



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB5698

Introduced 2/17/2022, by Rep. Kambium Buckner

SYNOPSIS AS INTRODUCED:

New Act

Creates the Illinois Strategic Action Plan for Aging Equity Act. Provides that the purpose of the Act is to appoint a planning commission to research and develop a comprehensive, cross-sector, long-term strategic action plan for aging equity that will lead to actionable goals and measurable outcomes for the years 2023 through 2035. Establishes the Strategic Action Planning Commission for Aging Equity. Provides that the planning commission shall be made up of State agency directors and appointed elected officials or their designees as ex officio members, and a group of voting individuals from the general public. Provides that the planning commission shall examine the effects, challenges, opportunities, and needs for planning related to the shifting age demographics toward an increasing portion of the State's and localities' populations being made up of older adults. Requires the planning commission to adopt guiding principles that include, but are not limited to: (i) advancing aging equity across the life course; (ii) developing cultural humility and being culturally responsive with inclusive policies, programs, and services; and (iii) harnessing the power of experience and knowledge of older persons in communities. Requires the Governor to appoint members to the planning commission within 3 months after the effective date of the amendatory Act; and 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 member appointments to ensure that (1) the planning commission reflects the geographic diversity of the State; (2) the planning commission is inclusive and consists of members who reflect a diversity of age, gender, ability, race, cultural, socioeconomic, and national background; (3) the planning commission includes Illinois residents age 60 or older; and other matters. Contains provisions on the composition of the planning commission; commission meetings; the commission's authority to establish a subcommittee; the establishment of an advisory committee; duties of the planning commission; data analysis; planning commission recommendations and reporting requirements; and other matters. Effective immediately.

LRB102 26263 KTG 36149 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 planning commission co-chaired by the
8 Governor's Office and the Department on Aging to research and
9 develop a comprehensive, cross-sector, long-term strategic
10 action plan for aging equity. A strategic action plan for
11 aging equity could draw upon Illinois' well-developed aging
12 network developed in accordance with the federal Older
13 Americans Act, the Illinois Act on the Aging, and the Older
14 Adult Services Act, all of which help older Illinoisans stay
15 connected and stay in their communities. With decades of
16 support for aging issues from the General Assembly, the
17 Department on Aging and its Aging Network staff, and aging
18 advocates, Illinois will develop, adopt, and implement a
19 strategic action plan for aging equity on a strong foundation.

20 Section 10. Findings. The General Assembly finds,
21 determines, and declares the following:

22 (1) This Act is necessary for the immediate

1 preservation of the public peace, health, and safety.

2 (2) Illinois' population is aging. Like the rest of
3 the United States and the world, Illinois is experiencing
4 a shift in the age demographics of its population. The
5 baby boomer generation is getting older; longevity is
6 increasing for many as well as the health, social,
7 financial, and other needs that come with it. The
8 migration of families and older persons out of Illinois
9 has also increased and the State is experiencing
10 historically low birthrates. All of these social changes
11 have contributed to Illinois' population shrinking.

12 (3) As Illinois' population shrinks, the State
13 continues to depend more on State or local funding for
14 older adult services as federal funding provided under the
15 Older Americans Act is tied to population numbers.

16 (4) State taxation leans heavily on income taxes. With
17 a growing percentage of people in older adulthood, new
18 fiscal challenges will likely require changes to how
19 Illinois generates revenue.

20 (5) The aging of communities has far-reaching effects
21 on all people and all sectors. As of 2019, the 60 and older
22 age group represented 21% of Illinois' total population,
23 with 10% of Illinois' 102 counties having more than 30% of
24 their population aged 60 or older, particularly rural
25 agricultural counties. Statewide, 11% of Illinois' older
26 persons are veterans.

1 (6) Many older Illinoisans interact with, and their
2 lives and opportunities are shaped by, multiple systems
3 and aspects of society, including, but not limited to,
4 housing development and construction; health and human
5 services; parks and recreation; information technology;
6 arts and communications; public health; hospitality,
7 tourism and travel; workforce development; volunteerism;
8 business and financial planning; legal and human rights;
9 government services; education; transportation; and
10 veterans' affairs.

11 (7) Across Illinois, many people are suffering from
12 long-standing structural inequities such as racism, class
13 inequity, genderism, sexism, ageism, ableism, xenophobia,
14 homophobia, transphobia, and other forms of oppression all
15 of which shape how, and whether or not, individuals reach
16 older adulthood and their quality of life as they age. The
17 life expectancy across and within the 102 counties in
18 Illinois varies significantly, with 20% of counties
19 experiencing a life expectancy of less than 70 years.
20 Significant life expectancy and other health inequities
21 exist both within and across counties.

