SB3531

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104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3531

Introduced 2/5/2026, by Sen. Adriane Johnson

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.

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A BILL FOR

AN ACT concerning criminal law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Mass incarceration is a public health crisis.

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

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

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

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

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

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

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

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

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

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

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

(12) The nation is facing a looming care worker

shortage.

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

(c) Purposes.

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

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

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

(d) Definitions. As used in this Section:

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

(A) The condition is irreversible and incurable.

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

cause death within 18 months.

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

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

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

(e) Program requirements.

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

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

(A) Hospice organizations.

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

(C) Prison hospice organizations.

(D) Community clergy.

(E) Licensed clinical social workers.

(F) Behavioral therapists.

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

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

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

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

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

peers.

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

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

(ii) Nursing staff.

(iii) Mental health professionals.

(iv) Clergy or chaplain.

(v) Peer support attendants.

(vi) Food service manager or managers.

(vii) Family.

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

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

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

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

Director.

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

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

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

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

(A) Diagnosis with a terminal illness.

(B) Medical incapacitation due to illness or injury.

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

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

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

(i) The Assistant Warden of Programs shall

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

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

(B) Participation in the program shall be voluntary.

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

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

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

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

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

(i) Trauma-informed care.

(ii) ADA accommodations and support.

(iii) Cultural competency and LGBTQIA+ affirming care.

(iv) Active listening.

(v) Grief and loss support.

(vi) Confidentiality and boundaries.

(vii) Elder care and comfort.

(viii) Caregiving in a correctional setting.

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

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

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

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

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

address patients' spiritual needs.

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

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

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

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

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

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

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

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

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

(f) Additional protections.

(1) Participating patients shall have the following rights:

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

(B) Right to request peer support services.

(C) Right to refuse services.

(D) Right to request family visitation.

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

(3) All participants in the program, including

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

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

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

(1) the Individual Benefit Fund;

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

(3) federal appropriations if applicable.