



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2032

Introduced 2/9/2023, by Sen. Karina Villa

SYNOPSIS AS INTRODUCED:

New Act

Creates the Illinois Strategic Action Plan for Aging Equity Act. Establishes the Strategic Action Planning Commission for Aging Equity (Commission) to be co-chaired by designees of the Governor's Office and the Department on Aging. Provides that the Commission shall be a public body consisting of members appointed by the Governor within 3 months after the effective date of the Act. Requires the Governor to consult with the President and Minority Leader of the Senate, the Speaker and Minority Leader of the House of Representatives, and the Director of Aging about appointments to the Commission to ensure: (1) members across the main Commission and its committees meet the criteria set forth under the Act; (2) the Commission's committees reflect the geographic diversity of the State and are inclusive and consist of members who reflect a diversity of age, gender, ability, race, cultural, socioeconomic, and national background; (3) the Commission includes Illinois residents aged 60 or older who represent urban, suburban, and rural areas of the State; (4) the Commission consists of specified professionals with expertise in aging, home and community-based services for older residents of Illinois, and other matters; and (5) the Commission consists of representatives from certain State agencies and departments. Requires the Commission to examine the effects, challenges, opportunities, and needs for planning related to the shifting age demographics in Illinois. Requires the Commission to adopt certain guiding principles. Contains provisions on Commission guidelines; the Commission's development of a preliminary comprehensive strategic action plan for aging equity in Illinois through the year 2035; Commission recommendations to address the long-term effects of the demographic shift on Illinois residents, State government, and the private sector; and other matters. Imposes reporting requirements on the Commission and other duties. Provides that the Commission shall dissolve on December 31, 2043. Effective immediately.

LRB103 27793 KTG 54171 b

A BILL FOR

1 AN ACT concerning State government.

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

4 Section 1. Short title. This Act may be cited as the
5 Illinois Strategic Action Plan for Aging Equity Act.

6 Section 5. Purpose. The purpose of this Act is to direct
7 the appointment of a Strategic Action Planning Commission for
8 Aging Equity co-chaired by the Governor's Office and the
9 Department on Aging to research and develop a strategic action
10 plan for aging equity that is comprehensive, cross-sectoral,
11 and long-term. A strategic action plan for aging equity could
12 draw upon Illinois' well-developed aging network developed in
13 accordance with the federal Older Americans Act, the Illinois
14 Act on the Aging, and the Older Adult Services Act, all of
15 which help older Illinoisans stay connected and stay in their
16 communities, as well as other departments of State government
17 in consideration of sectors outside of the aging network of
18 services. The established Commission will develop a strategic
19 action plan for aging equity for implementation across all of
20 Illinois State Government with support for collaboration
21 across other units of government within the state.

22 Section 10. Findings. The General Assembly finds,

1 determines, and declares the following:

2 (1) This Act is necessary for the immediate
3 preservation of the public peace, health, and safety.

4 (2) Illinois' population is aging, a trend occurring
5 in much of the United States and the world. The aging of
6 the population raises significant challenges and
7 opportunities in terms of health, social, financial, care,
8 and public systems, which affect virtually all Illinoisans
9 in varied ways.

10 (3) The aging of communities has far-reaching effects
11 on all people and all sectors. Many older Illinoisans
12 interact with, and their lives and opportunities are
13 shaped by, multiple systems and aspects of society,
14 including, but not limited to, the availability, cost, and
15 quality of: housing development and construction; health
16 and human services; parks and recreation; information
17 technology; arts and communications; public health;
18 hospitality, tourism and travel; workforce development;
19 volunteerism; business and financial planning; legal and
20 human rights; government services; education;
21 transportation; and veterans' affairs.

22 (4) Across Illinois, many people suffer hardship from
23 long-standing structural inequities such as racism, class
24 inequity, genderism, sexism, ageism, ableism, xenophobia,
25 homophobia, transphobia, and other forms of oppression.
26 These systemic inequities shape how, and whether or not,

1 individuals reach older adulthood and their quality of
2 life as they age. Health inequities exist both across and
3 within Illinois's 102 counties.

