

Alabama provides compassionate release to incarcerated people who are permanently incapacitated, terminally ill, or geriatric through its **Medical Parole**<sup>1</sup> and **Medical Furlough**<sup>2</sup> programs.

## **MEDICAL PAROLE**

### **I. ELIGIBILITY**

**Medical Condition or Age** – To be eligible for Medical Parole, an incarcerated individual must be eligible for parole generally, and be permanently incapacitated, terminally ill, or geriatric.<sup>3</sup>

- An individual is “permanently incapacitated” if the individual is unable to perform at least one “necessary daily life function” and needs assistance with one or more of these functions, or the individual is completely immobile.<sup>4</sup> Necessary daily life functions are breathing, toileting, walking, or bathing.<sup>5</sup> The individual must have such limited physical or mental ability, strength, or capacity that the individual poses an extremely low risk of physical threat to others or to the community.<sup>6</sup>
- “Terminally ill” means the incarcerated individual has an incurable condition caused by illness or disease that will, according to “reasonable medical judgment,” result in death within 12 months.<sup>7</sup> In addition, the individual must not constitute a danger to themselves or society.<sup>8</sup>
- A “geriatric” individual is age 60 or older and has a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging.<sup>9</sup> The individual must require assistance with a necessary daily life function (eating, breathing, toileting, walking, or bathing) and pose a low risk to the community, society, and themselves.<sup>10</sup>

**Other Consideration** – Additionally, an incarcerated individual who is otherwise eligible for parole may be considered for Medical Parole if the individual has spent 30 or more days in an infirmary in the prior calendar year or received “costly and frequent” medical treatment outside a Department of Corrections (Department) facility in the previous 12 months.<sup>11</sup>

**Exclusions** – Individuals are not eligible for Medical Parole if they are serving sentences for capital murder or sex offenses.<sup>12</sup>

### **II. APPLICATION OR REFERRAL**

There is no information in the Medical Parole law or in the Department and the Alabama Board of Pardons and Paroles (Board) rules and policies on whether an incarcerated individual, or someone on their behalf, can apply for Medical Parole.

The Department refers individuals for Medical Parole.<sup>13</sup>

- Regular Department Referrals – The Department can refer individuals who meet the Medical Parole criteria at any time.<sup>14</sup>
- Standing Request – The Department must provide a list of individuals eligible for Medical Parole immediately upon a request from the Board;<sup>15</sup> however, the Board has a standing request for the Department to send a list of eligible individuals every six months.<sup>16</sup>
- Annual List – By January 1st of each calendar year, the Department must identify and provide a list to the Board of all parole-eligible individuals who have spent 30 or more days in an infirmary in the prior calendar year, received costly and frequent medical treatment outside a Department facility in the previous 12 months, or are suffering from a life-threatening illness and are expected to die within 12 months.<sup>17</sup>

### **III. DOCUMENTATION AND ASSESSMENT**

**Medical Information** – Board rules state that Department medical or mental health care providers must “certify” individuals as permanently incapacitated, terminally ill, or geriatric.<sup>18</sup> The Board may request supporting documentation, such as medical records or additional medical examinations as necessary.<sup>19</sup> There is no information available on what the Department health care provider considers when assessing if the individual meets the eligibility criteria.

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

**Decision-Maker** – The Alabama Board of Pardons and Paroles makes the decision to grant or deny Medical Parole.<sup>20</sup>

**Notice** – The Board must provide notice to certain people that an incarcerated individual is being considered for Medical Parole.<sup>21</sup> The time, date, and place of the hearings must be sent to the state Attorney General, the prosecuting district attorney and presiding judge for the individual’s trial, the chief of police for the municipality and the sheriff of the county where the crime occurred, and the Crime Victims Compensation Commission.<sup>22</sup> The notice must identify the hearing as a Medical Parole hearing<sup>23</sup> and include the name of the individual, conviction, date of sentence, convicting court, sentence, time in confinement, minimum release date, details of the hearing, and the receiving person’s right to present their views at the hearing.<sup>24</sup>

**Victim Rights** – Victims have the right to be notified of a parole hearing and may be present and heard at the hearing, or submit a written statement or recorded audio statement for the Board to consider.<sup>25</sup> The Board must provide a 30-day notice to any victim or victim representative identifying the hearing as a Medical Parole hearing<sup>26</sup>

and include the name of the individual, conviction, date of sentence, convicting court, sentence, time in confinement, minimum release date, details of the hearing, and the victim's right to participate in the hearing.<sup>27</sup>

**Hearing** – The Board schedules eligible incarcerated individuals for a hearing on its next available Medical Parole docket; individuals eligible for Medical Parole must be docketed on the next available parole docket on a regular basis and at least every six months.<sup>28</sup> Board hearings and meetings for all parole cases, including Medical Parole, are open to the public.<sup>29</sup>

Incarcerated individuals are not able to attend parole hearings.<sup>30</sup> The Board may allow people to speak in support of the individual and the officials who received required notice for the hearing are entitled to speak at hearings<sup>31</sup> or submit a written statement.<sup>32</sup> The Board may contact people not present at a hearing for any information it deems necessary.<sup>33</sup>

**Factors** – When deciding Medical Parole, the Board considers the following information.

- Risk for violence.
- Criminal history.
- Institutional behavior.
- Age of the individual currently and at the time of the offense.
- Severity of the medical condition.
- If the condition existed at the time of sentence.
- Medical and mental health records.
- Reentry plans, including alternatives to caring for terminally ill or permanently incapacitated individuals in traditional institutional settings.<sup>34</sup>

The Board “investigates” all individuals once they are incarcerated to prepare for parole using a risk and needs assessment.<sup>35</sup> Bureau of Parole and Pardons staff create a file and update it with the individual's conduct while incarcerated, including investigative reports and reports from Department employees.<sup>36</sup> Additionally, the Board's general parole guidelines include severity of offense; institutional behavior, based on number of disciplinary actions; participation in programming and treatment; completion of GED, higher education, or trade; and stakeholder and community input.<sup>37</sup>

**Decision** – The general rule is the Board grants parole, including Medical Parole, upon a majority vote.<sup>38</sup> Each member of the Board enters their vote into the individual’s parole file along with their reasoning for their vote.<sup>39</sup> If the Board decides to grant Medical Parole, the Board must promptly notify people who requested notification of its decision and any parole conditions, and post notice of the decision publicly on a state agency website.<sup>40</sup>

**Conditions** – The Board must provide a copy of the conditions of parole to the individual in writing.<sup>41</sup> No information is available on parole conditions specific to Medical Parole. Conditions for parole generally include the following provisions.