22 (8) Chronic health conditions impact 85% of older
23 Americans and 70% of persons aged 65 or older will need
24 caregiver support at some point in their older years.

25 (9) There is a great demand for paid home care
26 workers, direct support workers, and personal aide workers

1 coupled with severe worker shortages, high turnover,
2 difficult work, and often low pay. Older Black and Brown
3 women make up much of this workforce, and the undervaluing
4 and underpaying of this labor is rooted in racism, sexism,
5 and class inequity. Due to worker shortages in all areas
6 of the State, contracted agencies are unable to fulfill
7 the care plans of persons enrolled in the State's Home and
8 Community Based Services Waiver Programs which are
9 designed to prevent the unnecessary institutionalization
10 of persons in need of long-term care services. Worker
11 shortages are also impacting the care management agencies
12 that determine eligibility for these services.

13 (10) Of the 28,804 Illinoisans who died from COVID-19
14 as of January 2022, 36.7% were persons of color and 86.2%
15 were persons aged 60 or older. As of August 2021, 43% of
16 all Illinois COVID-19 deaths were nursing home-related,
17 with significant health inequities. With vaccines and
18 boosters in place, as of January 2022, nursing
19 home-related deaths account for 26% of all COVID-19 deaths
20 in Illinois.

21 (11) A 2021 report by the Department of Healthcare and
22 Family Services found that, overwhelmingly, the
23 understaffed Medicaid facilities with 3-4 persons in a
24 room where the poorest of the poor and mostly Black and
25 Brown persons resided, were the ones that experienced the
26 highest risk of infection and death. These health

1 inequities show the effects of structural racism and class
2 inequity intersecting with ageism, as well as the effect
3 of crowded and low-quality nursing home care.

4 (12) Health inequities are the systemic patterns of
5 differences that are unfair, unjust, and remediable,
6 meaning that there is something we can do about them, and
7 there is a justice and moral imperative to do so.

8 (13) There is a need for equitable services across
9 communities with equitable and adequate funding in order
10 for Illinoisans across the State to feel supported across
11 their lifespans, including their older years.

12 (14) Coordinated action is needed across Illinois'
13 network of aging and disability advocates and providers,
14 cross-sector leaders, policymakers, and units of local
15 government to affirm the priority of the health and
16 well-being of older Illinoisans and the need for policies
17 that promote healthy aging.

18 (15) There are many opportunities for Illinois to meet
19 the needs of its residents as they get older.

20 (16) Illinois has the unique opportunity to benefit
21 from comprehensive research, current innovation, and
22 lessons from the pandemic to identify long-term strategic
23 approaches to address current and future challenges and
24 opportunities and better integrate current and future
25 innovative solutions that improve quality across all
26 communities.

1 Section 15. Legislative intent.

2 (1) It is the intent of the General Assembly that there is
3 established a multidisciplinary Strategic Action Planning
4 Commission for Aging Equity for the purpose of developing a
5 comprehensive strategic action plan for aging equity in
6 Illinois that will lead to actionable goals and measurable
7 outcomes for the years 2023 through 2035. The purpose of the
8 Strategic Action Planning Commission for Aging Equity is to
9 provide the Governor and the General Assembly with data and
10 specific recommendations regarding public actions by all State
11 agencies so that the General Assembly can address the
12 demographic shift of an aging population. This includes
13 recommended changes in policy, procedures, programs, services,
14 projects, and resources to support equitable aging across the
15 life course.

16 (2) Recommendations put forth by the Strategic Action
17 Planning Commission for Aging Equity will be presented to the
18 Governor and General Assembly within 2 years from the date of
19 the planning commission's first meeting.

20 (3) The Strategic Action Planning Commission for Aging
21 Equity will continue to meet regularly to ensure recommended
22 actions are taken and transparent and tangible progress is
23 being made toward initial targeted goals with measurable
24 outcomes as well as establishing new goals as data and
25 research continues to drive equity, innovation, and quality

1 measures.

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

3 (1) "Ableism" means discrimination in favor of able-bodied
4 people.

5 (2) "Ageism" means prejudice or discrimination on the
6 grounds of a person's age.

