative duty as optional.

Finding #5: The Karnofsky Performance Scale, a tool NDCS adopted to help determine eligibility for medical parole, appears to prevent some eligible individuals from being considered by the Board of Parole. This may encroach on the Parole Board’s discretion under Neb. Rev. Stat. § 83-1,110.02(2).

GERIATRIC PAROLE FINDINGS

As a reminder, to be eligible for geriatric parole, a person must meet three criteria under statute: be 75 or older; have served at least 15 years of their current sentence; and not be serving a life sentence, a sentence for a Class I, IA, or IB felony, or a sentence for "an offense that includes as an element sexual contact or sexual penetration."

Based on these criteria, of the 30 people who died in NDCS custody from October 2023 through early 2025, none appeared eligible for geriatric parole under the law.

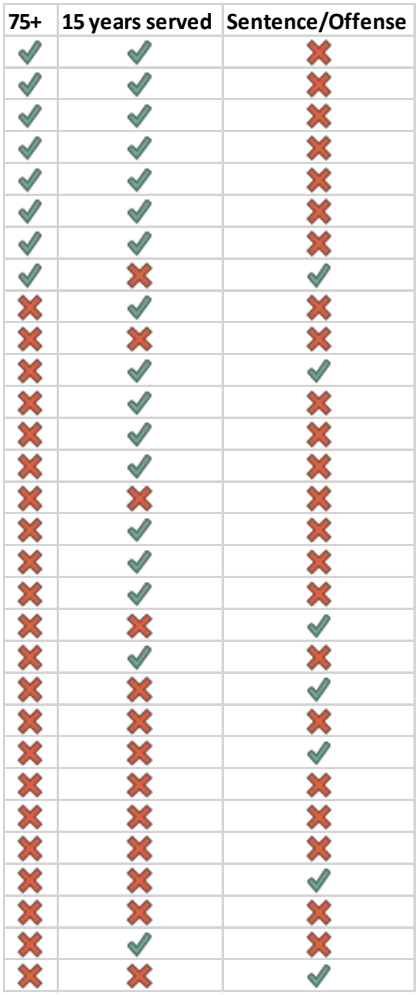

Figure 2: Recent deaths in NDCS custody, broken down by whether or not person met eligibility criteria for geriatric parole. Each row represents a different individual.

Age Criteria

- Eight of these individuals were 75 or older, but appeared ineligible due to their sentence, offense, or length of stay. However, two of the eight were eligible for traditional parole.
- The average age was 65, three were 80 or older, and three were under 50. The youngest was 27.

Length of Incarceration

- More than half – 17 – had been incarcerated for more than 15 years. However, only one of the 17 appeared to meet the sentence/offense eligibility criteria, and he was under age 75. This person was already eligible for normal parole.
- Seven people total were already eligible for normal parole, but were excluded from geriatric parole due to their offense, sentence structure, or total length of incarceration.

Sentence/Offense

- Eight individuals appeared to meet the sentence/offense criteria, but only one was 75 or older, and that person had not been in prison long enough to qualify.
- Nine individuals were serving life sentences.

Other Potential Candidates

A review of all NDCS inmates 65 and older gives a better understanding of geriatric parole's potential impact over the next decade. As of December 9, 2025, there were 239 people in custody who were 65 or older and serving NDCS sentences. (This included 40 people who had already reached the threshold age of 75, with the remainder reaching that age over the next 10 years.)

However, of these 239 people, it appears just 16 might someday be candidates for geriatric parole. This is based on an OIG review of the 239 people, their sentences, length of time served, and other data: [36]