- May not leave the state without consent from the Board.
- Must support dependents to best of individual’s ability.
- Pay restitution.
- Must avoid people and places of “disreputable or harmful character.”
- Follow parole officer instructions.
- Submit to electronic monitoring.
- Secure behavioral and substance abuse treatment as is necessary.
- Submit to GPS monitoring if deemed necessary.
- Do not own, buy, or possess a firearm.<sup>42</sup>

If the individual defaults on a restitution payment, they may be required to show why the default should not constitute a violation of parole.<sup>43</sup>

**Discharge Planning** – For release generally, the Department provides discharge planning for individuals with mental health conditions.<sup>44</sup> Planning includes scheduling initial appointments with community providers, ensuring medical records are in order, and providing a 30-day supply of prescription medications.<sup>45</sup>

When individuals are released, the Department must provide clothing and transportation if needed.<sup>46</sup> The Department must also provide the minimum identification documents needed to obtain employment, including a social security card and birth certificate, and assist the individual with obtaining a non-driver state identification card.<sup>47</sup>

An individual’s eligibility for Medicaid is suspended while incarcerated, not terminated, and the Department may assist in establishing or renewing an individual’s

eligibility prior to release.<sup>48</sup>

There is no further information on release planning, including the reentry plan mentioned in the statute and rules for Medical Parole.

## **V. POST-DECISION**

**Denials and Appeals** – If the Board denies Medical Parole, it determines when and if future consideration will be scheduled.<sup>49</sup> If the Board does not specify when the case may be docketed in the future, consideration is scheduled after the maximum amount of time allowed.<sup>50</sup> For sentences of 20 years or less for non-violent offenses, parole consideration must be rescheduled no later than two years from the date of the decision; all other sentences must have consideration rescheduled within five years of the denial.<sup>51</sup>

There is no information available on whether reconsideration for Medical Parole is considered in an expedited process or if the Board’s decision may be appealed.

**Effect on Other Parole Eligibility** – Consideration for Medical Parole is in addition to any other release for which individuals may be eligible.<sup>52</sup>

**Supervision** – The Board is statutorily required to have policies for supervision based on an individual’s risk of reoffending and use a validated risk and needs assessment to determine an individual’s risk.<sup>53</sup> Supervision and treatment for individuals include the following practices.

- Unscheduled contacts as often as necessary based on the supervision level.
- Community contacts reporting on the individual’s conduct.
- Compliance with parole conditions and progress.
- Case planning.
- Evidence-based methods of encouraging the individual to improve conduct.<sup>54</sup>

**Revocation** – A parole officer or Board member may report a violation of a parole condition to the Department and request a warrant to arrest the individual if they have reasonable cause to believe a violation occurred.<sup>55</sup> The Department issues the warrant, and the individual is returned to custody.<sup>56</sup> A parole court hearing must be held within 20 business days of the individual’s arrest or the individual must be released back to parole.<sup>57</sup>

If the underlying offense was a Class A felony, possession of a firearm, or aggravated theft by deception, or the violation was for absconding, and the parole court finds there is sufficient evidence supporting a violation of parole, the Board will revoke parole and the individual serves the remainder of their sentence.<sup>58</sup> In all other cases,

the Board may impose confinement in a residential transition center or county jail for no more than 45 days; after release from confinement, the individual resumes parole for the remainder of their sentence.<sup>59</sup>

Alternatively, a parole officer may impose other sanctions instead of reporting a violation to the Board.<sup>60</sup> Other sanctions include mandatory behavior or substance abuse treatment, GPS monitoring, other treatment determined by the Board or a supervising officer, or a short period of confinement, not to exceed six days per month.<sup>61</sup>

Before being sanctioned for a parole violation, the individual must receive a violation report containing the allegation and any supporting evidence.<sup>62</sup> The individual must also be advised they have the following rights: the right to parole court, the right to present evidence and witnesses, the right to counsel, and the right to confront and cross-examine adverse witnesses.<sup>63</sup>

**Termination** – Individuals are discharged from parole when their maximum term of sentencing ends.<sup>64</sup>

## **VI. REPORTING AND STATISTICS**

The 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.

- The number of individuals granted and denied Medical Parole.
- The nature of the illnesses, diseases, and conditions of those paroled.
- The number of individuals granted Medical Parole, but who could not be released.
- Crimes for which the individuals have been convicted.<sup>65</sup>

Additionally, the Board must report its activities and functions in the preceding year to the Governor, Secretary of State, and the Department of Archives and History between October 1<sup>st</sup> and December 31<sup>st</sup> each year.<sup>66</sup>

The annual report on Medical Parole is not publicly available, however, the Board shares parole results for the current year and previous year on its website.