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

18 (4) "Caregiver" means someone caring for a spouse or
19 parent, an extended family member, or even a friend or
20 neighbor. A caregiver provides help with transportation to
21 medical appointments, purchasing or organizing medications,
22 monitoring a person's medical condition, communicating with
23 health care professionals, advocating on a person's behalf
24 with providers or agencies, and assisting a person with
25 getting in and out of bed or a chair, getting dressed, bathing

1 or showering, grocery or other shopping, housework, preparing
2 meals, and managing finances.

3 (5) "Class inequity" means relations of power among
4 networked and organized social groups that direct society's
5 major institutions (such as corporations and government
6 authorities), material resources, and investments. "Class
7 inequity" or "classism" is the systematic oppression of
8 subordinated class groups, held in place by attitudes that
9 rank people according to economic status, family lineage, job
10 status, level of education, and other divisions.

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

19 (7) "Cultural responsiveness" means a strengths-based
20 approach to serving others rooted in respect and appreciation
21 for the role of culture in a person's understanding and
22 development, taking into account each person's strengths,
23 abilities, experiences, and interests as developed within the
24 person's family and culture.

25 (8) "Genderism" means the systematic belief that people
26 need to conform to their gender assigned at birth in a

1 gender-binary system that includes only female and male.

2 (9) "Historical and contemporary racism" means a system of
3 structuring opportunity and assigning value based on phenotype
4 ("race"), that unfairly disadvantages some individuals and
5 communities, unfairly advantages other individuals and
6 communities, and saps the strength of the whole society
7 through the waste of human resources.

8 (10) "Homophobia" means dislike of or prejudice against
9 people who are LGBTQ+.

10 (11) "Older adults" or "older persons" means persons 60
11 years of age or older.

12 (12) "Planning commission" means the Strategic Action
13 Planning Commission for Aging Equity.

14 (13) "Sexism" means prejudice or discrimination based on
15 sex, especially discrimination against women, behavior,
16 conditions, or attitudes that foster stereotypes of social
17 roles based on sex.

18 (14) "Social determinants of health" means the conditions
19 in which people are born, grow, live, work, and age. These
20 circumstances are shaped by the distribution of money, power,
21 and resources.

22 (15) "Structural inequities" means the personal,
23 interpersonal, institutional, and systemic drivers, such as,
24 racism, sexism, classism, ableism, xenophobia, and homophobia,
25 that make people's various identities (race and ethnicity,
26 gender, employment status, socioeconomic status, disability

1 status, immigration status, geography, and more) salient to
2 the fair distribution of health opportunities and outcomes.

3 (16) "Transphobia" means dislike of or prejudice against
4 transgender or transsexual people.

5 (17) "Trauma-informed systems" means systems that: (i)
6 realize the widespread impact of trauma and understand
7 potential paths for recovery; (ii) recognize signs and
8 symptoms of trauma in clients, families, staff, and others
9 involved with the system; (iii) respond by fully integrating
10 knowledge about trauma into policies, procedures, and
11 practices; and (iv) seek to actively resist re-traumatization.

12 (18) "Xenophobia" means dislike of or prejudice against
13 people from other countries.

14 Section 25. Strategic Action Planning Commission for Aging
15 Equity.

16 (a) The Strategic Action Planning Commission for Aging
17 Equity is established and shall be co-chaired by the
18 Governor's Office and the Department on Aging. The planning
19 commission shall be made up of State agency directors and
20 appointed elected officials or their designees as ex officio
21 members, and a group of voting individuals from the general
22 public, as outlined in subsection (d), and shall host a
23 monthly open meeting with an aging equity advisory committee.

24 (b) The planning commission shall examine the effects,
25 challenges, opportunities, and needs for planning related to

1 the shifting age demographics toward an increasing portion of
2 the State's and localities' populations being made up of older
3 adults, including at least:

4 (1) Community and healthcare.

5 (2) Transportation.

6 (3) Housing.

7 (4) Social participation.

8 (5) Outdoor spaces and buildings.

9 (6) Respect and social inclusion.

10 (7) Civic participation and employment.

11 (8) Communication and information.

12 (9) The public sector as well as the broader economy,
13 workforce, community systems, businesses, and services.

14 (10) Changes in federal, State, and local tax bases,
15 revenues, budgets, fiscal policies, programs, and
16 workforce.

17 (11) Funding mechanisms for aging-related services.

18 (12) New economic opportunities for the State.

