



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB1524

Introduced 2/4/2025, by Sen. Adriane Johnson

#### SYNOPSIS AS INTRODUCED:

730 ILCS 5/3-2-15 new

Provides that the Act may be referred to as the Eddie Thomas Act. Amends the Unified Code of Corrections. Provides that no later than December 1 of each year, the Department of Corrections shall prepare a report to be published on its website that contains, at a minimum, the following information about hospice and palliative care in its institutions and facilities during the prior fiscal year: (1) demographic data of committed persons who received hospice and palliative care; (2) data on the number of committed persons in the Department's hospice and palliative care programs; (3) data on the timing of hospice and palliative care programming; (4) the number of committed persons in the custody of the Department who died; (5) policies and administrative directives of each Department institution and facility regarding the institution of hospice and palliative care; (6) the staff available for hospice and palliative care; and (7) the cost of the Department's hospice and palliative care programs. Provides that all such data shall be anonymized to protect the privacy of the committed persons involved in the hospice and palliative care programs.

LRB104 08042 RLC 18088 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 1. This Act may be referred to as the Eddie Thomas  
5 Act.

6 Section 5. The Unified Code of Corrections is amended by  
7 adding Section 3-2-15 as follows:

8 (730 ILCS 5/3-2-15 new)

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

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

12 (1) The United States prison population is aging  
13 rapidly.

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

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

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

1           (5) The Department of Corrections does not have a  
2 formal hospice program; rather, end-of-life care is  
3 provided on a prison-by-prison basis which results in  
4 inconsistent care for committed persons who have been  
5 diagnosed with terminal illnesses or who are expected to  
6 reach the end of their life.

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

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

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

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

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

25           (11) Eddie Thomas was a committed person of the  
26 Department of Corrections who died alone in the back of a

1 prison infirmary without any end-of-life care just 5  
2 months after being diagnosed with late stage lung cancer.

3 (b) Definitions. In this Section:

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

10 "Department" means the Department of Corrections.

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

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

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

1       (c) Reporting requirement. No later than December 1 of  
2 each year, the Department shall prepare a report to be  
3 published on its website that contains, at a minimum, the  
4 following information about hospice and palliative care in its  
5 institutions and facilities during the prior fiscal year:

6           (1) demographic data of committed persons who received  
7 hospice and palliative care, separated by the following  
8 categories:

9                   (A) race or ethnicity;

10                   (B) gender;

11                   (C) age;

12                   (D) primary cause of terminal illness or  
13 condition; and

14                   (E) length of incarceration prior to receiving  
15 end-of-life care;

16           (2) data on the number of committed persons in the  
17 Department's hospice and palliative care programs,  
18 including the following:

19                   (A) the total number of committed persons enrolled  
20 in the Department's hospice and palliative care  
21 programs;

22                   (B) the total number of admissions into and  
23 discharges from the Department's hospice and  
24 palliative care programs, including the number of  
25 committed persons who died while in the program and  
26 the number of committed persons who were removed from

1 the program for other reasons; and

2 (C) the number of committed persons denied entry  
3 into the Department's hospice and palliative care  
4 programs, including any reasons that they were denied;

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

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

9 (B) the average length of time between the  
10 diagnosis of a terminal condition and admission into a  
11 hospice and palliative care program;

12 (4) the number of committed persons in the custody of  
13 the Department who died, separated by the following  
14 categories:

15 (A) committed persons who died while receiving  
16 hospice and palliative care; and

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

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

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

1           (B) criteria to be eligible for hospice and  
2           palliative care services, both Department-wide and at  
3           each institution and facility;

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

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

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

16           (F) the procedures for health care or legal staff  
17           to assist committed persons in completing advance  
18           directive instruments; and

19           (G) the procedures for health care providers to  
20           implement advance directives for health care in each  
21           institution and facility;

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

24           (A) the number of specialized staff at each  
25           institution and facility, including palliative care  
26           physicians, nurses, and social workers;

1           (B) the number of volunteers dedicated to hospice  
2 and palliative care, separated by the following  
3 categories:

4           (i) volunteers who are committed persons of  
5 the Department;

6           (ii) volunteers who are not committed persons  
7 of the Department; and

8           (iii) the ratio between the number of staff  
9 and the number of patients in the Department's  
10 hospice and palliative care programs; and

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

13           (A) the annual costs associated with hospice and  
14 palliative care across the Department;

15           (B) the sources of funding for hospice and  
16 palliative care services; and

17           (C) the annual costs associated with hospice and  
18 palliative care at each Department institution and  
19 facility.

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.