Alabama provides compassionate release to incarcerated people who are permanently incapacitated, terminally ill, or geriatric (older) through its Medical Parole and Medical Furlough programs.

**MEDICAL PAROLE**

**I. ELIGIBILITY**

**Medical Condition/Age** – To be eligible for Medical Parole, an incarcerated individual must be permanently incapacitated, terminally ill, or geriatric:

- “Permanently incapacitated” is defined as (1) unable to perform at least one “necessary daily life function” (eating, breathing, toileting, walking, or bathing) and requiring assistance with one or more of those daily life functions or is completely immobile; and (2) having such limited physical or mental ability, strength, or capacity that the individuals pose an extremely low risk of physical threat to others or to the community.

- “Terminally ill” means the incarcerated individuals have an incurable condition caused by illness or disease that will, “with reasonable medical judgment,” result in death within 12 months. In addition, the individuals must not constitute a danger to themselves or society.

- “Geriatric” is defined as being age 60 or older and (1) having a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging; (2) requiring assistance with a necessary daily life function (eating, breathing, toileting, walking, or bathing); (3) posing a low risk to the community; and (4) not posing a danger to themselves or society.

Additionally, an incarcerated person who is otherwise eligible for parole consideration may be considered for Medical Parole if the individual has (1) spent 30 or more days in an infirmary in the prior calendar year or (2) received “costly and frequent” medical treatment outside a Department of Corrections facility in the previous 12 months.

**Exclusions** – Individuals are not eligible for Medical Parole consideration if they are serving sentences for capital murder or sex offenses.

**II. APPLICATION/REFERRAL**

The Alabama Board of Pardons and Paroles (Parole Board) rules state that Department of Corrections (Department) medical or mental health care providers must “certify” individuals as permanently incapacitated, terminally ill, or geriatric. However, there is no information in the Medical Parole law or Department or Parole Board rules on
how incarcerated persons (or someone on their behalf) can apply for Medical Parole or start that certification process.

The Department can refer individuals for consideration, with the Parole Board rules including a “standing request” for the Department to refer those who may qualify as permanently incapacitated, terminally ill, or geriatric.  

- **Regular Department Referrals** – The Department can refer individuals who meet the Medical Parole criteria at any time; however, it must provide the Parole Board with a list of those who qualify at a minimum of every six months.

- **Upon Request** – The Department must provide a list of geriatric, permanently incapacitated, and terminally ill individuals upon the Parole Board’s request.

- **Annual List** – By January 1 of each calendar year, the Department must identify all parole-eligible individuals who (1) have spent 30 or more days in an infirmary in the prior calendar year; (2) received costly and frequent medical treatment outside a Department facility in the previous 12 months; or (3) are suffering from a life-threatening illness and expected to die within 12 months. The Parole Board will then determine whether the identified individuals may be considered for Medical Parole.

### III. DOCUMENTATION AND ASSESSMENT

#### Medical Information

- As stated above, a Department medical or mental health care provider must certify that an individual qualifies as permanently incapacitated, terminally ill, or geriatric. There is no publicly available information on what specific medical documentation the Department requires or considers in the certification process.

- In making its decisions regarding Medical Parole, the Parole Board shall consider (1) the individual’s age, currently and at the time the person committed the offense; (2) the severity of the “illness, disease, or infirmities” and whether that existed at the time of the offense; and (3) “all available” medical and mental health records.

- The Parole Board may request the Department to produce additional medical evidence or conduct additional medical examinations.

**Reentry Plan** – The Parole Board will also consider the individual’s reentry plan, including appropriate housing and medical care options.
Other Information – In making a Medical Parole determination, the Parole Board must consider information and documentation on each individual’s risk for violence, criminal history, and institutional behavior.  

IV. DECISION-MAKING PROCESS

Decision-Maker – The Alabama Board of Pardons and Paroles makes the decision to grant or deny Medical Parole.

