

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 changing Section 3-2-15 as follows:

6 (730 ILCS 5/3-2-15)

7 Sec. 3-2-15. Department of Corrections; report of hospice
8 and palliative care for committed persons.

9 (a) Purposes. The General Assembly finds that:

10 (1) The United States prison population is aging
11 rapidly.

12 (2) Illinois' prison population is similarly aging
13 rapidly, with over 1,000 prisoners aged 65 or older.

14 (3) As a result of the aging prison population more
15 committed persons are in need of end-of-life care and
16 support services.

17 (4) The Department of Corrections has a policy on
18 end-of-life care, which provides, in part, that the goals
19 are: "safe, dignified and comfortable dying,
20 self-determined life closure and effective grieving".

21 (5) The Department of Corrections does not have a
22 formal hospice program; rather, end-of-life care is
23 provided on a prison-by-prison basis which results in

1 inconsistent care for committed persons who have been
2 diagnosed with terminal illnesses or who are expected to
3 reach the end of their life.

4 (6) At some prisons, end-of-life care is at times
5 provided, in part, by other committed persons assigned as
6 aides.

7 (7) The Department of Corrections does not have
8 centralized or consistent data on the number of committed
9 persons receiving end-of-life care.

10 (8) The Department of Corrections does not have
11 centralized or consistent data on the number of prisoner
12 aides who are assigned to assist in providing end-of-life
13 care.

14 (9) The Department of Corrections does not currently
15 have a system for tracking patient outcomes or grievances
16 related to the quality of end-of-life care provided.

17 (10) Data on the end-of-life care provided in the
18 Department of Corrections is needed to give the General
19 Assembly and the public an understanding of the
20 Department's approach to end-of-life care for terminally
21 ill committed persons in its custody.

22 (11) Eddie Thomas was a committed person of the
23 Department of Corrections who died alone in the back of a
24 prison infirmary without any end-of-life care just 5
25 months after being diagnosed with late stage lung cancer.

26 (b) Definitions. In this Section:

1 "Advance directive for health care" means written
2 instructions of the patient's wishes as to how future care
3 should be delivered or declined, including decisions that must
4 be made when the patient is not capable of expressing those
5 wishes. Advance directives may also appoint an agent with
6 power of attorney for health care.

7 "Department" means the Department of Corrections.

8 "Hospice and palliative care" means physical, social,
9 emotional, and spiritual support care for committed persons
10 who have been diagnosed with a known terminal condition with a
11 life expectancy of 6 months or less. This includes, but is not
12 limited to, assistance with activities of daily living and
13 comfort care.

14 "Peer support" refers to assistance and companionship
15 provided by committed persons who have been trained to offer
16 emotional, social, and practical support to fellow committed
17 persons receiving hospice and palliative care.

18 "Terminal condition" means an incurable or irreversible
19 condition that, without the administration of life-sustaining
20 procedures, will, according to reasonable medical judgment,
21 result in death within a relatively short period of time; or a
22 state of permanent unconsciousness from which, to a reasonable
23 degree of medical certainty, there can be no recovery.

24 (c) Reporting requirement. No later than December 1 of
25 each year, the Department shall prepare a report to be
26 published on its website that contains, at a minimum, the

1 following information about hospice and palliative care in its
2 institutions and facilities during the prior fiscal year:

3 (1) demographic data of committed persons who received
4 hospice and palliative care, separated by the following
5 categories:

6 (A) race or ethnicity;

7 (B) gender;

8 (C) age;

9 (D) primary cause of terminal illness or
10 condition; and

11 (E) length of incarceration prior to receiving
12 end-of-life care;

13 (2) data on the number of committed persons in the
14 Department's hospice and palliative care programs,
15 including the following:

16 (A) the total number of committed persons enrolled
17 in the Department's hospice and palliative care
18 programs;

19 (B) the total number of admissions into and
20 discharges from the Department's hospice and
21 palliative care programs, including the number of
22 committed persons who died while in the program and
23 the number of committed persons who were removed from
24 the program for other reasons; and

25 (C) the number of committed persons denied entry
26 into the Department's hospice and palliative care

1 programs, including any reasons that they were denied;

2 (3) data on the timing of hospice and palliative care
3 programming, including the following:

4 (A) the average length of time that committed
5 persons receive hospice and palliative care; and

6 (B) the average length of time between the
7 diagnosis of a terminal condition and admission into a
8 hospice and palliative care program;

9 (4) the number of committed persons in the custody of
10 the Department who died, separated by the following
11 categories:

12 (A) committed persons who died while receiving
13 hospice and palliative care; and

14 (B) committed persons who died without receiving
15 hospice and palliative care, and the number of such
16 committed persons who died as a result of natural,
17 accidental, suicidal, or homicidal causes;

18 (5) policies and administrative directives of each
19 Department institution and facility regarding the
20 institution of hospice and palliative care. This data
21 shall include the following information:

22 (A) the name of each institution and facility that
23 offers hospice and palliative care services;

24 (B) criteria to be eligible for hospice and
25 palliative care services, both Department-wide and at
26 each institution and facility;

1 (C) a list of the types of hospice and palliative
2 care services that are offered in each institution and
3 facility. This list shall include, but is not limited
4 to, pain management, psychological counseling, peer
5 support, and chaplain services. If available, this
6 list shall also include supportive services offered to
7 family members of committed persons;

8 (D) the accreditation status of the Department's
9 hospice and palliative care programs, if available;

10 (E) the procedures for committed persons in the
11 Department's custody to request an advance directive
12 for health care in each institution and facility;

13 (F) the procedures for health care or legal staff
14 to assist committed persons in completing advance
15 directive instruments; and

16 (G) the procedures for health care providers to
17 implement advance directives for health care in each
18 institution and facility;

19 (6) the staff available for hospice and palliative
20 care. This data shall include the following:

21 (A) the number of specialized staff at each
22 institution and facility, including palliative care
23 physicians, nurses, and social workers;

24 (B) the number of volunteers dedicated to hospice
25 and palliative care, separated by the following
26 categories:

1 (i) volunteers who are committed persons of
2 the Department;

3 (ii) volunteers who are not committed persons
4 of the Department; and

5 (iii) the ratio between the number of staff
6 and the number of patients in the Department's
7 hospice and palliative care programs; ~~and~~

8 (7) the cost of the Department's hospice and
9 palliative care programs, including the following:

10 (A) the annual costs associated with hospice and
11 palliative care across the Department;

12 (B) the sources of funding for hospice and
13 palliative care services; and

14 (C) the annual costs associated with hospice and
15 palliative care at each Department institution and
16 facility; and.

17 (8) the cost of the Department's end-of-life care for
18 committed persons who died of natural causes and were not
19 in hospice or palliative care programs.

20 All such data shall be anonymized to protect the privacy
21 of the committed persons involved in the hospice and
22 palliative care programs.

23 (Source: P.A. 104-220, eff. 1-1-26.)