



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4434

Introduced 1/20/2026, by Rep. Nicolle Grasse

SYNOPSIS AS INTRODUCED:

730 ILCS 5/3-2-15.1 new

Amends the Unified Code of Corrections. Creates the End-of-life Care Peer Support Program. Provides that the program is available to terminally ill persons committed to the Department of Corrections. Provides that the program shall be administered by the Department of Corrections in partnership with certain health care providers. Provides that individual patients may accept or decline care or participation in the program. Provides that individual patients shall define the scope of peer support, including the option to opt out of certain aspects of support. Provides that patient care plans shall be developed with the individual patient, the patient's peer support attendants, and the interdisciplinary team. Provides that participating patients shall be subject to the least restrictive security measures possible, with access to comfort items such as blankets, memorabilia, music, and books. Provides that participating patients shall have the following rights: (1) the right to dignity, privacy, respect, and culturally competent care; (2) the right to request peer support services; (3) the right to refuse services; and (4) the right to request family visitation. Provides that all participants in the program, including patients and peer support attendants, shall have access to grief counseling and mental health care services as needed. Provides that the program shall be funded through: (1) the Individual Benefit Fund; (2) direct appropriations from the General Revenue Fund; and (3) federal appropriations if applicable.

LRB104 18059 RLC 31498 b

1 AN ACT concerning criminal law.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Unified Code of Corrections is amended by
5 adding Section 3-2-15.1 as follows:

6 (730 ILCS 5/3-2-15.1 new)

7 Sec. 3-2-15.1. Department of Corrections; End-of-life Care
8 Peer Support Program.

9 (a) References. This Section may be referred to as
10 Humanizing End-of-Life Care for People in Prison.

11 (b) Legislative findings. The General Assembly finds that:

12 (1) A significant number of people in the Department
13 of Corrections are aging, experiencing terminal illnesses,
14 or dying.

15 (2) According to the Department's 2024 Annual Report,
16 the Department incarcerates the following populations of
17 aging people:

18 (A) 3,002 individuals between the ages of 55 and
19 64.

20 (B) 1,045 individuals between the ages of 65 and
21 74.

22 (C) 206 individuals between the ages of 75 and 90.

23 (3) As a result of the aging prison population, more

1 incarcerated persons are in need of end-of-life care and
2 support services.

3 (4) Prison is disabling and contributes to accelerated
4 aging due to inadequate healthcare, high-stress
5 environments, and lack of physical movement or cognitive
6 stimuli.

7 (5) Mass incarceration is a public health crisis.

8 (6) People in prison and returning home after
9 incarceration, on average, have higher healthcare needs.

10 (A) The Bureau of Justice Statistics found that,
11 in 2011, 44 percent of people who are incarcerated had
12 a mental health disorder.

13 (B) Compared to the general population, both men
14 and women who are incarcerated are more likely to have
15 high blood pressure, asthma, cancer, arthritis, and
16 infectious diseases, such as tuberculosis, hepatitis
17 C, and HIV.

18 (C) Women who have been incarcerated are
19 disproportionately likely to suffer from conditions
20 such as tuberculosis, hepatitis, and high blood
21 pressure, and are at greater risk for several
22 infectious diseases, such as HIV/AIDS, HPV, and other
23 sexually transmitted diseases.

24 (7) People in State prisons often suffer from unmet
25 health needs which lead to medical complications and
26 premature and preventable deaths.

1 (8) Comprehensive end-of-life care requires approaches
2 that are patient-centered and family-centered;
3 peer-to-peer; inclusive; and accountable to patients and
4 their families.

5 (9) The Department has some end-of-life services in a
6 few facilities; rather, end-of-life care is provided on a
7 prison-by-prison basis which results in coordinated care
8 for some individuals in custody who have been diagnosed
9 with terminal illnesses or who are expected to reach the
10 end of their life.

11 (A) The Department's existing end-of-life care
12 program is, in part, provided by other incarcerated
13 individuals through the Department's Assisted Living
14 and Hospice Attendant Program.

15 (B) The Department's existing end-of-life care
16 programs are not available to incarcerated women.

17 (10) Peer-to-peer hospice programs can significantly
18 benefit the lives of not only participants but also
19 incarcerated volunteers by bringing value to their own
20 lives, providing an opportunity for penance for past
21 offenses through service to others, and developing healthy
22 coping mechanisms to feelings of loss and grief.

23 (11) Because peer-to-peer programs positively benefit
24 volunteers, decreases in recidivism rates can be expected
25 for those who complete the program.

26 (12) The nation is facing a looming care worker

1 shortage.

2 (13) Peer-to-peer hospice program volunteers can
3 utilize their skills to achieve employment and a career
4 path following release while providing much needed care
5 support.

6 (c) Purposes.