Medical Parole Docket/Hearings – The Parole Board schedules incarcerated individuals identified as permanently incapacitated, terminally ill, or geriatric for a hearing on its next available “special medical parole docket.” Note that the Board can expedite cases if “circumstances exist manifesting a critical need” to do so. The Board hearings and meetings for consideration of all parole cases, including Medical Parole, are open to the public.

- Notice – The Parole Board is directed to notify all “relevant parties” that an incarcerated person is being considered for Medical Parole at least 30 days prior to the hearing date. That includes the victim of the crime, the attorney general and district attorney who prosecuted the case, the judge who presided over the case, and the chief of police or county sheriff where the individual committed the crime.

- Interview – Once the docket unit has set a hearing date, the Parole Board’s standard procedures require a “designated officer” to interview the person being considered for parole, review all Department records to evaluate the individual’s risk and needs, and submit a report prior to the hearing date. There do not appear to be any exceptions for Medical Parole cases, and the procedures do not include any additional information on whether the Board must discuss or evaluate issues related to proposed care arrangements and medical treatment.

- Preparation – Prior to the hearings, the dockets and files of docketed cases are available to Parole Board members so they can prepare for the hearings. A Board designee reviews each case on the docket to ensure that all the necessary documents and information are in the file and to make sure the reentry plan is “satisfactory.”

- Decision Factors – In making a Medical Parole decision, the Parole Board considers all of the information the Department provides regarding each incarcerated individual’s medical condition, age, criminal history, institutional behavior, risk for violence, and reentry plan.
As referenced earlier, the Parole Board may request the Department to produce additional medical evidence or conduct additional medical examinations.  

- Parole Board Vote – The general rule is that the Parole Board grants parole, including Medical Parole, upon a majority vote. However, Alabama law says that it will not grant any form of parole to individuals serving sentences for violent offenses who have not served at least one-third or 10 years of their sentence (whichever is the lesser) except by a unanimous affirmative vote.

Conditions – Unless otherwise specified in the Medical Parole Act, any incarcerated individuals granted Medical Parole must comply with the Alabama general parole rules. Beyond that, other than brief statements about the need for a reentry plan, the Medical Parole Act and the Parole Board rules do not include any detailed information about conditions of release or prerelease planning for those seeking Medical Parole.

V. POST-DECISION

Denials and Appeal Rights – If the Parole Board denies Medical Parole without specifying when the case may be docketed in the future, the request will be rescheduled “at least within two years.” Note that there is no additional information in the Board rules on whether rescheduling of Medical Parole cases can be expedited.

Effect of Medical Parole Request on Nonmedical Parole Eligibility – Consideration for Medical Parole is in addition to any other release for which individuals may be eligible.

Supervision – The Parole Board’s Field Operations division is responsible for supervising all parolees.

Revocation/Termination – Alabama’s general parole revocation rules apply to Medical Parole.

VI. REPORTING/STATISTICS

Reporting Requirements – The Parole Board is directed to report on an annual basis to the Joint Legislative Interim Prison Committee, House Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission the following information: (1) the number of individuals granted and denied Medical Parole; (2) the nature of the illnesses, diseases, and conditions of those paroled; (3) the number of individuals granted Medical Parole but who could not be released; and (4) crimes for which the individuals have been convicted.
Number of Individuals Granted Medical Parole

- 2019 – The Parole Board reported that it granted four requests for Medical Parole in 2019. Of the four people released, three were permanently incapacitated and one who was terminally ill. The Board also denied 13 requests for Medical Parole and of the individuals denied, three were geriatric, five were permanently incapacitated, and five were terminally ill.41

- 2020 – As of publication of this memo, the Parole Board has not yet publicly issued its 2020 statistics. Press reports indicate two incarcerated individuals were granted Medical Parole in late 2020.42

MEDICAL FURLOUGH

Alabama’s Medical Furlough program,43 which started many years before the 2017 passage of Medical Parole, is still in effect. The Alabama Department of Corrections (Department) makes all decisions related to Medical Furlough.