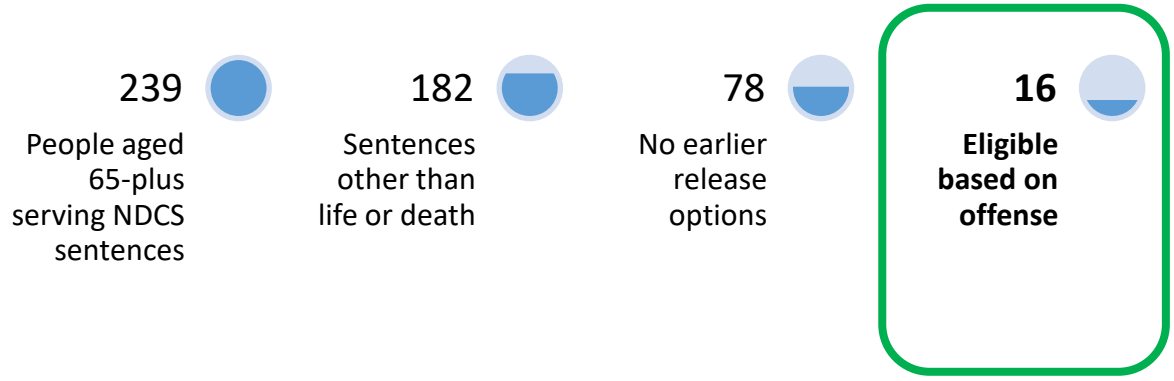

Figure 3

Of the 16 potential future candidates for geriatric parole:

- Two are over 75 years old, but have not served enough of their sentences to be eligible;

[36] Notes on methodology:

a) The OIG utilized the public NDCS offender database, starting with a full list of offenders then narrowing by calculated age and in custody status as of December 9, 2025. The resulting list of 239 includes a handful of people who were considered in custody and serving NDCS sentences, but were placed elsewhere, such as the Lincoln Regional Center or a prison in a different state, according to their confidential inmate case files.

b) The 78 people with "No earlier release options" excludes those already eligible for normal parole and those who will become eligible for normal parole or mandatory discharge prior to serving 15 years of their sentence as required under the geriatric parole statute.

c) Offense details were not reviewed for all 239 offenders due to time constraints. This information was reviewed for the 78 individuals who were not serving life or death sentences and did not have earlier release options. However, it appears many of those with earlier release options would nonetheless be excluded from geriatric parole due to the nature of their offenses.

d) Some of the remaining 16 are serving mandatory minimum sentences. The geriatric parole statute does not explicitly address mandatory minimum sentences in this context. Also, a small number of individuals were excluded from the count because they involved "attempted" offenses for which it was unclear whether or not sexual contact was an element.

- Twelve will not turn 75 until 2030 or later;
- All but one are men;
- The one woman is 82 years old but will not qualify for geriatric parole until she is 89 due to having not served enough of her sentence. Her current sentence is for assault but she was previously in prison for murder;
- Eight men have served 15 years of their sentences but are not old enough to qualify;
- Two men are housed in other states; and
- Five are serving mandatory minimum sentences, including one man who is 68 years old but has close to 25 years remaining on a mandatory minimum.

NDCS is tasked with identifying committed offenders who might be eligible for geriatric parole.[37]

In compiling the list of potential candidates for this report, the OIG sought clarity on whether NDCS would consider someone eligible if they a) are still serving a mandatory minimum sentence, and/or b) were convicted of an "attempted" sexual crime. According to the agency general counsel, NDCS believes a person who has served at least 15 years of their current sentence may be eligible for geriatric parole, regardless of whether they still have an unfinished mandatory minimum sentence. As for those convicted of attempted crimes of sexual contact or sexual penetration, it appears NDCS would exclude these individuals "because the intent to commit the act is an essential element of the sentence of conviction."

Finding #6: The current geriatric parole system is more limited than medical parole, with an estimated 16 potential future candidates among the current 65-plus population.

[37] Neb. Rev. Stat. § 83-1,110.05 (2).

NON-PAROLE CHALLENGES AND ACCOMMODATIONS

For context, it merits briefly examining some of the challenges and accommodations associated with those who are elderly, terminally ill, or permanently incapacitated but who are likely to remain incarcerated until they die.

Per-Patient Costs

NDCS is required by statute to provide medical care which meets the community standard.[38] The costs of this care, including medications, are not covered by Medicaid while a person is incarcerated unless the person is admitted to an outside medical facility for 24 hours or more.

Consider Patient E, the man with terminal cancer whose Karnofsky score prevented him from being considered for medical parole before he died. According to departmental data, as of December 16, 2025, NDCS had paid out $146,115.91 in FY 2025-26 for expenses related to his medical care. Patient E was one of 11 patients for whom NDCS paid more than $100,000 for individual medical expenses during that roughly six-month period.

Non-Medical Costs

These patients also consume non-medical resources, which can contribute to things such as overtime costs for correctional staff.