- In 2025, the Board held 49 Medical Parole hearings; 21 individuals were granted parole, and 28 individuals were denied parole.<sup>67</sup>
- In 2024, the Board held 10 Medical Parole hearings; five individuals were granted parole, and five individuals were denied parole.<sup>68</sup>

# MEDICAL FURLOUGH

## I. ELIGIBILITY

**Medical Condition or Age** – To be eligible for Medical Furlough, an incarcerated individual must be permanently incapacitated, terminally ill, or geriatric.<sup>69</sup>

- “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.”<sup>70</sup> The incarcerated individual must require daily assistance to perform activities of daily living, or life-sustaining medication or treatments with regular diagnostic tests.<sup>71</sup> The individual’s long-term care needs must potentially exceed the Department of Corrections’ (Department) ability to meet those needs.<sup>72</sup>
- “Terminally ill” means the incarcerated individual has an incurable condition caused by illness or disease that will, according to “reasonable medical judgment,” result in death within 12 months.<sup>73</sup> In addition, the individual must not constitute a danger to themselves or society.<sup>74</sup>
- An individual is considered “geriatric” if they are age 55 or older and have a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging; pose a low risk to the community; and are not a danger to themselves or society.<sup>75</sup> Note that for Medical Parole, the age requirement is different and “geriatric” is defined as 60 or older.<sup>76</sup>

Medical conditions existing at the time of an individual’s sentencing cannot provide the basis for Medical Furlough unless the condition has worsened and caused the individual to become permanently incapacitated or terminally ill after the sentencing date.<sup>77</sup>

**Exclusions** – Individuals serving sentences for capital murder or sexual offenses are not eligible for Medical Furlough.<sup>78</sup> Individuals must also complete their minimum sentence to be eligible for Medical Parole.<sup>79</sup>

**Additional Eligibility Criteria** – To be considered for Medical Furlough, incarcerated individuals must also meet the following criteria.

- If they are able, review and consent in writing to being released after receiving a written explanation of their medical needs and availability of medical services.<sup>80</sup>
- 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 for the

individual, including the cost of medical care.<sup>81</sup>

## **II. APPLICATION OR REFERRAL**

To start the Medical Furlough process, incarcerated individuals, their representatives, or the Department submit a notarized copy of the application and supporting documentation to the Vendor Health Services Administrator (HSA) or the Deputy Commissioner of the Office of Health Services (Deputy Commissioner of Health).<sup>82</sup> A “concerned person,” including a family member, attorney, physician, or Department employee, may also initiate the process by submitting an application on an incarcerated individual’s behalf.<sup>83</sup>

The 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 individuals.<sup>84</sup>

Applications must include supporting documentation on the individual’s medical history, prognosis, age, and institutional behavior.<sup>85</sup> The Department is required to submit applications for individuals with a condition related to aging within 60 days of receipt.<sup>86</sup>

## **III. DOCUMENTATION AND ASSESSMENT**

**Release of Information** – After receiving a submitted application, the HSA obtains a notarized and completed consent form from the incarcerated individual.<sup>87</sup>

**Medical Information** – The HSA reviews the application and consent forms with the facility physician, and the physician completes a form on the individual’s medical condition.<sup>88</sup> The physician must determine if the individual is medically eligible for Medical Furlough and include specific justification and documentation on whether the individual is permanently incapacitated, terminally ill, or geriatric.<sup>89</sup>

A notarized report from at least one other licensed physician not employed by the Department is also required; the physician from outside the Department must be board certified in a relevant area of medicine.<sup>90</sup> The report must state the provider’s opinion on whether the individual is either terminally ill, permanently incapacitated, or geriatric.<sup>91</sup> However, Department policy states the Vendor Statewide Medical Director completes the form for the second medical report and confirms the individual meets the medical eligibility criteria.<sup>92</sup> The Department may request additional medical evidence or conduct additional medical examinations when considering an individual for Medical Furlough.<sup>93</sup>

If the individual meets the initial medical eligibility criteria, the HSA forwards the completed forms and supporting documentation to the Vendor Special Needs Manager (SNM).<sup>94</sup> If the individual does not meet the criteria, the HSA forwards copies of the

forms to the SNM and no further action is taken.<sup>95</sup>

**Sponsor Agreement** – The SNM works with the incarcerated individual’s family or sponsor to complete an agreement for financial support and medical care, and a waiver for release of information.<sup>96</sup> The family member or sponsor accepts responsibility to provide necessary shelter and care for the individual, including transportation to all required appointments and assessments, and the assumption of all financial responsibility for medical care.<sup>97</sup> The family member or sponsor must also agree to provide information on the individual’s medical condition as needed and notify the Department of any violations of the conditions of the Medical Furlough or the individual’s death.<sup>98</sup>

**Institutional Review** – All completed forms are sent to the Deputy Commissioner of Health for review and then the Director of the Classification Division and either the Deputy Commissioner of Men’s Services or the Deputy Commissioner of Women’s Services (Deputy Commissioner of Services), as relevant, complete a review of the individual’s institutional record and make recommendations.<sup>99</sup> Any recommendation against Medical Furlough must be justified.<sup>100</sup>

**Discharge Planning** – The Department must develop a discharge plan for each individual on Medical Furlough.<sup>101</sup> Once an individual is recommended after the institutional review, the SNM begins discharge planning.<sup>102</sup> The SNM must ensure the individual’s medical care and other needs are met on release.<sup>103</sup> This includes applying for Social Security, Medicare, and Medicaid eligibility and working with the Department of Public Health, Department of Human Resources, hospice organizations, and other public or non-profit community services to coordinate care and other types of assistance for the individual.<sup>104</sup>

When an otherwise Medicaid-eligible individual is incarcerated, their eligibility is suspended, but not terminated, and the Department may establish or renew eligibility for an individual before they are released.<sup>105</sup> Additionally, an incarcerated individual in the custody of the Department is eligible for a temporary reinstatement of Medicaid for medical care received as an inpatient in an outside facility for more than 24 hours.<sup>106</sup> It is unclear whether Medical Furlough is considered a release or extension of custody for the purposes of Medicaid eligibility.