4 (5) Chronic health conditions affect 85% of older
5 Americans and 70% of persons aged 65 or older will need
6 caregiver support at some point in their older years.

7 (6) There is a great demand for paid home care
8 workers, direct support workers, and personal aide workers
9 coupled with severe worker shortages, high turnover,
10 difficult work, and often low pay.

11 (7) A 2021 report by the Department of Healthcare and
12 Family Services found that, overwhelmingly, the
13 understaffed Medicaid facilities with 3-4 persons in a
14 room where the poorest of the poor and mostly Black and
15 Brown persons resided, were the ones that experienced the
16 highest risk of infection and death from COVID-19. These
17 health inequities show the effects of structural racism
18 and class inequity intersecting with ageism, which shape
19 the degree of crowdedness and quality of nursing home
20 care.

21 (8) Health inequities are the systemic patterns of
22 differences that are unfair, unjust, and remediable. This
23 means that there is something we can do about health
24 inequities, and there is a justice and moral imperative to
25 do so. There is a need for equitable services across
26 communities with equitable and adequate funding in order

1 for Illinoisans across the State to feel supported across
2 their lifespans, including their older years.

3 (9) Coordinated action is needed across Illinois'
4 network of aging and disability advocates and providers,
5 across all sectors, policymakers, and units of government
6 to affirm the priority of the health and well-being of
7 older Illinoisans and the need for policies that promote
8 healthy aging throughout all Illinoisans' lives.

9 (10) Illinois has the unique opportunity to benefit
10 from comprehensive research, current innovation, and
11 lessons from the pandemic to identify long-term strategic
12 approaches to address current and future challenges and
13 opportunities and to better integrate current and future
14 innovative solutions that improve quality of life across
15 all communities.

16 Section 15. Legislative intent.

17 (1) It is the intent of the General Assembly that there is
18 established a multidisciplinary Strategic Action Planning
19 Commission for Aging Equity for the purpose of developing a
20 comprehensive strategic action plan for aging equity in
21 Illinois that will lead to actionable goals and measurable
22 outcomes for the years 2025 through 2037. The purpose of the
23 Strategic Action Planning Commission for Aging Equity is to
24 provide the Governor and the General Assembly with data and
25 specific recommendations regarding public actions by all State

1 agencies so that the General Assembly can address the
2 demographic shift of an aging population. This includes
3 recommended changes in policy, procedures, programs, services,
4 and resources to support equitable aging across the life
5 course.

6 (2) Recommendations put forth by the Strategic Action
7 Planning Commission for Aging Equity shall be presented to the
8 Governor and General Assembly within 2 years from the date of
9 the Commission's first meeting.

10 (3) The Strategic Action Planning Commission for Aging
11 Equity shall continue to meet regularly to ensure recommended
12 actions are taken and transparent and tangible progress is
13 being made toward initial targeted goals with measurable
14 outcomes as well as establishing new goals as data and
15 research continues to drive equity, innovation, and quality
16 measures.

17 (4) Every 12 years, the Strategic Action Planning
18 Commission for Aging Equity shall develop a new strategic
19 action plan for aging equity.

20 Section 20. Definitions. As used in this Act:

21 "Ableism" means discrimination in favor of able-bodied
22 people.

23 "Ageism" means prejudice or discrimination on the grounds
24 of a person's age.

25 "Aging equity" is both an outcome and a process. As an

1 outcome it means, aging equity is achieved when every person
2 can attain their full potential across the life course without
3 disadvantage because of social position or other socially and
4 structurally determined circumstances. As a process, aging
5 equity is a process of assurance of the conditions of optimal
6 aging for all people which requires at least 3 things: (i)
7 valuing all individuals and populations equally; (ii)
8 recognizing and rectifying historical injustices; and (iii)
9 providing resources according to need. Aging inequities will
10 be eliminated when aging equity is achieved.

11 "Aging Equity Commission" or "Commission" means the
12 Strategic Action Planning Commission for Aging Equity.

