

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.