The Department also provides discharge planning for mental health issues generally.<sup>107</sup> Release planning includes scheduling initial appointments with community providers, ensuring medical records are in order, and providing a 30-day supply of prescription medications.<sup>108</sup>

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

**Decision-Maker** – The Commissioner of the Department of Corrections makes the final decisions on Medical Furlough applications.<sup>109</sup>

**Decision Timeframe** – If the medical documentation indicates an incarcerated individual is permanently incapacitated or terminally ill, the Commissioner must decide whether to grant Medical Furlough within 60 days of receiving the application form and relevant documentation.<sup>110</sup>

**Factors** – The Commissioner considers the following factors in making a Medical Furlough decision.

- Risk of violence.
- Criminal history.
- Institutional behavior.
- Current age and age at the time of the offense.
- Severity of the illness, disease, or infirmity.
- All medical and mental health records available.
- Release plan, which must include medically appropriate alternative placements.<sup>111</sup>

**Decision** – The Deputy Commissioner of Health sends the Commissioner all the necessary forms and supporting documentation for the final decision on granting Medical Furlough.<sup>112</sup> If the Commissioner grants Medical Furlough, they complete a final decision form indicating approval and return the entire application packet to the Deputy Commissioner of Health.<sup>113</sup> The Deputy Commissioner of Health notifies the individual of the decision.<sup>114</sup>

If the Commissioner declines to grant Medical Furlough, they complete the final decision form indicating a denial and return the application packet to the Deputy Commissioner of Health.<sup>115</sup> The Deputy Commissioner of Health then notifies the Deputy Commissioner of Services and notifies the individual of the denial.<sup>116</sup>

**Notice** – At least 30 days prior to an incarcerated individual’s release, the Commissioner must provide notice of the pending Medical Furlough to the district attorney of the sentencing jurisdiction, the victim or victim’s representative, and other interested parties.<sup>117</sup> The Deputy Commissioner of Health is responsible for making these notifications as well as notifying the Division of Classification, the Department’s General Counsel, the state Attorney General, and the Victim Services Officer in the sentencing county.<sup>118</sup>

**Release** – If the Commissioner determines that the incarcerated individual meets the requirements for Medical Furlough, the individual must be released within 90 days of

the Commissioner receiving the application.<sup>119</sup>

When preparing for release, the facility physician will issue clinical discharge planning orders for the individual.<sup>120</sup> The SNM then coordinates a potential date for transferring the individual to community health services, including making follow-up appointments, obtaining reports from Department health care providers, and working with the family or sponsor to ensure community services receive necessary documentation.<sup>121</sup> The SNM also works with the facility Warden and the family or sponsor to coordinate the individual's change of custody from the facility.<sup>122</sup>

When individuals are released, the Department must provide clothing and transportation if needed.<sup>123</sup> The Department must also provide the minimum identification documents needed to obtain employment, including a social security card and birth certificate, and assist the individual with obtaining a non-driver state identification card.<sup>124</sup>

**Conditions** – The Commissioner determines the conditions of release for each incarcerated individual granted Medical Furlough, including the appropriate level of supervision.<sup>125</sup> Conditions are monitored by the Medical Furlough Security Administrator (MFSA), a member of the Department's security staff who oversees individuals on Medical Furlough.<sup>126</sup> The following conditions are included in the agreement each individual signs.

- Report any changes to the furlough placement to the assigned Medical Furlough Security Administrator (MFSA).
- Do not seek employment.
- Be responsible for all health expenses.
- Report any emergency treatment or hospitalization to the MFSA.
- Do not make major purchases or enter contracts without authorization from the MFSA.
- Do not possess, purchase, or consume alcohol or non-prescription drugs.
- Do not go to “drinking establishments,” such as bars, or residences where there is excessive drinking or illegal activity.
- Follow all laws, regulations, and ordinances at the municipal, state, and federal levels.
- Do not socialize with anyone convicted of a felony, or someone suspected of or associated with criminal activity.

- Do not travel more than 50 miles from the approved residence without approval from the MFSA.
- Do not leave the state of Alabama, except for approved, physician-ordered treatment.
- Follow any curfew the MFSA sets.
- Do not marry without approval from the MFSA.
- Maintain the grooming standards the Department has for incarcerated individuals.<sup>127</sup>

In addition to the standard terms and conditions, individuals must have a medical evaluation at least twice a year at intervals the Commissioner determines.<sup>128</sup>

## **V. POST-DECISION**

**Appeals** – 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.<sup>129</sup> The Commissioner may consider reviewing the denied request later; however, there is no additional information in the statute or rules on what circumstances would lead to such a review.<sup>130</sup>

**Effect of Medical Furlough on Parole Eligibility** – Consideration for Medical Furlough is in addition to any other release for which the individual may be eligible.<sup>131</sup>

**Termination** – Medical Furlough is generally for the remainder of an individual’s sentence.<sup>132</sup>

**Revocation** – The Commissioner can revoke Medical Furlough if the individual’s medical condition improves so that the eligibility criteria are no longer met or if the individual becomes a danger to themselves or others.<sup>133</sup>

The Commissioner may also revoke Medical Furlough if the individual violates any conditions of release.<sup>134</sup> The individual’s family or sponsor must notify the MFSA of any violations of the conditions for Medical Parole.<sup>135</sup> The MFSA notifies the Deputy Commissioner of Health of a violation, and they then notify the Commissioner.<sup>136</sup>

## VI. REPORTING AND STATISTICS

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 applications for Medical Furlough.
- The nature of the individuals’ illnesses, diseases, and conditions.
- The number of individuals granted and denied Medical Furlough.
- The number of individuals on Medical Furlough who were returned to Department custody.<sup>137</sup>

Additionally, the Commissioner must include the status of all individuals who meet the medical or age criteria for Medical Furlough, including those who have spent more than 30 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.”<sup>138</sup>

