



Rep. Nicolle Grasse

Filed: 5/9/2025

10400SB1524ham001

LRB104 08042 RLC 25887 a

1 AMENDMENT TO SENATE BILL 1524

2 AMENDMENT NO. _____. Amend Senate Bill 1524 by replacing
3 everything after the enacting clause with the following:

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.

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

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

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

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

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

20 (8) The Department of Corrections does not have
21 centralized or consistent data on the number of prisoner
22 aides who are assigned to assist in providing end-of-life
23 care.

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

1 (10) Data on the end-of-life care provided in the
2 Department of Corrections is needed to give the General
3 Assembly and the public an understanding of the
4 Department's approach to end-of-life care for terminally
5 ill committed persons in its custody.

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

10 (b) Definitions. In this Section:

11 "Advance directive for health care" means written
12 instructions of the patient's wishes as to how future care
13 should be delivered or declined, including decisions that must
14 be made when the patient is not capable of expressing those
15 wishes. Advance directives may also appoint an agent with
16 power of attorney for health care.

17 "Department" means the Department of Corrections.

18 "Hospice and palliative care" means physical, social,
19 emotional, and spiritual support care for committed persons
20 who have been diagnosed with a known terminal condition with a
21 life expectancy of 6 months or less. This includes, but is not
22 limited to, assistance with activities of daily living and
23 comfort care.

24 "Peer support" refers to assistance and companionship
25 provided by committed persons who have been trained to offer
26 emotional, social, and practical support to fellow committed

1 persons receiving hospice and palliative care.

2 "Terminal condition" means an incurable or irreversible
3 condition that, without the administration of life-sustaining
4 procedures, will, according to reasonable medical judgment,
5 result in death within a relatively short period of time; or a
6 state of permanent unconsciousness from which, to a reasonable
7 degree of medical certainty, there can be no recovery.

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

13 (1) demographic data of committed persons who received
14 hospice and palliative care, separated by the following
15 categories:

16 (A) race or ethnicity;

17 (B) gender;

18 (C) age;

19 (D) primary cause of terminal illness or
20 condition; and

21 (E) length of incarceration prior to receiving
22 end-of-life care;

23 (2) data on the number of committed persons in the
24 Department's hospice and palliative care programs,
25 including the following:

26 (A) the total number of committed persons enrolled

1 in the Department's hospice and palliative care
2 programs;

3 (B) the total number of admissions into and
4 discharges from the Department's hospice and
5 palliative care programs, including the number of
6 committed persons who died while in the program and
7 the number of committed persons who were removed from
8 the program for other reasons; and

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

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

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

16 (B) the average length of time between the
17 diagnosis of a terminal condition and admission into a
18 hospice and palliative care program;

19 (4) the number of committed persons in the custody of
20 the Department who died, separated by the following
21 categories:

22 (A) committed persons who died while receiving
23 hospice and palliative care; and

24 (B) committed persons who died without receiving
25 hospice and palliative care, and the number of such
26 committed persons who died as a result of natural,

1 accidental, suicidal, or homicidal causes;

2 (5) policies and administrative directives of each
3 Department institution and facility regarding the
4 institution of hospice and palliative care. This data
5 shall include the following information:

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

8 (B) criteria to be eligible for hospice and
9 palliative care services, both Department-wide and at
10 each institution and facility;

11 (C) a list of the types of hospice and palliative
12 care services that are offered in each institution and
13 facility. This list shall include, but is not limited
14 to, pain management, psychological counseling, peer
15 support, and chaplain services. If available, this
16 list shall also include supportive services offered to
17 family members of committed persons;

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

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

23 (F) the procedures for health care or legal staff
24 to assist committed persons in completing advance
25 directive instruments; and

26 (G) the procedures for health care providers to

1 implement advance directives for health care in each
2 institution and facility;

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

5 (A) the number of specialized staff at each
6 institution and facility, including palliative care
7 physicians, nurses, and social workers;

8 (B) the number of volunteers dedicated to hospice
9 and palliative care, separated by the following
10 categories:

11 (i) volunteers who are committed persons of
12 the Department;

13 (ii) volunteers who are not committed persons
14 of the Department; and

15 (iii) the ratio between the number of staff
16 and the number of patients in the Department's
17 hospice and palliative care programs;

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

20 (A) the annual costs associated with hospice and
21 palliative care across the Department;

22 (B) the sources of funding for hospice and
23 palliative care services; and

24 (C) the annual costs associated with hospice and
25 palliative care at each Department institution and
26 facility; and

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

4 All such data shall be anonymized to protect the privacy
5 of the committed persons involved in the hospice and
6 palliative care programs."