I. ELIGIBILITY

Medical Condition/Age – To be eligible for a Medical Furlough, an incarcerated individual must be permanently incapacitated, terminally ill, or age 55 or older:

- “Permanently incapacitated” is defined as having a permanent, irreversible physical or mental health condition that prevents the individual from being able to “perpetrate a violent physical action” or “initiate or participate in a criminal act.”44
  - The incarcerated person must require daily assistance to perform activities of daily living (such as dressing and bathing) and/or require medication or treatment “to sustain life.”45
  - The incarcerated person’s long-term care needs must potentially exceed the correctional facility’s ability to meet those needs.46

- Terminally ill means the incarcerated individual has an incurable condition caused by illness or disease that will, “with reasonable medical judgment,” result in death within 12 months. In addition, the individual must not constitute a danger to self or society.47

- Geriatric is defined as age 55 or older and (1) having a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging; (2) posing a low risk to the community; and (3) not a danger to self or
Note that medical conditions existing at the time of an individual’s sentencing cannot provide the basis for Medical Furlough unless the condition worsened and caused the person to become permanently incapacitated or terminally ill after the sentencing date.  50

Exclusions – Individuals serving sentences for capital murder or sex offenses are not eligible for Medical Furlough consideration.  51

Additional Eligibility Criteria – To be considered for Medical Furlough, incarcerated individuals must:

- If they are able, review and consent in writing to the explanation of their medical needs and availability of medical services;  
- Be eligible for Medicaid or Medicare at the time of their release or have a family member who agrees in writing to assume financial responsibility, including the cost of medical care. 52

II. APPLICATION/REFERRAL

To start the Medical Furlough process, incarcerated individuals, their representatives, or the Department must submit an application form and supporting documentation to the Commissioner of Corrections. 54 A “concerned person” – including a family member, attorney, physician, or Department employee – may also initiate the process on an incarcerated individual’s behalf. 55

- The Department Commissioner is directed to provide application and medical authorization forms to all Department medical care providers and make the forms available at every correctional facility so they can be distributed to all incarcerated persons. 56

III. DOCUMENTATION AND ASSESSMENT

Medical Information – The application must include (1) a report from at least one physician employed by the Department or its health care provider; and (2) a notarized report from at least one other licensed physician who is not employed by the Department, who is “certified in the field of medicine for which the inmate is seeking a medical furlough.” 57

- The Parole Board may request the Department to produce additional medical evidence or conduct additional medical examinations. 58
• For those who have been diagnosed as having chronic illnesses or diseases related to aging, documentation must be submitted regarding their medical history and prognosis, age, and institutional behavior.

**Discharge Plan** – The Department must develop a discharge plan for each individual granted Medical Furlough, and staff are directed to contact appropriate departments and agencies, including the Department of Public Health, Department of Human Resources, Medicare and Medicaid, hospice organizations, and any other public and nonprofit community service agencies that would be helpful in developing an appropriate discharge plan.

**IV. DECISION-MAKING PROCESS**

**Decision-Maker** – The Commissioner of the Department of Corrections makes the final decisions on Medical Furlough applications.

• If the medical documentation indicates an incarcerated person is permanently incapacitated or terminally ill, the Commissioner must make a decision regarding Medical Furlough within 60 days of receiving the application form and relevant documentation.

**Decision Factors** – The Commissioner considers the following factors in making a Medical Furlough decision: the individual’s (1) risk for violence; (2) criminal history; (3) institutional behavior; (4) current age and age at the time of the offense; (5) severity of the illness, disease, or infirmities; (6) all available medical and mental health records; and (7) release plan, which must include medically appropriate alternative placements.

**Release** – If the Commissioner determines that the incarcerated person meets the requirements for Medical Furlough, the individual must be released within 90 days of receiving the initial application form.

• Notice of Release – At least 30 days prior to the incarcerated individual’s release, the Commissioner is directed to provide notice of the pending Medical Furlough to the district attorney of the jurisdiction where the individual was sentenced and to the victim or victim’s representative.