- In 2025, the Department received 51 applications; 17 individuals were granted Medical Furlough and 15 were denied. Fifteen individuals had Medical Furlough revoked; it is not reported if the revocations were program removal or due to parole. Five individuals died while on Medical Furlough and seven died while in the process of applying for Medical Furlough. The Department had six applications in process at the time of the report.<sup>139</sup>
- In 2024, the Department received 27 applications; 11 individuals were granted Medical Furlough and 13 were denied. Four individuals had Medical Furlough revoked; two were removed from the program and two were granted parole. Five individuals died while on Medical Furlough and four died while in the process of applying for Medical Furlough. The Department had two applications in process at the time of the report.<sup>140</sup>

## **ALABAMA COMPASSIONATE RELEASE**

### **PRIMARY LEGAL SOURCES**

#### **MEDICAL PAROLE**

##### **Statutes**

Code of Alabama, §§ 15-22-41 to 15-22-43 (2026), available through the Alabama Legislature, <https://alison.legislature.state.al.us/code-of-alabama> (scroll to “Title 15 Criminal Procedure” and click for drop down options, then scroll to “Chapter 22 Pardons, Paroles and Probation” and click, then “Article 2A Alabama Medical Parole Act,” and click each section listed to view).

##### **Rule**

Alabama Administrative Code, Rule 640-X-3-.05 (2026), available on the Alabama Legislative Services website, <https://admincode.legislature.state.al.us/administrative-code/640-X-3-.05>

#### **MEDICAL FURLOUGH**

##### **Statutes**

Code of Alabama, §§ 14-14-1 to 14-14-7 (2026), available through the Alabama State Legislature, <https://alison.legislature.state.al.us/code-of-alabama> (scroll to “Title 14 Criminal Correctional and Detention Facilities” and click for drop down options, then scroll to “Chapter 14 Alabama Medical Furlough Act” and click, and click each section listed to view).

##### **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. *Supra* means refer to cited note for full citation.

<sup>1</sup> Ala. Code §§ 15-22-41 to 15-22-43 (2026); Ala. Admin. Code R. 640-X-3-.05 (2026); Alabama Bureau of Pardons and Paroles, *Medical Parole and Mandatory Release: How the Process Works* (April 17, 2020) [hereinafter *Medical Parole*], <https://paroles.alabama.gov/2020/04/17/explanation-of-mandatory-release-and-medical-parole> (start at source link <https://paroles.alabama.gov/> and then click on magnifying glass icon on the right side of the page and then search "medical parole" in the search bar and click link posted April 17, 2020).

Note Alabama statutory law also provides for release if an individual's life or health is seriously endangered by confinement in jail; however, due to the limited nature of this provision, this policy is outside the scope of this memo and will not be discussed further (Ala. Code § 14-6-9 (2026)).

<sup>2</sup> Ala. Code §§ 14-14-1 to 14-14-7 (2026); Alabama Department of Corrections, Administrative Regulation No. 708, *Medical Furlough Program* (Mar. 12, 2025) [hereinafter *Medical Furlough*], <https://doc.alabama.gov/docs/AdminRegs/AR708.pdf> (start at source page <https://doc.alabama.gov/Regulations.aspx> and scroll to link "AR 708" under heading "Inmate Health Services").

<sup>3</sup> Ala. Code § 15-22-43(a)(1); Ala. Admin. Code r. 640-X-3-.05(1)(a); *Medical Parole*, *supra* note 1.

<sup>4</sup> Ala. Code § 15-22-42(4)(a).

<sup>5</sup> *Id.* § 15-22-42(3).

<sup>6</sup> *Id.* § 15-22-42(4)(b).

<sup>7</sup> *Id.* § 15-22-42(5).

<sup>8</sup> *Id.*

<sup>9</sup> *Id.* § 15-22-42(2).

<sup>10</sup> *Id.*

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.

<sup>11</sup> Ala. Code § 15-22-43(a)(2); Ala. Admin. Code r. 640-X-3-.05(3); *Medical Parole*, *supra* note 1.

<sup>12</sup> Ala. Code § 15-22-43(e); Ala. Admin. Code r. 640-X-3-.05(1)(b).

<sup>13</sup> Ala. Admin. Code r. 640-X-3-.05(2).

<sup>14</sup> *Id.*

<sup>15</sup> Ala. Code § 15-22-43(a)(2).

<sup>16</sup> Ala. Admin. Code r. 640-X-3-.05(2).

<sup>17</sup> Ala. Code § 15-22-43(a)(2); Ala. Admin. Code r. 640-X-3-.05(3).

<sup>18</sup> Ala. Admin. Code r. 640-X-3-.05(1)(c); *Medical Parole*, *supra* note 1.

<sup>19</sup> Ala. Code § 15-22-43(c); Ala. Admin. Code r. 640-X-3-.05(4); *Medical Parole*, *supra* note 1.

<sup>20</sup> Ala. Code § 15-22-43(a). See Ala. Code § 15-22-36(a) (2026) for the Board's power to grant paroles generally.

<sup>21</sup> Ala. Code § 15-22-43(a)(1), referencing Ala. Code §§ 15-22-23(b) (2026), 15-22-36(e) (2026).

<sup>22</sup> Ala. Code §§ 15-22-23(b)(2), 15-22-36(d).

Note if the district attorney or judge is no longer living or serving in the same role, notice is given to the district attorney and a judge in the convicting circuit (*Id.* § 15-22-23(b)(3)).

<sup>23</sup> Ala. Code § 15-22-43(a)(1); Ala. Admin. Code r. 640-X-3-.05(7).

<sup>24</sup> *Id.* § 15-22-23(c).

<sup>25</sup> Ala. Const. art. I, § 6.01(a) (2026); Ala. Code §§ 15-23-76 (2026), 15-23-79(a)-(b) (2026).

<sup>26</sup> Ala. Admin. Code r. 640-X-3-.05(7).

