Vermont provides compassionate release to eligible prisoners with serious or terminal medical conditions through Medical Parole\(^1\) and Medical Furlough\(^2\).

**MEDICAL PAROLE**

**I. ELIGIBILITY**

**Medical Condition** - Prisoners may be eligible for Medical Parole if they have a terminal or “serious” medical condition rendering them physically incapable of presenting a danger to society.\(^3\)

**Exclusions** - All prisoners, including those who haven’t yet served their minimum term, may be released on Medical Parole if they meet the medical criteria.\(^4\)

**II. APPLICATION/REFERRAL**

The Vermont Department of Corrections (Department) is directed to “promptly” notify the Vermont Parole Board (Board) when it receives information that a prisoner has a diagnosis of a serious or terminal medical condition\(^5\) and ask the Board to grant Medical Parole for the “treatment, care, or custody” of the prisoner.\(^6\)

**III. DOCUMENTATION AND ASSESSMENT**

The Department’s request to the Board must be supported by documentation confirming that the prisoner has been diagnosed by a “competent” medical practitioner as having (1) a terminal medical condition or (2) a serious medical condition that renders him or her unlikely to be physically capable of presenting a danger to society.\(^7\)

**IV. DECISION**

**Decision Maker** - The Vermont Parole Board has the authority to make Medical Parole decisions.

**Process** - The Board can grant Medical Parole without considering the usual parole factors, such as the seriousness of the crime committed and employment history.\(^8\) The Board Manual states that “[e]ligibility for medical parole has no relationship to eligibility for parole...”\(^9\) No additional details are provided on the decision-making process.

**Conditions and Pre-Release Planning** - In making a Medical Parole decision, the Board must be satisfied that the prisoner will be able to receive proper medical care outside of a correctional institution.\(^10\) Prisoners approved for Medical Parole can be released to a hospital, hospice, licensed inpatient facility, or other “suitable housing
accommodation” specified by the Parole Board. In addition, prisoners released on Medical Parole are required to comply with any conditions of parole set by the Board.”

V. POST-DECISION

Supervision - Prisoners granted Medical Parole are under the same field supervision as any other parolee unless the Board waives the supervision requirements.

VI. REPORTING/STATISTICS

The Board is not required to report on Medical Parole requests and does not publish any statistics on the number of requests it considers, grants, and/or denies.

MEDICAL FURLOUGH

In addition to Medical Parole, the Department of Corrections (Department) may furlough prisoners for a variety of reasons, including a need to obtain medical services that cannot be provided in the correctional institution. This is also referred to in Vermont law as “extending the limits of the place of confinement.”

I. ELIGIBILITY

Medical Condition - Prisoners may be eligible to obtain medical services through a Medical Furlough if they have a terminal or serious medical condition rendering them physically incapable of presenting a danger to society.

Exclusions - All prisoners, including those who haven’t yet served their minimum term, may be considered for a Medical Furlough if they meet the medical eligibility criteria.

II. APPLICATION/REFERRAL

The Medical Furlough process is initiated by a request for a “health care assessment,” which can be initiated by the prisoner, a family member, caseworker, or other individual. Based on that assessment, a “qualified health care professional” determines whether the prisoner’s medical condition is terminal or serious enough that a higher level of care is needed than what can be provided within the correctional facility.

III. DOCUMENTATION AND ASSESSMENT

Recommendation/Health Care Professional - If appropriate, the health care professional will then recommend to the Facility Superintendent that the prisoner be considered for a Medical Furlough. An assessment of the level of care needed by the prisoner, and a health care plan, must be submitted with the recommendation.
Review #1/Superintendent and District Manager - The Facility Superintendent reviews the health care plan with the “receiving District Manager and any District Manager in whose district the inmate was previously supervised.”

Case Assessment and Recommendation/Caseworkers - A case assessment is then done by the Facility and Field Caseworkers that includes a review of the “medical release housing plan,” an analysis of criminal risk factors, and “an integration of medical and correctional issues.” Based on this assessment, the Caseworkers make a recommendation for or against a Medical Furlough.

- Note that, if appropriate, the review can include input from victims and local law enforcement.

Review #2/Superintendent and District Manager - The Facility Manager and District Manager gather the medical and case assessment materials and submit them with a cover letter regarding the proposed Medical Furlough to the Director of Health Services.

Final Recommendation/Director of Health Services - The Director of Health Services makes a final recommendation to the Director of Classification.

IV. DECISION

Decision Maker - The statute says that the Department makes the furlough decisions; the individual responsible is the Department’s Director of Classification.

Decision - The Director of Classification reviews the Medical Furlough plan and approves or disapproves it.

Conditions and Pre-Release Planning - To be furloughed, a prisoner must agree to comply with whatever conditions the Department “in its sole discretion” decides are appropriate. Note that as with Medical Parole, prisoners may only be released to a hospital, hospice, other licensed inpatient facility, or “other housing accommodation deemed suitable by the Commissioner.”

V. POST-DECISION

If the Medical Furlough is approved, the Field Caseworker coordinates follow-up assessment and monitors the need for a continued Medical Furlough. Note that the Department can use electronic monitoring equipment to “enable more effective or efficient” supervision of prisoners who are furloughed.

- As needed, the Caseworker can recommend changing the Medical Furlough plan to the Director of Health Services and Director of Classification, who make the final decisions regarding changes in a prisoner’s Medical Furlough status.

VI. REPORTING/STATISTICS
The Department does not publish statistics on the number of prisoners furloughed due to medical reasons.

NOTES


5 Id.; Board Manual, Chapter 14.

6 Id. at § I.A.1.

7 Board Manual, Chapter 14, § I.A.1.

8 Id. at § I.C, referencing Chapter 10.

9 Id. at Introduction/Policy.

10 Id. at § I.A.2.


12 Board Manual, Chapter 14, § I.B.

13 Id. at § I.D.

14 Note that the Department’s 2015 Annual Report references “Medical Furlough,” defining it as “[a] status for an offender who is diagnosed with a terminal or debilitating condition. The offender may be released to a hospital, hospice, or other licensed inpatient facility, or other housing accommodation deemed suitable by the commissioner.” See Vermont Department of Corrections, 2015 Annual Report, at 7, http://www.doc.state.vt.us/about/reports/fy15-doc-annual-report/view. This definition is almost identical to the Medical Parole definition, although the report does not mention Medical Parole and does not provide any statistics for “Medical Furlough.” There are no other references to Medical Furlough in state law or policy.


16 Vt. Stat. Ann. tit. 28, §§ 808 (a) and (c). Note that unlike Medical Parole, the prisoner is still considered to be in custody. Id. at (c).

17 Id. at (e). Note that H. 150, supra note 1, also added a sentence to the Medical Furlough statute clarifying that a serious medical condition “does not mean a condition caused by noncompliance with a medical treatment plan.” Id.

18 Id.

19 DOC Directive 373.02, Long Term Medical Furlough, par. 1.

20 Id.

21 Id. at par. 2.

22 Id.

23 Id. at par. 4.

24 Id.

25 Id. at par. 5.

26 Id. at par. 6.


28 DOC Directive 373.02, Long Term Medical Furlough, par. 7.

29 Id.


31 Id.
DOC Directive 373.02, Long Term Medical Furlough, par. 8.
Id.