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

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.

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.
14 (B) The Department's existing end-of-life care
15 programs are not available to incarcerated women.
16 (10) Peer-to-peer hospice programs can significantly
17 benefit the lives of not only participants but also
18 incarcerated volunteers by bringing value to their own
19 lives, providing an opportunity for penance for past
20 offenses through service to others, and developing healthy
21 coping mechanisms to feelings of loss and grief.
22 (11) Because peer-to-peer programs positively benefit
23 volunteers, decreases in recidivism rates can be expected
24 for those who complete the program.
25 (12) The nation is facing a looming care worker
26 shortage.

1 (13) Peer-to-peer hospice program volunteers can
2 utilize their skills to achieve employment and a career
3 path following release while providing much needed care
4 support.
5 (c) Purposes.
6 (1) This Section establishes a peer-to-peer,
7 non-medical, end-of-life care program in the Department to
8 provide care to individuals in custody who are diagnosed
9 with a terminal illness or medical incapacitation.
10 (2) This program shall expand and formalize the
11 Department's existing Assisted Living Attendant Program
12 and shall ensure that people dying in the Department
13 receive patient-directed, peer-provided, dignified
14 end-of-life care.
15 (3) This program shall work in conjunction with prison
16 medical and correctional staff and shall not replace or
17 impede upon any medical staff or services.
18 (d) Definitions. As used in this Section:
19 (1) "Terminal illness" means a condition that
20 satisfies all of the following criteria, as defined in
21 3-3-14:
22 (A) The condition is irreversible and incurable.
23 (B) In accordance with medical standards and a
24 reasonable degree of medical certainty, based on an
25 individual assessment, the condition is likely to
26 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) Recognizing the uniqueness of each facility, services shall be available in each facility that houses 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

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 medical requests and directives; financial
5 documents, final remarks, and filing grievances.
6 (iv) Facilitated communication with family,
7 counselors, and spiritual leaders.
8 (v) Support of cultural practices, rituals,
9 and beliefs as requested by patients.
10 (4) Individuals in custody shall be eligible to
11 participate as patients in the program if they meet any
12 one or a combination of the following:
13 (A) Diagnosis with a terminal illness.
14 (B) Medical incapacitation due to illness or
15 injury.
16 (C) Eligibility for compassionate release,
17 including while awaiting release which has been
18 approved by the Prison Review Board.
19 (5) Individuals in custody shall be eligible to
20 participate as peer support attendants in the program if
21 they complete the following:
22 (A) Submit an Offender Request Slip to the
23 Assistant Warden of Programs or the Assistant Warden's
24 designee.
25 (i) The Assistant Warden of Programs shall
26 evaluate the individuals' security status. If the

1 individual does not pose a clear risk to safety
2 and security, the individual shall be eligible for
3 participation in the program.
4 (ii) The Assistant Warden of Programs or the
5 Assistant Warden's designee shall provide, in
6 writing, an explanation regarding any decision to
7 deny an individual access to the program,
8 including a specific reason as to why they were
9 denied.
10 (B) Participation in the program shall be
11 voluntary.
12 (C) Peer support attendants shall reflect the
13 diversity of the individuals in custody served,
14 whenever possible.
15 (6) Training shall be provided to all peer support
16 attendants as follows:
17 (A) All peer support attendants shall receive
18 hospice and adult care volunteer training upon
19 entrance into the program.
20 (B) Peer support attendants shall receive
21 continuing training and education on end-of-life care,
22 appropriate to the peer support attendants'
23 responsibilities.
24 (C) Trainings shall include information on the
25 following topics:
26 (i) Trauma-informed care.

1 (ii) ADA accommodations and support.
2 (iii) Cultural competency and LGBTQIA+
3 affirming care.
4 (iv) Active listening.
5 (v) Grief and loss support.
6 (vi) Confidentiality and boundaries.
7 (vii) Elder care and comfort.
8 (viii) Caregiving in a correctional setting.
9 (D) Peer support attendants shall receive earned
10 program sentence credits for each day of training in
11 which they participate. Peer support attendants shall
12 also receive certifications as appropriate based on
13 their completed training.
14 (7) The program shall center patients' needs, as
15 defined below:
16 (A) Individual patients may accept or decline care
17 or participation in the program. Individual patients
18 shall define the scope of peer support, including the
19 option to opt out of certain aspects of support.
20 (B) Patient care plans shall be developed with the
21 individual patient, the patient's peer support
22 attendants, and the interdisciplinary team defined in
23 subparagraph (D) of paragraph (3) of subsection (e).
24 (i) Patient care plans shall incorporate
25 culturally and disability-competent expertise and
26 address patients' spiritual needs.

1 (ii) Patient care plans shall be considerate
2 of both patient and family goals for care, while
3 prioritizing the patient's goals.
4 (C) Patients eligible for participation in the
5 program shall receive services as soon as practicable
6 under the circumstances.
7 (D) Patients' medical privacy shall be ensured
8 throughout the entirety of their participation in the
9 program.
10 (E) Individual patients may choose whether to
11 release medical or end-of-life care status, or both,
12 to their family members. If patients so choose, the
13 Department must assist patients in completing advanced
14 healthcare directives and assigning powers of
15 attorney.
16 (F) To the extent possible, participating patients
17 shall have the right to medically accessible,
18 temperature-regulated housing units which are
19 appropriate for their mobility and communication
20 needs.
21 (G) Participating patients shall be subject to the
22 least restrictive security measures possible, with
23 access to comfort items such as blankets, memorabilia,
24 music, and books.
25 (8) The program shall follow the reporting
26 requirements outlined in Section 3-2-15, the Eddie Thomas

1 Act.
2 (f) Additional protections.
3 (1) Participating patients shall have the following
4 rights:
5 (A) Right to dignity, privacy, respect, and
6 culturally competent care.
7 (B) Right to request peer support services.
8 (C) Right to refuse services.
9 (D) Right to request family visitation.
10 (2) Peer support attendants shall be protected from
11 retaliatory actions in response to participating in the
12 program or reporting issues related to the program or
13 delivery of health care. Retaliatory actions include but
14 are not limited to verbal abuse, restrictive housing
15 assignments, denial of medical or mental health care,
16 physical assault, transfers to harsher facilities, or
17 revocation of privileges such as phone calls, visits,
18 commissary, day room opportunities, or yard time.
19 (3) All participants in the program, including
20 patients and peer support attendants, shall have access to
21 grief counseling and mental health care services as
22 needed.
23 (4) The Department must provide a grievance process
24 for incarcerated individuals and their families to report
25 abuse, bias, coercion, discrimination, or other adverse
26 actions that are not in accordance with this Section.

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

2 (1) the Individual Benefit Fund; and

3 (2) federal appropriations if applicable.