Note that Board rules state the Board provides notification to victims only in cases with Class A felonies defined according to Ala. Code § 13A-5-3 (2026); felonies involving death, deadly physical force, the use of a deadly weapon, physical injury or serious physical injury to the victim as defined in Ala. Code § 13A-1-2 (2026); sex offenses as defined in Ala. Code § 15-20A-5 (2026); and any violent offenses as defined in Ala. Code § 12-25-32(15) (2026) (Ala. Admin. Code r. 640-X-4-.01(2) (2026)). These offenses include manslaughter, criminally negligent homicide, assault I and II, kidnapping I and II, street gang membership, domestic violence, burglary, arson I, robbery, discharging a weapon in an occupied space, child abuse, elder abuse, and any attempt, conspiracy, or solicitation to commit one of these offenses (Ala. Code § 12-25-32(15)).

<sup>27</sup> Ala. Code § 15-22-36(e)(1), (4).

<sup>28</sup> Ala. Code § 15-22-43(a)(3); Ala. Admin. Code r. 640-X-3-.05(1).

<sup>29</sup> Ala. Code § 15-22-43(a)(1); Ala. Admin Code r. 640-X-5-.01 (2026).

<sup>30</sup> Alabama Bureau of Pardons and Paroles, *General Hearing Information*, <https://paroles.alabama.gov/hearings/general-hearing-information/> (start at source page <https://paroles.alabama.gov/hearings/general-hearing-information/> and click link "Hearings" in the menu bar at the top of page) (last visited Dec. 15, 2025).

See also Erin Lange Ramamurthy, *The Iron Curtain: Alabama's Practice of Excluding Inmates from Parole Release Hearings and Its Flawed Underpinnings*, 103 *Journal of Criminal Law and Criminology* 1201, 1203 (2013) <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7468&context=jclc>; ACLU of Alabama, Smart Justice Alabama, *Parole Watch Report* 5 (2023), <https://static1.squarespace.com/static/5ff49b04c6eb3c3de1ae3d62/t/6509f6ee0c9f4018aba7044b/1695151897728/Parole+Watch+Report+2023.pdf>.

There is no formal policy or law excluding incarcerated individuals from attending parole hearings, however, it is not allowed in practice.

<sup>31</sup> Ala. Admin. Code r. 640-X-5-.02(4) (2026).

<sup>32</sup> Ala. Code § 15-22-23(b)(4).

<sup>33</sup> Ala. Admin. Code r. 640-X-5-.02(5).

<sup>34</sup> Ala. Code § 15-22-43(d); *Medical Parole*, *supra* note 1.

<sup>35</sup> Ala. Code § 15-22-28(a) (2026); Ala. Admin. Code r. 640-X-3-.01 (2026).

<sup>36</sup> Ala. Code § 15-22-28(a); Ala. Admin. Code r. 640-X-3-.01.

Note the Bureau of Parole and Pardons is the agency that supports the Board's operations, including managing dockets and supervising individuals on release.

<sup>37</sup> Ala. Admin. Code r. 640-X-A-2 (2026), referencing Board of Pardons and Parole Form ABPP-2 (revised 2025).

<sup>38</sup> Ala. Code § 15-22-28(d); Ala. Admin. Code r. 640-X-5-.02(7).

<sup>39</sup> Ala. Admin. Code r. 640-X-5-.02(7).

<sup>40</sup> Ala. Code § 15-22-36(f); Ala. Admin. Code r. 640-X-6-.01.

<sup>41</sup> Ala. Code § 15-22-29(a) (2026).

<sup>42</sup> *Id.* § 15-22-29(b).

<sup>43</sup> *Id.* § 15-18-72(b) (2026).

<sup>44</sup> Alabama Department of Corrections, Administrative Regulation No. 628, *Inmate Discharge Planning* 1 (Mar. 8, 2024), <https://doc.alabama.gov/docs/AdminRegs/AR628.pdf> (start at source page <https://doc.alabama.gov/Regulations.aspx> and scroll to link "AR 628" under heading "Inmate Mental Health Services").

<sup>45</sup> *Id.* at 4.

<sup>46</sup> Ala. Code § 14-10-1(a) (2026).

<sup>47</sup> *Id.* § 14-10-1(b).

<sup>48</sup> *Id.* § 22-6-12(a), (c) (2026).

<sup>49</sup> Ala. Admin. Code r. 640-X-5-.02(9).

<sup>50</sup> *Id.*

<sup>51</sup> Ala. Admin. Code r. 640-X-3-.03 (2026).

<sup>52</sup> Ala. Code § 15-22-43(b); Ala. Admin. Code r. 640-X-3-.05(6).

<sup>53</sup> Ala. Code § 15-22-24(l) (2026).

<sup>54</sup> *Id.*

<sup>55</sup> *Id.* § 15-22-31(a) (2026).

For more detailed information on parole violations, confinement-based sanctions, and parole revocation, see Ala. Admin. Code r. 640-X-9-.01 to .03 (2026).

<sup>56</sup> Ala. Code § 15-22-31(a).

Note an individual may be arrested by a parole officer or law enforcement officer with power of arrest if the individual violates a parole condition in front of the officer; the officer must notify the Board within 24 hours and the individual is detained in the county jail until the Department warrant is received for a period of no longer than 20 days (*Id.* § 15-22-31(b)).

<sup>57</sup> *Id.* § 15-22-32(a) (2026).

<sup>58</sup> *Id.* § 15-22-32(b)(1)(a).

<sup>59</sup> *Id.* § 15-22-32(b)(1)(c), (2).

Note the Board may not revoke parole unless the individual has received three total periods of confinement (*Id.*).

<sup>60</sup> *Id.* § 15-22-32(e).

<sup>61</sup> *Id.*

<sup>62</sup> *Id.* § 15-22-32(f)(1).

<sup>63</sup> *Id.*

<sup>64</sup> *Id.* § 15-22-33 (2026).

<sup>65</sup> *Id.* § 15-22-43(g).

<sup>66</sup> *Id.* § 15-22-24(b).

<sup>67</sup> See Alabama Bureau of Pardons and Paroles, *Parole Results-Previous Year* [2025], <https://paroles.alabama.gov/hearings/parole-results-previous-year-3/> [<https://web.archive.org/web/20260203220831/https://paroles.alabama.gov/hearings/parole-results-previous-year-3/>] (last visited Feb. 3, 2026).