19 (c) The planning commission shall adopt guiding principles
20 that include:

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

22 (2) Developing cultural humility and being culturally
23 responsive with inclusive policies, programs, and
24 services.

25 (3) Being language inclusive to reach and support
26 older persons and caregivers who primarily read and speak

1 languages other than English.

2 (4) Supporting trauma-informed systems.

3 (5) Understanding the experiences of older
4 Illinoisans, caregivers, and future older Illinoisans of
5 diverse backgrounds.

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

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

13 (8) Harnessing the power of experience and knowledge
14 of older persons in communities.

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

18 (d) The planning commission shall be a public body
19 consisting of members appointed by the Governor within 3
20 months after the effective date of this Act. The Governor
21 shall consult with the President and Minority Leader of the
22 Senate, the Speaker and Minority Leader of the House of
23 Representatives, and the Director of Aging about appointments
24 to the planning commission to ensure the following:

25 (1) Members meet the criteria set forth in this
26 subsection. Members may fill multiple roles.

1 (2) The planning commission reflects the geographic
2 diversity of the State and includes members who represent
3 (i) the rural, suburban, and urban areas of the State,
4 (ii) the northern, central, and southern regions of the
5 State, and (iii) the various districts.

6 (3) The planning commission is inclusive and consists
7 of members who reflect a diversity of age, gender,
8 ability, race, cultural, socioeconomic, and national
9 background.

10 (4) The planning commission includes Illinois
11 residents aged 60 or older who represent urban, suburban,
12 and rural areas of the State.

13 (5) The planning commission consists of the following
14 persons:

15 (i) One member with extensive professional
16 knowledge about aging.

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

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

23 (iv) One member with extensive professional
24 knowledge of health policy.

25 (v) One member with extensive professional
26 knowledge of geriatric or palliative medicine.

1 (vi) Two members with extensive professional
2 knowledge of health systems.

3 (vii) Two members with extensive professional
4 knowledge of affordable accessible housing.

5 (viii) One member with extensive professional
6 knowledge of public transportation, active
7 transportation, and private transportation systems.

8 (ix) One member with extensive professional
9 knowledge of urban planning, community walkability,
10 and age-friendly principles.

11 (x) One member with extensive professional
12 knowledge about nursing homes.

13 (xi) One member who is a health insurance policy
14 advocate with extensive professional knowledge of
15 Medicare.

16 (xii) One member with extensive professional
17 knowledge about labor advocacy.

18 (xiii) One member with extensive professional
19 knowledge about the criminal-legal system and aging.

20 (xiv) One member with extensive professional
21 knowledge about caregiving.

22 (xv) One member with extensive professional
23 knowledge of dementia.

24 (xvi) One member with extensive professional
25 knowledge about disabilities.

26 (xvii) One member with extensive professional

1 knowledge in partnering education and labor needs.

2 (xviii) One member with extensive professional
3 knowledge in volunteerism, community connecting, and
4 civic engagement of older persons.

5 (xix) One member representing park districts.

6 (xx) One member representing school systems.

7 (xxi) One member representing chambers of
8 commerce.

9 (xxii) One member with extensive professional
10 knowledge of electronic communications technology.

11 (xxiii) One member representing travel and
12 hospitality.

13 (xxiv) One member representing a philanthropic
14 foundation.

15 (xxv) Two members from the Senate, both major
16 parties represented, one appointed by the President of
17 the Senate and one appointed by the Minority Leader of
18 the Senate.

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

24 (6) The planning commission consists of the heads of
25 the following agencies, offices, boards, and other
26 entities, or their designees:

- 1 (i) Department of Agriculture.
- 2 (ii) Department of Commerce and Economic
3 Opportunity.
- 4 (iii) Department of Healthcare and Family
5 Services.
- 6 (iv) Department of Human Rights.
- 7 (v) Department of Human Services.
- 8 (vi) Department of Innovation and Technology.
- 9 (vii) Department of Insurance.
- 10 (viii) Department of Labor.
- 11 (ix) Department of Natural Resources.
- 12 (x) Department of Public Health.
- 13 (xi) Department of Human Services' Division of
14 Rehabilitative Services.
- 15 (xii) Department of Revenue.
- 16 (xiii) Department of Transportation.
- 17 (xiv) Department of Veterans' Affairs.
- 18 (xv) Department on Aging.
- 19 (xvi) Department of Corrections.
- 20 (xvii) Department of Children and Family Services.
- 21 (xviii) Department of Financial and Professional
22 Regulation.
- 23 (xix) Illinois Housing Development Authority.
- 24 (xx) Office of the Illinois State Fire Marshal.
- 25 (xxi) Illinois Emergency Management Agency.
- 26 (xxii) Illinois State Board of Education.