13 "Caregiver" means someone caring for a spouse or parent,
14 an extended family member, or even a friend or neighbor. A
15 caregiver provides help with transportation to medical
16 appointments, purchasing or organizing medications, monitoring
17 a person's medical condition, communicating with health care
18 professionals, advocating on a person's behalf with providers
19 or agencies, and assisting a person with getting in and out of
20 bed or a chair, getting dressed, bathing or showering, grocery
21 or other shopping, housework, preparing meals, and managing
22 finances.

23 "Class inequity" means relations of power among networked
24 and organized social groups that direct society's major
25 institutions (such as corporations and government
26 authorities), material resources, and investments. "Class

1 inequity" or "classism" is the systematic oppression of
2 subordinated class groups, held in place by attitudes that
3 rank people according to economic status, family lineage, job
4 status, level of education, and other divisions.

5 "Cultural humility" means an approach to healthcare and
6 other services that incorporates a lifelong commitment to
7 self-evaluation and self-critique, to redressing the power
8 imbalances between the providers and institutions and their
9 patients or clients and to developing mutually beneficial and
10 non-paternalistic clinical, service-based, and advocacy
11 partnerships with communities on behalf of individuals and
12 defined populations.

13 "Cultural responsiveness" means a strengths-based approach
14 to serving others rooted in respect and appreciation for the
15 role of culture in a person's understanding and development,
16 taking into account each person's strengths, abilities,
17 experiences, and interests as developed within the person's
18 family and culture.

19 "Genderism" means the systematic belief that people need
20 to conform to their gender assigned at birth in a
21 gender-binary system that includes only female and male.

22 "Historical and contemporary racism" means a system of
23 structuring opportunity and assigning value based on phenotype
24 ("race"), that unfairly disadvantages some individuals and
25 communities, unfairly advantages other individuals and
26 communities, and saps the strength of the whole society

1 through the waste of human resources.

2 "Homophobia" means dislike of or prejudice against people
3 who are LGBTQ+.

4 "Older adults" or "older persons" means persons 60 years
5 of age or older.

6 "Sexism" means prejudice or discrimination based on sex,
7 especially discrimination against women, behavior, conditions,
8 or attitudes that foster stereotypes of social roles based on
9 sex.

10 "Social determinants of health" means the conditions in
11 which people are born, grow, live, work, and age. These
12 circumstances are shaped by the distribution of money, power,
13 and resources.

14 "Structural inequities" means the personal, interpersonal,
15 institutional, and systemic drivers, such as, racism, sexism,
16 classism, ableism, xenophobia, and homophobia, that make
17 people's various identities (race and ethnicity, gender,
18 employment status, socioeconomic status, disability status,
19 immigration status, geography, and more) salient to the fair
20 distribution of health opportunities and outcomes.

21 "Transphobia" means dislike of or prejudice against
22 transgender or transsexual people.

23 "Trauma-informed systems" means systems that: (i) realize
24 the widespread impact of trauma and understand potential paths
25 for recovery; (ii) recognize signs and symptoms of trauma in
26 clients, families, staff, and others involved with the system;

1 (iii) respond by fully integrating knowledge about trauma into
2 policies, procedures, and practices; and (iv) seek to actively
3 resist re-traumatization.

4 "Xenophobia" means dislike of or prejudice against people
5 from other countries.

6 Section 25. Strategic Action Planning Commission for Aging
7 Equity.

8 (a) The Strategic Action Planning Commission for Aging
9 Equity is established and shall be co-chaired by designees of
10 the Governor's Office and the Department on Aging. The Aging
11 Equity Commission shall be a public body consisting of members
12 appointed by the Governor within 3 months after the effective
13 date of this Act. The Governor shall consult with the
14 President and Minority Leader of the Senate, the Speaker and
15 Minority Leader of the House of Representatives, and the
16 Director of Aging about appointments to the Aging Equity
17 Commission to ensure the following:

18 (1) Members across the main Aging Equity Commission
19 and its committees meet the criteria set forth in this
20 subsection. Individual members may fill multiple listed
21 knowledge areas.