Totals were summarized from information on the website.

<sup>68</sup> See Alabama Bureau of Pardons and Paroles, *Parole Results-Previous Year* [2024], <https://paroles.alabama.gov/hearings/parole-results-previous-year-3/> [<https://web.archive.org/web/20251211203414/https://paroles.alabama.gov/hearings/parole-results-previous-year-3/>] (last visited Dec. 11, 2025).

<sup>69</sup> Ala. Code § 14-14-4(a); *Medical Furlough*, *supra* note 2, § (III)(B).

<sup>70</sup> Ala. Code § 14-14-2(4); *Medical Furlough*, *supra* note 2, § (III)(D).

<sup>71</sup> Ala. Code § 14-14-2(4); *Medical Furlough*, *supra* note 2, § (III)(D).

<sup>72</sup> Ala. Code § 14-14-2(4).

<sup>73</sup> Ala. Code § 14-14-2(5); *Medical Furlough*, *supra* note 2, § (III)(E).

<sup>74</sup> Ala. Code § 14-14-2(5); *Medical Furlough*, *supra* note 2, § (III)(E).

<sup>75</sup> Ala. Code § 14-14-2(3); *Medical Furlough*, *supra* note 2, § (III)(A).

<sup>76</sup> Ala. Code § 15-22-42(2).

<sup>77</sup> Ala. Code § 14-14-3(a).

<sup>78</sup> Ala. Code § 14-14-4(c); *Medical Furlough*, *supra* note 2, § (III)(A), (D)-(E).

<sup>79</sup> *Id.* § 14-14-4(b).

<sup>80</sup> *Id.* § 14-14-3(b).

<sup>81</sup> *Id.* § 14-14-3(c).

<sup>82</sup> *Id.* § 14-14-5(c); *Medical Furlough*, *supra* note 2, § (V)(A)(1).

Note the application is Form 708-A, *Application for Consideration of Inmate Medical Furlough*. The application includes the individual's name, Department number, date of birth, SSN, location, reasons for requesting Medical Furlough, and checkboxes to indicate who is submitting the application.

Note the statute says the application is submitted to the Commissioner, however, Department policy shows where duties of the Commissioner have been delegated to other Department employees.

The Vendor Health Services Administrator is part of the vendor's medical staff and is responsible for oversight of all vendor medical staff and services at a specific facility (*Medical Furlough*, *supra* note 2, § (III)(F)).

<sup>83</sup> Ala. Code § 14-14-5(a); *Medical Furlough*, *supra* note 2, § (V)(A)(2)-(6).

<sup>84</sup> Ala. Code § 14-14-5(b)(2).

<sup>85</sup> *Id.* § 14-14-5(d). Note the Department must provide a copy of the documentation to the individual if requested.

<sup>86</sup> *Id.*

Note there is no timeframe given for when applications for individuals who are terminally ill or permanently incapacitated must be submitted to the Commissioner.

<sup>87</sup> *Medical Furlough*, *supra* note 2, § (V)(B)(1)-(2).

Note this form is Form 708-B, Inmate Consent to the Collection, Provision, and Release of Information. The individual consents to the release of all available medical and mental health records, release plans, and any documents that relate to risk of violence, criminal history, institutional behavior, age at time of offense, current age, and severity of their medical condition (*Id.* § (VII)(B)).

<sup>88</sup> *Id.* § (V)(B)(3). Note this is form is Form 708-C, *Physician's Statement (1)*.

<sup>89</sup> *Id.* § (IV)(H)(2).

<sup>90</sup> Ala. Code § 14-14-5(b)(1).

<sup>91</sup> *Id.* § 14-4-5(b)(1).

<sup>92</sup> *Medical Furlough*, *supra* note 2, §§ (IV)(H)(3)(a)-(b), (V)(B)(5). Note this form is *Form 708-D, Physician's Statement (2)*.

Note that Department policy contradicts the statutory requirement that a physician not employed by the Department complete the second medical report and the directions on the form repeat this statutory requirement. Additionally, it is unlikely the Vendor Statewide Medical Director meets the statutory requirement for board certification related to the medical condition for every applicant.

<sup>93</sup> Ala. Code § 14-14-4(f).

<sup>94</sup> *Medical Furlough*, *supra* note 2, § (V)(B)(6)(a).

The Vendor Special Needs Manager (SNM) is part of the vendor’s medical staff and responsible for “processing medical special needs placement” under the Deputy Commissioner of Health’s direction (*Id.* § (IV)(G)).

<sup>95</sup> *Id.* § (V)(B)(6)(b), (7).

<sup>96</sup> *Id.* § (V)(C)(1)(b)-(c).

Note this form is Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*. The waiver is Form 216-A, *Waiver and Authorization to Release Information*.

<sup>97</sup> *Id.* §§ (IV)(I), (VII)(F).

<sup>98</sup> *Id.*

The family member must also provide a copy of the individual’s death certificate.

<sup>99</sup> *Id.* § (V)(C)(2), (D), (F). Note this form is Form 708-H, *Criminal Institutional Record Review*.

<sup>100</sup> *Id.* §§ (V)(G)(1), (VII)(H).

<sup>101</sup> Ala. Code § 14-14-4(e).

<sup>102</sup> *Medical Furlough*, *supra* note 2, § (V)(H), (I)(1). Note this form is Form 708-G, *Discharge Planning*.

<sup>103</sup> Ala. Code § 14-14-4(e); *Medical Furlough*, *supra* note 2, § (V)(I)(2).

<sup>104</sup> Ala. Code § 14-14-4(e); *Medical Furlough*, *supra* note 2, § (V)(I)(2)(a)-(c).