7 (1) This Section establishes a peer-to-peer,
8 non-medical, end-of-life care program in the Department to
9 provide care to individuals in custody who are diagnosed
10 with a terminal illness or medical incapacitation.

11 (2) This program shall expand and formalize the
12 Department's existing Assisted Living Attendant Program
13 and shall ensure that people dying in the Department
14 receive patient-directed, peer-provided, dignified
15 end-of-life care.

16 (3) This program shall work in conjunction with prison
17 medical and correctional staff and shall not replace or
18 impede upon any medical staff or services.

19 (d) Definitions. As used in this Section:

20 (1) "Terminal illness" means a condition that
21 satisfies all of the following criteria, as defined in
22 3-3-14:

23 (A) The condition is irreversible and incurable.

24 (B) In accordance with medical standards and a
25 reasonable degree of medical certainty, based on an
26 individual assessment, the condition is likely to

1 cause death within 18 months.

2 (2) "Medically incapacitated" means an individual in
3 custody has any diagnosable medical condition, including
4 dementia and severe, permanent medical or cognitive
5 disability, that prevents the individual in custody from
6 completing more than one activity of daily living without
7 assistance or that incapacitates the individual in custody
8 to the extent that institutional confinement does not
9 offer additional restrictions, and that the condition is
10 unlikely to improve noticeably in the future.

11 (3) "End-of-life care" means support services that
12 address the physical, social, spiritual, psychological and
13 emotional needs of those that are dying who are in the
14 custody of the Department of Corrections.

15 (4) "Peer support attendant" means a companion and
16 assistant to individuals in custody who are diagnosed with
17 a terminal illness or who have compromised functioning as
18 the result of a chronic medical illness.

19 (e) Program requirements.

20 (1) The program shall be called the End-of-life Care
21 Peer Support Program.

22 (2) The program shall be administered by the
23 Department in partnership with the following entities:

24 (A) Hospice organizations.

25 (B) Centers for independent living and other
26 disability organizations.

1 (C) Prison hospice organizations.

2 (D) Community clergy.

3 (E) Licensed clinical social workers.

4 (F) Behavioral therapists.

5 (G) Translation services, including both spoken
6 and unspoken languages.

7 (3) The scope of the program's services shall cover
8 the following:

9 (A) Services shall be provided 24 hours per day, 7
10 days per week.

11 (B) Services shall be available in all facilities
12 that house aging or medically vulnerable populations,
13 including, but not limited to, the following
14 correctional centers: Big Muddy, Centralia, Danville,
15 Decatur, Dixon, Fox Valley, Graham, Hill, Illinois
16 River, Lawrence, Menard, Pinckneyville, Pontiac,
17 Taylorville, and Western Illinois. The Department
18 shall ensure transfer and transportation of all
19 individuals that require end-of-life care to a
20 facility that offers the program.

21 (C) Wherever possible, and subject to internal
22 security rules, incarcerated individuals receiving
23 end-of-life care shall be granted special privileges
24 including additional opportunities for visitation and
25 communication, with increased access to
26 non-incarcerated family and friends and incarcerated

1 peers.

2 (D) All care shall be coordinated at monthly
3 meetings, with weekly meetings as necessary, with an
4 interdisciplinary team including the following:

5 (i) Facility Medical Director or
6 Hospice/Palliative Program Coordinator, or both.

7 (ii) Nursing staff.

8 (iii) Mental health professionals.

9 (iv) Clergy or chaplain.

10 (v) Peer support attendants.

11 (vi) Food service manager or managers.

12 (vii) Family.

13 (E) Placement or transfer of eligible patients
14 into medical wings or facilities which host the
15 program, or both.

16 (F) Peer supported attendant assisted tasks shall
17 include, but are not limited to, the following:

18 (i) Housekeeping tasks such as cleaning,
19 laundry, stocking hygiene supplies, dusting,
20 ensuring physical safe spaces.

21 (ii) Assistance with hygiene; body
22 positioning; using electric bed controls;
23 non-medical feeding support; mobility support;
24 grooming; changing clothes; assisting medical
25 staff with bed baths and showering; and other
26 tasks as needed and designated by the Medical

1 Director.

2 (iii) Clerical assistance, including letter
3 writing; commissary lists; request slips; support
4 with legal documents; medical requests and
5 directives; financial documents, final remarks,
6 and filing grievances.

7 (iv) Facilitated communication with family,
8 counselors, and spiritual leaders.

9 (v) Support of cultural practices, rituals,
10 and beliefs as requested by patients.

11 (4) Individuals in custody shall be eligible to
12 participate as patients in the program if they meet any
13 one or a combination of the following:

14 (A) Diagnosis with a terminal illness.

15 (B) Medical incapacitation due to illness or
16 injury.

17 (C) Eligibility for compassionate release,
18 including while awaiting release which has been
19 approved by the Prison Review Board.