Incarcerated patients must be transported and/or escorted to outside medical appointments by correctional staff, who sometimes work in shifts to provide one-on-one supervision of offenders during long hospital stays. Larger facilities such as the Reception and Treatment Center often have several staff working different "travel orders" at the same time.

- During his three months in custody, Patient E consumed an estimated 126 hours of staff time for travel orders, including oncology clinic visits and hospital stays.

[38] Nebraska Correctional Health Care Services Act, Neb. Rev. Stat. §§ 83-4,153 et seq.

- Patient A, the patient who died in custody despite a social worker's efforts to find him an assisted living placement, consumed more than 324 hours of staff time for travel orders during his final six months of life.

Deaths in custody are also subject to mandatory grand jury investigations in Nebraska. However, this is not the case with deaths of people under supervision in the community.

Accommodations Within NDCS

Hospice Program

Despite efforts to improve the medical parole process, there is recognition that many people either will not be eligible for release due to their sentence or otherwise will not receive medical parole.

For example, one patient who had pancreatic cancer was granted medical parole a few months before he died, but his parole was then revoked after he admitted to using methamphetamine in the community. He died at the RTC in 2024.[39]

This patient is believed to have been the first to participate in the NDCS volunteer hospice program. The program is a collaboration between medical and non-medical staff at the facility, along with several specially trained, incarcerated volunteers who provide patients with 24/7 assistance. The RTC has a two-bed unit adjacent to its skilled nursing facility which is specifically dedicated for hospice patients, where the facility regularly accommodates bedside visits from family members.[40]

Skilled Nursing Facilities and 'Accommodation Unit'

NDCS also operates skilled nursing facilities at the RTC, Tecumseh State Correctional Institution (TSCI), and the Nebraska Correctional Center for Women (NCCW) in York. These are licensed the same as nursing homes in the community and are capable of providing long-term care.

[39] Name redacted.
[40] More information about this program can be found in the OIG's 2024 Annual Report: https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Inspector_General_of_the_Nebraska_Correctional_System/600_20240912-130303.pdf.

The RTC has also converted a former skilled nursing facility into an “accommodation unit” for people who require additional assistance or monitoring, but not necessarily a nursing home level of care. TSCI and NCCW also have units which tend to house older or more medically needy individuals.

Geriatric Unit

NDCS is also preparing to open a 32-bed geriatric unit at the RTC in 2026. The unit is near the RTC’s nursing facility and includes specific features designed for the geriatric population.

CONCLUSION AND RECOMMENDATIONS

NDCS and the Board of Parole have identified a clearer process in recent years for considering people for medical parole. Nonetheless, external and internal barriers persist which have prevented eligible patients from being reviewed in a timely fashion or even being considered for release. The potential impact of geriatric parole appears limited.

Specific Findings

1. Stakeholder awareness of medical parole has improved, with better processing of referrals and tracking of individuals released on medical parole.
2. Barriers in access to housing and long-term care have resulted in eligible people dying in prison rather than in community settings. These barriers are outside the control of NDCS or the Board of Parole.
3. The medical parole statutes contain no definitions for the terms "terminally ill" or "permanently incapacitated," leaving these open to interpretation.
4. Although statute directs that NDCS "shall" identify those eligible for medical parole, departmental policy appears to treat this affirmative duty as optional.
5. A tool NDCS adopted to help determine eligibility for medical parole, the Karnofsky Performance Scale, may prevent some eligible individuals from being considered by the Board of Parole. This may encroach on the Parole Board's discretion under Neb. Rev. Stat. § 83-1,110.02(2).
6. The current geriatric parole system is more limited than medical parole, with an estimated 16 potential future candidates among the current 65-plus population.

Recommendations for NDCS

Based on findings in this report, the OIG offers the following recommendations for NDCS:

1. **Revise policy to clarify that NDCS medical providers and administrators have an affirmative obligation to identify those who might be eligible for medical parole.**

This only applies to some language in the policy and would not require significant change. The purpose of this recommendation is for clarification and to ensure consistency across facilities and providers.

2. **Discontinue use of the Karnofsky Performance Scale as an additional criterion for people who are otherwise eligible for medical parole. Instead, this information can be submitted to the Board of Parole for consideration.**

   The Karnofsky score might be a valuable tool for determining whether someone is appropriate to release on medical parole and what kind of support they might need in the community. However, it appears to serve a broader purpose than just determining eligibility, and could exclude people who are indisputably terminally ill but still able to carry out their activities of daily living. Under statute, it appears such individuals should still be submitted to the Board of Parole for consideration.