Form 708-G includes yes or no indicators for family or sponsor assumption of financial responsibility, Medicaid or Medicare eligibility, and acceptance for care by community services; yes or no indicators to show which required departments, agencies, and services have been contacted; an open-ended response for the discharge plan; and a section for the individual to consent to consideration for Medical Furlough and acknowledgement of the discharge plan (*Medical Furlough*, *supra* note 2, § (VII)(G)).

<sup>105</sup> Ala. Code § 22-6-12(a), (c) (2026).

<sup>106</sup> *Id.* § 22-6-12(b).

<sup>107</sup> Alabama Department of Corrections, Administrative Regulation No. 628, *Inmate Discharge Planning* (Mar. 8, 2024), <https://doc.alabama.gov/docs/AdminRegs/AR628.pdf> (start at source page <https://doc.alabama.gov/Regulations.aspx> and scroll to link “AR 628” under heading “Inmate Mental Health Services”).

<sup>108</sup> *Id.* at 4.

<sup>109</sup> Ala. Code § 14-14-4(a).

<sup>110</sup> *Id.* § 14-14-5(d).

<sup>111</sup> *Id.* § 14-14-5(e).

<sup>112</sup> *Medical Furlough*, *supra* note 2, §§ (V)(K), (VII)(I).

Note the Commissioner completes Form 708-I, *Commissioner’s Instruction* indicating their decision.

To notify the Deputy Commissioner of Health, the Commissioner also completes Form 708-J, *Medical Furlough Notification*, which allows the Commissioner to request further review or additional medical evidence or examinations in addition to either granting or denying Medical Furlough (*Id.* § (VII)(I)).

<sup>113</sup> *Id.* § (V)(L)(1).

The Department policy has two sections labeled “L;” The section on the Commissioner’s decision, the first of the two sections, begins on page 11.

Form 708-J is a formal notification from the Commissioner to the Deputy Commissioner of Health and includes no information relevant to the individual (*Id.* § (VII)(J)).

<sup>114</sup> *Id.* §§ (V)(L)(1)(a)(4), (VII)(J). Notification is made using Form 708-K, *Inmate Notification*.

<sup>115</sup> *Id.* § (V)(L)(2).

<sup>116</sup> *Id.* § (V)(L)(2)(a)(1), (3). Notification is made using Form 708-K, *Inmate Notification*.

<sup>117</sup> Ala. Code § 14-14-5(g), referencing Ala. Code §§ 15-22-36, 15-22-36.2 (2026). *See also* Ala. Code § 15-22-36.3 (2026).

*See also* Ala. Const. art. I, § 6.01; Ala. Code § 15-23-76 (2026) on victim rights generally. There is no information indicating victims participate in the Medical Furlough process.

<sup>118</sup> *Medical Furlough*, *supra* note 2, § (V)(L)(1)(a)(5).

<sup>119</sup> Ala. Code § 14-14-5(f).

<sup>120</sup> *Medical Furlough*, *supra* note 2, § (V)(L)(b)(1).

<sup>121</sup> *Id.* § (V)(L)(b)(3), (6).

<sup>122</sup> *Id.* § (V)(L)(b)(4)-(5).

<sup>123</sup> Ala. Code § 14-10-1(a) (2026).

<sup>124</sup> *Id.* § 14-10-1(b).

<sup>125</sup> *Id.* § 14-14-4(e).

<sup>126</sup> *Medical Furlough*, *supra* note 2, § (III)(C).

<sup>127</sup> *Id.* § (VII)(E). Note the form is Form 708-E, *Inmate Agreement*.

<sup>128</sup> Ala. Code § 14-14-4(g).

<sup>129</sup> *Id.* § 14-14-6.

<sup>130</sup> *Id.* § 14-14-6.

<sup>131</sup> *Id.* § 14-14-4(d).

<sup>132</sup> *Id.* § 14-14-4(g).

<sup>133</sup> *Id.* § 14-14-4(h); *Medical Furlough*, *supra* note 2, § (V)(L)(1)(a), (c).

The Department policy has two sections labeled “L;” this section on revocation, the second of the sections, is on page 14.

Note Ala. Code § 14-14-7 says the Commissioner may revoke Medical Furlough at their discretion, without including the specific circumstances given elsewhere.

<sup>134</sup> Ala. Code § 14-14-4(h); *Medical Furlough*, *supra* note 2, § (V)(L)(1)(b).

<sup>135</sup> *Medical Furlough*, *supra* note 2, § (V)(L)(1)(c)(1).

<sup>136</sup> *Id.* § (V)(L)(1)(d)-(e).

If the Commissioner revokes Medical Furlough, they complete Form 708-L, *Revocation of Medical Furlough*, which is forwarded through the Deputy Commissioner of Health to the Deputy Commissioner of Services (*Id.* § (V)(L)(2)-(3)). The policy states the Deputy Commissioner of Services determines “applicable and appropriate disciplinary actions,” however, there is no further information on what this includes (*Id.* § (V)(L)(4)).

<sup>137</sup> Ala. Code § 14-14-4(i). *See also* *Medical Furlough*, *supra* note 2, § (V)(M).

<sup>138</sup> Ala. Code § 14-14-4(j).

<sup>139</sup> Alabama Department of Corrections, *Fiscal Year 2025 Annual Legislative Statistical Report*, <https://doc.alabama.gov/docs/AnnualRpts/AnnualLegislativeStatReport-FY2025.pdf> (start at source link <https://doc.alabama.gov/StatReports.aspx> and scroll to heading “Annual Reports” on left-hand side of page and click link for “Annual Legislative Statistical Report-FY 2025”).

<sup>140</sup> Alabama Department of Corrections, *Fiscal Year 2024 Annual Legislative Statistical Report*, <https://doc.alabama.gov/docs/AnnualRpts/AnnualLegislativeStatReport-FY2024.pdf> (start at source link <https://doc.alabama.gov/StatReports.aspx> and scroll to heading “Annual Reports” on left-hand side of page and click link for “Annual Legislative Statistical Report-FY2024”).