22 (2) The Aging Equity Commission committees reflect the
23 geographic diversity of the State and includes members who
24 represent:

25 (A) the rural, suburban, and urban areas of the

1 State;

2 (B) the northern, central, and southern regions of
3 the State; and

4 (C) the various districts.

5 (3) The Aging Equity Commission committees are
6 inclusive and consist of members who reflect a diversity
7 of age, gender, ability, race, cultural, socioeconomic,
8 and national background.

9 (4) The Aging Equity Commission includes Illinois
10 residents aged 60 or older who represent urban, suburban,
11 and rural areas of the State.

12 (5) The Aging Equity Commission consists of the
13 following persons:

14 (A) One member with extensive professional
15 knowledge about aging.

16 (B) One member with extensive professional
17 knowledge of home and community-based services for
18 older Illinoisans.

19 (C) One member with extensive professional
20 knowledge of community-based services provided under
21 the Older Americans Act.

22 (D) One member with extensive professional
23 knowledge of health policy.

24 (E) One member with extensive professional
25 knowledge of geriatric or palliative medicine.

26 (F) Two members with extensive professional

1 knowledge of health systems.

2 (G) Two members with extensive professional
3 knowledge of affordable accessible housing.

4 (H) One member with extensive professional
5 knowledge about nursing homes.

6 (I) One member who is a health insurance policy
7 advocate with extensive professional knowledge of
8 Medicare.

9 (J) One member with extensive professional
10 knowledge about the criminal-legal system and aging.

11 (K) One member with extensive professional
12 knowledge about caregiving.

13 (L) One member with extensive professional
14 knowledge of dementia.

15 (M) One member with extensive professional
16 knowledge about disabilities.

17 (N) Two members from the Senate, both major
18 parties represented, one appointed by the President of
19 the Senate and one appointed by the Minority Leader of
20 the Senate.

21 (O) Two members from the House of Representatives,
22 both major parties represented, one appointed by the
23 Speaker of the House of Representatives and one
24 appointed by the Minority Leader of the House of
25 Representatives.

26 (6) The Aging Equity Commission consists of the heads

1 of the following agencies, offices, boards, and other
2 entities, or their designees:

3 (A) Department of Commerce and Economic
4 Opportunity.

5 (B) Department of Healthcare and Family Services.

6 (C) Department of Human Services.

7 (D) Department of Innovation and Technology.

8 (E) Department of Labor.

9 (F) Department of Public Health.

10 (G) Department of Transportation.

11 (H) Department of Veterans' Affairs.

12 (I) Department on Aging.

13 (K) Illinois Housing Development Authority.

14 (L) Illinois Emergency Management Agency.

15 (b) The Aging Equity Commission shall examine the effects,
16 challenges, opportunities, and needs for planning related to
17 the shifting age demographics toward an increasing portion of
18 the State's and localities' populations being made up of older
19 adults, including at least the following topic areas:

20 (1) Home and community-based care and healthcare.

21 (2) Transportation.

22 (3) Housing.

23 (4) Social participation.

24 (5) Outdoor spaces and buildings.

25 (6) Respect and social inclusion.

26 (7) Civic participation.

1 (8) Employment.

2 (9) Communication and information.

3 (10) The public sector as well as the broader economy,
4 workforce, community systems, businesses, and services.

5 (11) Changes in federal, State, and local tax bases,
6 revenues, budgets, fiscal policies, programs, and
7 workforce.

8 (12) Funding mechanisms for aging-related services.

9 (13) New economic opportunities for the State.

10 (14) Ways to better support unpaid family caregivers
11 in Illinois through increased services, programs,
12 policies, and funding of caregiver supports that help
13 people achieve living longer in their homes and
14 communities.

15 (c) The Aging Equity Commission shall adopt guiding
16 principles that include:

17 (1) Advancing aging equity across the life course.

18 (2) Developing cultural humility and being culturally
19 responsive with inclusive policies, programs, and
20 services.

21 (3) Being language inclusive to reach and support
22 older persons and caregivers who primarily read and speak
23 languages other than English.

24 (4) Supporting trauma-informed systems.

25 (5) Understanding the experiences of older
26 Illinoisans, caregivers, and future older Illinoisans of

1 diverse backgrounds.