Recommendations for the Legislature

Other findings are outside the control of NDCS and the Board of Parole and merit attention from the Legislature. Based on these findings, the Legislature may wish to:

1. **Examine ways to improve access to housing and long-term care for medical parolees and similarly situated individuals.**

   For example, the Legislature might consider amending the Community Work Release and Reentry Centers Act[41] to allow all or some appropriated funds to be used in conjunction with private funds to house people on medical parole and similarly situated individuals.

2. **Clarify the meanings of "terminally ill" and "permanently incapacitated" in statute.**

3. **Further examine the geriatric parole statute to determine whether it is serving its intended purpose or if it should be amended.**

[41] Neb. Rev. Stat. §§ 47-1102 et seq.

NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY **MEDICAL PAROLE**		
	EFFECTIVE DATE May 31, 2025	**NUMBER** 115.07	**PAGE** 1 of 4
	STATEMENT OF AVAILABILITY **Law Library Access**		

EFFECTIVE: January 26, 2023
REVISED: July 31, 2024
REVISED: May 31, 2025

SUMMARY OF REVISION/REVIEW

Policy Directive 025-013 incorporated.
DEFINITIONS – II. KARNOFSKY PERFORMANCE SCORE – New definition.
PROCESS – I.C. – New section. II.A. - Language updated.
ATTACHMENTS – Karnofsky Performance Status (Attachment A) – New attachment.

APPROVED:

J.L. Lovelace, MD, PhD

Jerry Lee Lovelace, MD, PhD
NDCS Medical Director

Rob Jeffreys
Rob Jeffreys (Apr 26, 2025 10:55 CDT)

Rob Jeffreys, Director
Nebraska Department of Correctional Services

PURPOSE

To identify a specific process by which the Nebraska Department of Correctional Services (NDCS) will comply with the medical parole statutes. (Neb. Rev. Stat. §83-1,110.02 – §1,110.03).

DEFINITIONS

I. **MEDICAL PAROLE** – A period of supervised release for an individual who has been determined to be terminally ill or incapacitated, as defined below. The individual is under the jurisdiction of the Nebraska Board of Parole for the remainder of their sentence as reduced by any adjustment for good conduct pursuant to the Nebraska Treatment and Corrections Act or their parole is revoked.

II. **KARNOFSKY PERFORMANCE SCORE** – Rating scale that determines one's functional status.

III. **PERMANENTLY INCAPACITATED** – Permanent impairment because of mental illness, mental deficiency, physical illness or disability, chronic use of drugs or alcohol, or other causes. The impairment must be to the extent that the person does not have sufficient understanding or ability to make or communicate responsible decisions concerning themselves. The impairment is irreversible and requires immediate and long-term medical care. (Neb. Rev. Stat. §30-2601(1))

IV. **SENTENCE OF DEATH** – Court-ordered imposition of the death penalty for crimes committed in accordance with Neb. Rev. Stat. §29-2519 to §29-2521.01.

V. **SENTENCE OF LIFE IMPRISONMENT** – Court-ordered sentence when the minimum term and the maximum term are LIFE, providing no chance for parole.

VI. **TERMINALLY ILL** – As defined by Neb. Rev. Stat. §20-403, a terminal condition shall mean an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician, result in death within a relatively short time. NDCS defines "relatively short time" as within one year.

*NOTE For all other health services definitions, see Policy 115.50 *Health Services Definitions*.

PROCESS

I. ELIGIBILITY

A. Sentence Structure

Incarcerated individuals who are not serving a sentence of death or life imprisonment may be eligible for medical parole. Eligibility is determined by a thorough review of medical records by a licensed physician.

B. Medical Condition

Eligibility for medical parole is specific to the individual's medical condition. The individual must be determined to be terminally ill or permanently incapacitated.

C. Karnofsky Score

Incarcerated persons must have a Karnofsky Score of 50 or less to be eligible for medical parole, see *Karnofsky Performance Status* (Attachment A).

