New Hampshire provides compassionate release to eligible prisoners with serious medical conditions and terminal illnesses through Medical Parole.¹

**MEDICAL PAROLE**

**I. ELIGIBILITY**

*Medical Condition* - To be considered for Medical Parole, a prisoner must have a “terminal, debilitating, incapacitating, or incurable medical condition or syndrome,”² and the cost of his or her medical care, treatment, and resources must be “excessive.”³

*Exclusions* - Prisoners who have been sentenced to death or who are serving a life sentence are not eligible for Medical Parole.⁴

**II. APPLICATION/REFERRAL**

The Medical Parole process starts with a prisoner being identified as a possible Medical Parole candidate.⁵ Note that the policy does not state who is responsible for identifying prisoners or whether a prisoner can start the process on his or her own.

**III. DOCUMENTATION AND ASSESSMENT**

*Letter of Support/Chief Medical Officer* - After a prisoner is identified as potentially eligible, the Department of Corrections (Department) Chief Medical Officer writes a letter supporting the prisoner’s consideration for Medical Parole and sends it to the Department’s Medical Parole Coordinator.⁶

*Request and Information Gathering/Medical Parole Coordinator* - The Medical Parole Coordinator’s office gathers any relevant documentation, completes the *Request to Initiate Medical Parole Consideration,*⁷ and sends everything to the Administrative Director of Medical and Forensic Services (ADMFS).⁸

*Initial Decision/ADMFS* - The ADMFS makes a decision to accept or deny continuation of the Medical Parole process.⁹

*Interview/Case Manager* - The Counselor Case Manager completes the *Pre-Parole/AHC Interview Form*, which includes information on the prisoner’s “home plan,”¹⁰ and then forwards it to the New Hampshire Adult Parole Board (Board).¹¹ The Counselor Case Manager also submits it to the Field Services Office for approval. If approved, it is essentially the basis of the prisoner’s Medical Parole plan.¹²

*Final Review/Commissioner and ADMFS* - The Department Commissioner and the Administrative Director have final review of the Medical Parole request. They send a written
recommendation to the Board to petition for a hearing to decide if the person meets the Medical Parole criteria.  

**IV. DECISION-MAKING PROCESS**

**Decision Maker** - The New Hampshire Adult Parole Board makes the final decisions to grant Medical Parole.

**Hearing** - After receiving a Medical Parole request from the Commissioner, the Board convenes a hearing.

- The Board asks the ADMFS or a designee to attend the hearing and answer Board questions.
- The Board will only grant Medical Parole if a majority of the hearing panel agrees that (1) the prisoner will not be a danger to the public; (2) there is a “reasonable probability” the prisoner will not violate the law while on Medical Parole; and (3) the prisoner will be a “good citizen.”
- Note that Department policy says that an individual can be deemed a risk to society “due to incomplete program/treatment needs.”

**Conditions** - The Parole Board can require those granted Medical Parole to submit to periodic medical examinations and comply with any other parole conditions it sets.

**V. POST-DECISION**

**Effect of Medical Parole Request on other Parole or Release Eligibility** - The Medical Parole statute and rules do not address the effect of Medical Parole on eligibility for parole or other forms of early release.

**Denials and Appeal Rights** - There is nothing in New Hampshire law, or Department or Board rules, that references any appeal rights.

**Revocation/Termination** - The Medical Director reviews reports of any post-parole medical examinations and reports the findings to the Board. If, after reviewing the findings, the Board determines the parolee no longer has a debilitating or terminal condition, Medical Parole will be revoked, and he or she will be returned to state custody.

**Other-Medical Expenses After Release** - Note that the state is responsible for all Medicaid costs incurred (“net of federal reimbursement”) for prisoners granted Medical Parole until the earliest date parole could have been granted if they had not been granted Medical Parole.
VI. REPORTING/STATISTICS

The Board is not required by law to report on the number of Medical Parole requests that are granted or denied, and they have not published any relevant statistics. The Department’s annual reports do not include any information on the number of prisoners applying for or released on Medical Parole.\footnote{22}

NOTES

6. Id. at A.2. The Medical Parole Coordinator, and/or the Administrative Director of Medical and Forensic Services, alerts the Warden that the Medical Parole process has started. Id. at A.6.
9. Id.
10. Id. at A.7 and Attachment 4. “AHC” means “administrative home confinement.”
12. Id. at IV.E.
16. Id. at Par. 303.03.