2 (6) Recognizing the impact of historical and
3 contemporary racism, class inequity, ableism, genderism,
4 sexism, homophobia, transphobia, xenophobia, and other
5 structural inequities on systems, communities, families,
6 and individual Illinoisans of all ages.

7 (7) Equity and accessibility of policies, programs,
8 services, and resources for Illinoisans statewide.

9 (8) Harnessing the power of experience and knowledge
10 of older persons in communities.

11 (9) Opportunities for improved policies, programs, and
12 services that better reflect supporting the needs of
13 current and future older Illinoisans and caregivers.

14 (d) Commission guidelines.

15 (1) Anyone interested in becoming a member of one of
16 the Aging Equity Commission's committees, which may be
17 formed at the discretion of the Commission to delve deeper
18 into topics of interest to the Commission, may submit an
19 application to the Office of the Governor through the
20 online application process, to be reviewed and assigned to
21 a committee by the Commission.

22 (2) The Aging Equity Commission shall elect a chair
23 and vice-chair from among its members to coordinate the
24 Aging Equity Commission's meetings along with State agency
25 staff or contractors. Members of the Aging Equity
26 Commission shall serve without compensation. Members shall

1 serve 4-year terms. The Aging Equity Commission shall
2 establish staggered end of term dates for initial members.
3 The Governor may reappoint a member for only one
4 additional 4-year term after a member's initial term has
5 expired. In case of a vacancy, the Governor shall appoint
6 a new member in the same manner as the initial
7 appointment.

8 (3) Members of the Aging Equity Commission may remove
9 a member for cause as determined by the Aging Equity
10 Commission, if approved by a two-thirds majority of all
11 members. The Aging Equity Commission shall meet 6 times
12 each calendar year, at a minimum, with dates determined by
13 the members of the Aging Equity Commission as soon as
14 practicable after all members have been appointed to the
15 Aging Equity Commission.

16 (4) The Aging Equity Commission shall establish a
17 minimum of 5 committees to conduct planning on substantive
18 issues listed in subsection (b) for the Strategic Action
19 Plan for Aging Equity. Each committee shall consider and
20 evaluate issues related to guiding principles listed under
21 subsection (c). The committees shall include members of
22 the Aging Equity Commission and may include persons who
23 are not members of the Aging Equity Commission yet
24 represent relevant expertise. Members of the specialized
25 committees shall serve without compensation.

26 (5) Members of the committees shall include heads of

1 the following agencies, offices, boards, and other
2 entities, or their designees to ensure an
3 all-of-government approach for the strategic action plan
4 for aging equity:

5 (A) Department of Agriculture.

6 (B) Department of Commerce and Economic
7 Opportunity.

8 (C) Department of Healthcare and Family Services.

9 (D) Department of Human Rights.

10 (E) Department of Human Services.

11 (F) Department of Innovation and Technology.

12 (G) Department of Insurance.

13 (H) Department of Labor.

14 (I) Department of Natural Resources.

15 (J) Department of Public Health.

16 (K) Department of Human Services' Division of
17 Rehabilitative Services.

18 (L) Department of Revenue.

19 (M) Department of Transportation.

20 (N) Department of Veterans' Affairs.

21 (O) Department on Aging.

22 (P) Department of Corrections.

23 (Q) Department of Children and Family Services.

24 (R) Department of Financial and Professional
25 Regulation.

26 (S) Illinois Housing Development Authority.

1 (T) Office of the Illinois State Fire Marshal.

2 (U) Illinois Emergency Management Agency.

3 (V) Illinois State Board of Education.

4 (W) Illinois Board of Higher Education.

5 (X) Illinois Cognitive Support Network.

6 (Y) Illinois Council on Developmental
7 Disabilities.

8 (Z) The Governor's Office of Management and
9 Budget.

10 (AA) Department of Central Management Services.

11 (BB) Office of the Attorney General.

12 (CC) Office of the Secretary of State.

13 (DD) Office of the State Treasurer.