II. IDENTIFICATION

A. Referrals

Only an NDCS licensed provider (physician, nurse practitioner, or physician assistant) may make a referral to the medical director for a review of eligibility for medical parole. The licensed medical provider shall complete the *Medical Parole Referral Form* (Attachment B) and submit to the medical director. In addition, other NDCS team members (i.e., nurses, case workers, wardens, etc.), the incarcerated individual, family/friends of the incarcerated individual or representative of the ombudsman's office, to include the inspector general, or a licensed community provider may make a referral for medical parole. All requests must be made to a licensed provider, as outlined above, of the facility where the incarcerated person is housed. If the referral is sent directly to the medical director, it will be forwarded to the facility where the incarcerated person is housed, and that facility's licensed provider shall review it first to determine if it meets the criteria for medical parole. Upon the provider's review of criteria, the provider may make a referral to the medical director via the *Medical Parole Referral Form* (Attachment B). Criteria is based on sentence structure, terminal illness or incapacitation, and Karnofsky's score. The licensed provider should document the rationale for whether criteria is met in the medical record.

B. Review

Upon receipt of a *Medical Parole Referral Form* (Attachment B), or at their own discretion, the medical director will review the patient's medical records and/or complete a physical exam. Said review will occur within 21 days of referral.

C. Reviewing Authority

The medical director is the authority by which terminal illness or permanent incapacitation will be determined.

III. PAROLE BOARD NOTIFICATION

A. Notification

Upon determination by the medical director, and within seven days of completion of the review that the incarcerated individual is eligible for medical parole, the medical director will notify the director and the Nebraska Board of Parole.

1. Notification shall be made in writing, via the *Notification of Medical Parole Eligibility Form* (Attachment C).

2. A copy of the notification shall be placed in the individual's institutional file.

3. The Board of Parole, in consideration of medical parole, may have access to the individual's medical, institutional, and criminal records.

4. Upon request from the Board of Parole, NDCS social workers will assist in reentry planning.

5. At any time, if the individual is admitted to a community hospital, NDCS team members will notify the Board of Parole of such.

B. Paroling Authority

The Nebraska Board of Parole has the sole authority to grant medical parole.

REFERENCE

I. STATUTORY REFERENCE

A. Neb. Rev. Stat. §83-1,110.02 – 1,110.03; §20-403; §30-2601(1)

II. NDCS POLICIES

A. Policy 115.50 *Health Services Definitions*

III. ATTACHMENTS

A. Karnofsky Performance Status

B. Medical Parole Referral Form

C. Notification of Medical Parole Eligibility Form

IV. American Correctional Association (ACA) – None noted

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Karnofsky Performance Status

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disable; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

Attachment A

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DEPT OF CORRECTIONAL SERVICES

Jim Pillen, Governor

February 5, 2026

Zach Pluhacek, Assistant Inspector General
P.O. Box 90604
Lincoln, NE 68509-4604

Dear Mr. Pluhacek:

I received your report titled, "Medical parole, geriatric parole, and recent deaths in NDCS custody," received on January 21, 2026. In accordance with Nebraska Revised Statute §50-1914, the following response to your recommendations is provided.

Recommendations for NDCS:

1. Revise policy to clarify that NDCS medical providers and administrators have an affirmative obligation to identify those who might be eligible for medical parole.

   REJECT: NDCS believes that Policy 115.07, *Medical Parole*, as written, sufficiently identifies individuals who may be eligible for medical parole. During the annual review of this policy, NDCS will evaluate whether revisions are necessary to further clarify intent.

2. Discontinue use of the Karnofsky Performance Scale as an additional criterion for people who are otherwise eligible for medical parole. Instead, this information can be submitted to the Board of Parole for consideration.

   REJECT: The Karnofsky Performance Scale is not an additional criterion for medical parole. Criteria for medical parole is based on sentence structure and either terminal illness or permanent incapacitation. Terminal illness is determined by a licensed provider based on diagnosis and prognosis and may be supported by functional decline as measured by the Karnofsky Performance Status score. Permanent incapacitation may be evidenced by a Karnofsky score consistent with inability to perform activities of daily living.

Sincerely,

for Rob Jeffreys
Director

Rob Jeffreys, Director
Department of Correctional Services

P.O. Box 94661 Lincoln, NE 68509-4661
Phone 402-471-2654 Fax 402-479-5623

corrections.nebraska.gov