**Conditions** – The Commissioner determines the conditions of release for each incarcerated person granted Medical Furlough, including the appropriate level of supervision. In addition to the standard terms and conditions, each individual must have a medical evaluation at least twice a year at intervals the Commissioner determines.
V. POST-DECISION

Denials and Appeal Rights – If the Medical Furlough request is denied, an individual does not have the right to appeal to a court and ask that the decision be overturned. The Commissioner may consider reviewing the denied request at a later time; however, there is no additional information in the statute or rules on what circumstances would lead to such a review.  

Effect of Medical Furlough on Nonmedical Parole Eligibility – Consideration for Medical Furlough is in addition to any other release for which the individual may be eligible.

Termination/Revocation – Medical Furlough is generally for the remainder of an individual’s sentence. However, the Commissioner will revoke Medical Furlough if (1) the furloughed individual’s medical condition improves and the eligibility criteria is no longer met or (2) the furloughed individual violates any conditions of release or becomes a danger to self or others.

VI. REPORTING/STATISTICS

Reporting Requirements – The Commissioner must report the following information on an annual basis to the Alabama Legislature’s Joint Legislative Interim Prison Committee, the Alabama House of Representatives Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission:

- The number of incarcerated individuals applying for Medical Furlough;
- The nature of the individuals’ illnesses, diseases, and conditions;
- The number of incarcerated individuals granted and denied Medical Furlough; and
- The number of individuals on Medical Furlough who were returned to Department custody.

In addition, the Commissioner must include the status of all individuals who meet the medical and/or age criteria for Medical Furlough, including those who have spent more than 30 calendar days within the previous 12 months in an infirmary or under direct medical supervision for the medical condition “associated with the furlough request or its co-morbidities.”

Number of Individuals Granted Medical Furlough

In 2020, the Department released 14 individuals (13 men and 1 woman) on Medical Furlough in 2020.
ALABAMA COMPASSIONATE RELEASE
PRIMARY LEGAL SOURCES

MEDICAL PAROLE

Statute


Regulations

Alabama Administrative Code, Rule 640-X-3-.05 (2021), available on the Alabama Legislative Services website, 

Agency Policy/Publications


MEDICAL FURLOUGH

Statute

Code of Alabama, §§ 14-14-1 through 14-14-7 (2020), available through the Alabama State Legislature, 

Agency Policy

Alabama Department of Corrections, Administrative Regulation 708 (2009), 
http://www.doc.state.al.us/docs/AdminRegs/AR708.pdf.
NOTES

* Id. means see prior note.


2 Ala. Code §§ 14-14-1 through 14-14-7; Alabama Department of Corrections, Administrative Regulation 708 (AR 708). Note: AR 708 has not been updated since 2009 despite the Alabama Legislature’s amendments to the Medical Furlough statute in 2015.

3 Ala. Code §§ 15-22-42 (3) and (4).

4 Id. at (5).

5 Id. at (2). Note that the Medical Parole statute’s definition of geriatric as being age 60 and older is different from the Medical Furlough Act’s definition of geriatric, which is age 55 or older.

6 Ala. Code § 15-22-43 (a) (2); Ala. Admin. Code §§ 640-X-3-.05 (3) (a) and (b); Board Rules, Article 1, §§ 14 (a) and (b).

7 Ala. Code § 15-22-43 (e); Ala. Admin. Code § 640-X-3-.05 (1) (b); Board Rules, Article 1, § 13 (b).


9 Ala. Admin. Code § 640-X-3-.05 (2); Board Rules, Article 1, § 13.

10 Id.

11 Id.

12 Ala. Code § 22-2-43 (a) (2).

13 Ala. Code § 15-22-43 (a) (2), referencing Ala. Code § 15-22-28 (e); Ala. Admin. Code § 640-X-3-.05 (3); Board Rules, Article 1, § 14. The list should not include individuals who are not parole eligible and who were convicted of a capital or sex offense. Id.