14 (6) Additionally, committees shall seek to include
15 individuals with the following described backgrounds and
16 expertise to engage a wide array of expertise:

17 (A) One member with extensive professional
18 knowledge of public transportation, active
19 transportation, and private transportation systems.

20 (B) One member with extensive professional
21 knowledge of urban planning, community walkability,
22 and age-friendly principles.

23 (C) One member with extensive professional
24 knowledge about labor advocacy.

25 (D) One member with extensive professional
26 knowledge in partnering education and labor needs.

1 (E) One member with extensive professional
2 knowledge in volunteerism, community connection, and
3 civic engagement of older persons.

4 (F) One member representing park districts.

5 (G) One member representing K-12 school systems.

6 (H) One member representing chambers of commerce.

7 (I) One member with extensive professional
8 knowledge of electronic communications technology.

9 (J) One member representing travel and
10 hospitality.

11 (K) One member representing a philanthropic
12 foundation.

13 (L) one member with extensive background in
14 advocacy for unpaid family caregivers in both
15 long-term care facilities and home services.

16 (7) The Aging Equity Commission shall establish and
17 regularly engage with an Aging Equity Advisory Committee
18 which consists of the State demographer and subject matter
19 experts from local governmental and nongovernmental
20 organizations to advise, inform, and assist the Aging
21 Equity Commission.

22 (8) The Aging Equity Commission shall exercise its
23 powers and perform its duties and functions as specified
24 under this Act independently of the State agencies. The
25 Aging Equity Commission may establish bylaws as
26 appropriate for its effective operation. The chair of the

1 Aging Equity Commission shall establish a schedule for
2 Aging Equity Commission meetings. Members of the Aging
3 Equity Commission, staff, and consultants are not liable
4 for an act or omission in their official capacity
5 performed in good faith in accordance with this Act.

6 Section 30. Duties of the Strategic Action Aging Equity
7 Commission for Aging Equity.

8 (a) The Aging Equity Commission shall develop a
9 preliminary comprehensive strategic action plan for aging
10 equity in Illinois through the year 2035 to be completed
11 within 18 months of commencement of the Aging Equity
12 Commission. A 2-month public comment period shall be included
13 and the strategic action plan for aging equity shall be
14 finalized within 2 years from the commencement of the Aging
15 Equity Commission.

16 (b) In developing the strategic action plan for aging
17 equity, the Aging Equity Commission shall review and
18 incorporate past recommendations and findings from previous
19 studies and commissions, task forces, departments, and area
20 agencies on aging that the Aging Equity Commission considers
21 relevant and necessary to its duties. Previous recommendations
22 must be reviewed in conjunction with the latest demographic
23 and economic projections specified in the analysis conducted.
24 The strategic action plan must address at least the following
25 3 areas:

1 (1) Demographic, economic, fiscal, and budget data
2 analysis through the year 2040.

3 (2) Actionable recommendations.

4 (3) Plans for periodic updates to the strategic action
5 plan.

6 Section 35. Actionable recommendations. Aging Equity
7 Commission recommendations shall be responsive to the
8 following at a minimum:

9 (1) Potential and recommended actions to address the
10 long-term effects of the demographic shift on Illinois
11 residents, State government, and the private sector.

12 (2) Potential and recommended actions to strengthen
13 and improve service infrastructure for and the quality,
14 staffing, accessibility, and availability of long-term
15 services and supports to better enable older persons to
16 remain in their homes and communities according to their
17 wishes (to age-in-place).

18 (3) Potential and recommended actions to enhance
19 access to services and public education on opportunities,
20 challenges, resources, and topics for older Illinoisans
21 and caregivers.

22 (4) Potential and recommended actions to improve
23 caregiver supports and mitigate both the financial and
24 nonfinancial impacts of caregiving on patients,
25 caregivers, businesses, and the State.

1 (5) Potential and recommended actions to improve
2 financial security and retirement preparation for the
3 older adult population.

4 (6) Potential and recommended actions to improve the
5 accessibility and sustainability of healthy, safe,
6 affordable, accessible, and non-segregated housing.

7 (7) Potential and recommended actions to improve the
8 accessibility and sustainability of affordable
9 transportation services.