20 (5) Individuals in custody shall be eligible to
21 participate as peer support attendants in the program if
22 they complete the following:

23 (A) Submit an Offender Request Slip to the
24 Assistant Warden of Programs or the Assistant Warden's
25 designee.

26 (i) The Assistant Warden of Programs shall

1 evaluate the individuals' security status. If the
2 individual does not pose a clear risk to safety
3 and security, the individual shall be eligible for
4 participation in the program.

5 (ii) The Assistant Warden of Programs or the
6 Assistant Warden's designee shall provide, in
7 writing, an explanation regarding any decision to
8 deny an individual access to the program,
9 including a specific reason as to why they were
10 denied.

11 (B) Participation in the program shall be
12 voluntary.

13 (C) Peer support attendants shall reflect the
14 diversity of the individuals in custody served,
15 whenever possible.

16 (6) Training shall be provided to all peer support
17 attendants as follows:

18 (A) All peer support attendants shall receive
19 hospice and adult care volunteer training upon
20 entrance into the program.

21 (B) Peer support attendants shall receive
22 continuing training and education on end-of-life care,
23 appropriate to the peer support attendants'
24 responsibilities.

25 (C) Trainings shall include information on the
26 following topics:

1 (i) Trauma-informed care.

2 (ii) ADA accommodations and support.

3 (iii) Cultural competency and LGBTQIA+
4 affirming care.

5 (iv) Active listening.

6 (v) Grief and loss support.

7 (vi) Confidentiality and boundaries.

8 (vii) Elder care and comfort.

9 (viii) Caregiving in a correctional setting.

10 (D) Peer support attendants shall receive earned
11 program sentence credits for each day of training in
12 which they participate. Peer support attendants shall
13 also receive certifications as appropriate based on
14 their completed training.

15 (7) The program shall center patients' needs, as
16 defined below:

17 (A) Individual patients may accept or decline care
18 or participation in the program. Individual patients
19 shall define the scope of peer support, including the
20 option to opt out of certain aspects of support.

21 (B) Patient care plans shall be developed with the
22 individual patient, the patient's peer support
23 attendants, and the interdisciplinary team defined in
24 subparagraph (D) of paragraph (3) of subsection (e).

25 (i) Patient care plans shall incorporate
26 culturally and disability-competent expertise and

1 address patients' spiritual needs.

2 (ii) Patient care plans shall be considerate
3 of both patient and family goals for care, while
4 prioritizing the patient's goals.

5 (C) Patients eligible for participation in the
6 program shall receive services as soon as practicable
7 under the circumstances.

8 (D) Patients' medical privacy shall be ensured
9 throughout the entirety of their participation in the
10 program.

11 (E) Individual patients may choose whether to
12 release medical or end-of-life care status, or both,
13 to their family members. If patients so choose, the
14 Department must assist patients in completing advanced
15 healthcare directives and assigning powers of
16 attorney.

17 (F) To the extent possible, participating patients
18 shall have the right to medically accessible,
19 temperature-regulated housing units which are
20 appropriate for their mobility and communication
21 needs.

22 (G) Participating patients shall be subject to the
23 least restrictive security measures possible, with
24 access to comfort items such as blankets, memorabilia,
25 music, and books.

26 (H) Regarding medical aid in dying. In addition to

1 following processes laid out in the End-of-Life
2 Options for Terminally Ill Patients Act, individuals
3 must complete a mental health evaluation and
4 depression screening to ensure mental capacity before
5 proceeding with medical aid in dying.

6 (8) The program shall follow the reporting
7 requirements outlined in Section 3-2-15, the Eddie Thomas
8 Act.

9 (f) Additional protections.

10 (1) Participating patients shall have the following
11 rights:

12 (A) Right to dignity, privacy, respect, and
13 culturally competent care.

14 (B) Right to request peer support services.

15 (C) Right to refuse services.

16 (D) Right to request family visitation.

17 (2) Peer support attendants shall be protected from
18 retaliatory actions in response to participating in the
19 program or reporting issues related to the program or
20 delivery of health care. Retaliatory actions include but
21 are not limited to verbal abuse, restrictive housing
22 assignments, denial of medical or mental health care,
23 physical assault, transfers to harsher facilities, or
24 revocation of privileges such as phone calls, visits,
25 commissary, day room opportunities, or yard time.

26 (3) All participants in the program, including

1 patients and peer support attendants, shall have access to
2 grief counseling and mental health care services as
3 needed.

4 (4) The Department must provide a grievance process
5 for incarcerated individuals and their families to report
6 abuse, bias, coercion, discrimination, or other adverse
7 actions that are not in accordance with this Section.

8 (g) Funding. This program shall be funded through:

9 (1) the Individual Benefit Fund;

10 (2) direct appropriations from the General Revenue
11 Fund; and

12 (3) federal appropriations if applicable.