14 Id.


16 Id. at (d) (5).

17 Id. at (d) (6).

18 Ala. Code § 15-22-43 (c); Ala. Admin. Code § 640-X-3-.05 (4); Board Rules, Article 1, § 15.

19 Ala. Code § 15-22-43 (d) (7). Note that the Department’s Re-entry and Pre-Release Program is
available to all parole candidates. For more information on re-entry resources, see [http://www.doc.state.al.us/ReEntryInfo](http://www.doc.state.al.us/ReEntryInfo).

20 Id. at (d) (1) through (d) (3).

21 Ala. Code § 15-22-43 at (a) (1) and (3); Ala. Admin. Code § 640-X-3-.05 (1); Board Rules, Article 1, § 13. Note that the Board’s rules specifically state that permanently incapacitated, terminally ill, and geriatric inmates are exempt from the Review Committee process established by Article 2 of the rules. “Scheduling of parole consideration for such inmates will follow the protocol established by Article 1, Sections 13 through 17 of these rules, whether for initial parole consideration or following the Board’s denial or revocation of parole.” Board Rules, Article 2, § 3.

22 Board Rules, Article 16, § 1.

23 Ala. Code § 15-22-43 (a) (1); Board Rules, Article 3, § 1. See also Board Rules, Article 6.


25 Id.

26 Board Rules, Article 3, § 3.

27 Id. at § 4.

28 Board Rules, Article 5, §§ 1 through 6.

29 Ala. Code § 15-22-43 (d) (1) through (d) (7).

30 Ala. Code § 15-22-43 (c); Ala. Admin. Code § 640-X-3-.05 (4); Board Rules, Article 1, § 15.

31 Ala. Code § 15-22-28 (d); Board Rules, Article 1, § 3.

32 See Ala. Code § 12-25-32 (15) for a list of the 51 offenses considered violent under Alabama law.

33 Ala. Code § 15-22-43 (a) (2), referencing Ala. Code § 15-22-28 (e) (3); Board Rules, Article 1, § 3.


35 Id. at (d) (7).

36 Board Rules, Article 3, § 6.


38 See the Parole Board’s Field Operations webpage at [https://paroles.alabama.gov/about-us/field-operations/](https://paroles.alabama.gov/about-us/field-operations/).


40 Ala. Code § 15-22-43 (g). The report must not disclose any personal identifying information for any
particular individual and must comply with the Health Insurance Portability and Accountability Act (HIPAA). Id.


43 Ala. Code §§ 14-14-1 through 14-14-7; Administrative Regulation No. 708. As referenced above in note 2, AR 708 has not been updated since 2009.

44 Ala. Code § 14-14-2 (4); AR 708, §§ III (B) and III (E).

45 Id. Note that “activities of daily living” has the same definition as the Medical Parole Act’s “necessary daily life functions.”


47 Ala. Code § 14-14-2 (5); AR 708, § III (G).

48 Ala. Code § 14-14-2 (3); AR 708, § III (A).


50 Ala. Code § 14-14-3 (a).

51 Ala. Code § 14-14-4 (c).

52 Ala. Code § 14-14-3 (b).

53 Id. at (c).

54 Ala. Code § 14-14-5 (c). Note that the AR 708 has an application form available online at page 20 in the regulation’s attachments at http://www.doc.state.al.us/docs/AdminRegs/AR708.pdf.


56 Id. at (b) (2).

57 Id. at (b) (1).

58 Ala. Code § 14-14-4 (f).

59 Ala. Code § 14-14-5 (d).

60 Ala. Code § 14-14-4 (e). See also AR 708, § IV (F).
Id.


Ala. Code § 14-14-5 (d).

Id. at (e).

Id. at (f).

Id. at (g), referencing Ala. Code §§ 15-22-36 and 15-22-36.2.

Ala. Code § 14-14-4 (e).

Id. at (g).


Ala. Code § 14-14-4 (d).

Id. at (g).

Id. at (h).

Id.

Id. Note that the report must not disclose any personal identifying information for any individuals and must comply with the Health Insurance Portability and Accountability Act (HIPAA).

Id.

Alabama Department of Corrections, Statistical Reports, http://www.doc.state.al.us/StatReports.