10 (8) Potential and recommended actions to reduce
11 administrative and service delivery costs of public and
12 private long-term services and supports while improving
13 service quality.

14 (9) Administrative and regulatory reforms needed to
15 more cost-effectively organize State agencies to implement
16 statewide programs and services.

17 (10) Possible legislation for consideration by the
18 General Assembly needed to implement the Aging Equity
19 Commission's recommendations and achieve its stated goals.

20 (11) Possible regulatory and administrative changes to
21 be offered to State departments needed to implement the
22 Aging Equity Commission's recommendations and achieve its
23 stated goals.

24 (12) Private sector potential and recommended actions
25 for quality long-term care, services, and supports that
26 are accessible, equitable, and meet cultural and

1 linguistic needs.

2 (13) Potential and recommended actions to extend and
3 improve other services and supports that would support
4 individuals' abilities to remain in their homes and
5 communities for as long as possible.

6 (14) Potential and recommended actions to make
7 Illinois an age-friendly state.

8 (15) Potential and recommended actions to support
9 health equity as it relates to advancing aging equity.

10 (16) Projections on the economic, fiscal, and
11 population impacts of implementing or not implementing the
12 recommendations.

13 Section 40. Reporting.

14 (a) During the 2024 and 2025 legislative sessions, the
15 Aging Equity Commission shall submit an oral and written
16 report summarizing its work and any preliminary findings or
17 recommendations to the joint budget committee and the General
18 Assembly.

19 (b) Within 2 years of commencement, the Aging Equity
20 Commission shall submit to the Governor, the General Assembly,
21 and any affected State agency its strategic action plan
22 detailing the work of the Aging Equity Commission and its
23 final recommendations.

24 (c) If the strategic action plan identifies programs,
25 services, projects, policies, or procedures that would result

1 in cost savings, without adversely affecting the quality of
2 care and services, and do not require legislation, the
3 Governor and the associated State agencies must pursue the
4 necessary actions to implement the recommendations, including,
5 as necessary, requesting adequate funding through the State
6 budget process.

7 (d) If the strategic action plan identifies programs,
8 services, projects, policies, or procedures that would result
9 in cost savings, without adversely affecting the quality of
10 care and services, that require legislation, the Aging Equity
11 Commission shall recommend legislation to implement the
12 changes to the General Assembly. In its plan, the Aging Equity
13 Commission shall specify the laws and the policies and
14 procedures of the relevant State agencies that need to be
15 created, amended, or repealed to implement the
16 recommendations.

17 Section 45. Strategic plan updates and oversight.

18 (a) The Aging Equity Commission shall submit updates to
19 the strategic action plan every 4 years, to update the Aging
20 Equity Commission's analysis and recommendations.

21 (1) These updates shall include new economic and
22 demographic data as well as respond to new State and
23 national public and private initiatives and must address a
24 time period for analysis and recommendation that extends
25 15 years after the delivery of the update.

1 (2) The process for creating these updates shall be
2 determined by the Aging Equity Commission as part of its
3 strategic action plan.

4 (3) New legislative or regulatory recommendations may
5 be offered in order to address new or changing
6 circumstances.

7 (b) The Aging Equity Commission shall be subject to the
8 Open Meetings Act and take measures to ensure transparency to
9 the public, the General Assembly, and to stakeholders in
10 planning, goal setting, action steps, and reporting on
11 successful implementation and outcomes. The Commission shall
12 ensure documents regarding proceedings are available on an
13 appropriate State website.

14 (c) After the initial development of the plan, the Aging
15 Equity Commission's plan updates shall list areas in which the
16 plan is not being implemented or followed.

17 (d) The initial Aging Equity Commission shall determine
18 the staffing and process for updating the initial strategic
19 action plan. The Aging Equity Commission shall only undertake
20 the plan updates if sufficient funding is secured through
21 appropriations, grants, or donations.

22 Section 50. Repeal. The Aging Equity Commission is
23 dissolved, and this Act is repealed, on December 31, 2043.

24 Section 99. Effective date. This Act takes effect upon
25 becoming law.