- 1 (xxiii) Illinois Community College Board.
2 (xxiv) Illinois Board of Higher Education.
3 (xxv) Illinois State Police.
4 (xxvi) Illinois Cognitive Support Network.
5 (xxvii) Illinois Council on Developmental
6 Disabilities.
7 (xxviii) Illinois Finance Authority.
8 (xxix) The Governor's Office of Management and
9 Budget.
10 (xxx) Department of Central Management Services.
11 (xxxi) Office of the Attorney General.
12 (xxxii) Office of the Secretary of State.
13 (xxxiii) Office of the State Treasurer.

14 (e) Anyone interested in becoming a member of the planning
15 commission may submit an application to the Office of the
16 Governor through the online application process.

17 (f) The planning commission shall elect a chair and
18 vice-chair from among its members to coordinate the planning
19 commission's meetings along with State agency staff or
20 contractors. Members of the planning commission shall serve
21 without compensation. Members shall serve 4-year terms. The
22 planning commission shall establish staggered end of term
23 dates of initial members. The Governor may reappoint a member
24 for only one additional 4-year term after a member's initial
25 term has expired. In case of a vacancy, the Governor shall
26 appoint a new member in the same manner as the initial

1 appointment.

2 (g) Members of the planning commission may remove a member
3 for cause as determined by the planning commission, if
4 approved by a two-thirds majority of all members. The planning
5 commission shall meet 6 times each calendar year, at a
6 minimum, with dates determined by the members of the planning
7 commission as soon as practicable after all members have been
8 appointed to the planning commission.

9 (h) The planning commission may establish subcommittees.
10 Each subcommittee shall consider and evaluate issues related
11 to guiding principles listed under subsection (c). The
12 subcommittees may include persons who are not members of the
13 planning commission yet represent relevant expertise not
14 otherwise represented on the planning commission. Members of
15 the specialized subcommittee shall serve without compensation.

16 (i) The planning commission shall establish an aging
17 equity advisory committee which shall consist of the State
18 demographer and subject matter experts from local governmental
19 and nongovernmental organizations to advise and assist the
20 planning commission.

21 (j) The planning commission shall exercise its powers and
22 perform its duties and functions as specified under this Act
23 independently of the State agencies. The planning commission
24 may establish bylaws as appropriate for its effective
25 operation. The chair of the planning commission shall
26 establish a schedule for planning commission meetings. Members

1 of the planning commission, staff, and consultants are not
2 liable for an act or omission in their official capacity
3 performed in good faith in accordance with this Act.

4 Section 30. Duties of the Strategic Action Planning
5 Commission for Aging Equity.

6 (a) The planning commission shall develop a preliminary
7 comprehensive strategic action plan for aging in Illinois
8 through the year 2035 to be completed within 18 months of
9 commencement of the planning commission. A 2-month comment
10 period shall be included and then a final strategic action
11 plan for aging shall be developed within 2 years from the
12 commencement of the planning commission.

13 (b) In developing the strategic action plan, the planning
14 commission shall review and incorporate past recommendations
15 and findings from previous studies and commissions, task
16 forces, departments, and area agencies on aging that the
17 planning commission considers relevant and necessary to its
18 duties. Previous recommendations must be reviewed in
19 conjunction with the latest demographic and economic
20 projections specified in the analysis conducted in accordance
21 with Section 30.

22 (c) The strategic action plan must address at least the
23 following 3 areas:

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

- 1 (2) Actionable recommendations.
- 2 (3) Plans for periodic updates to the strategic action
- 3 plan.

4 Section 35. Data analysis. The Strategic Action Planning

5 Commission for Aging Equity shall include data analysis that

6 is inclusive of, but not limited to, the following areas:

- 7 (1) Community and healthcare.
- 8 (2) Transportation.
- 9 (3) Housing.
- 10 (4) Social participation.
- 11 (5) Outdoor spaces and buildings.
- 12 (6) Respect and social inclusion.
- 13 (7) Civic participation and employment.
- 14 (8) Communication and information.
- 15 (9) Retirement savings gaps and retirement security
- 16 for the State's current and future older adult
- 17 populations.

18 Section 40. Actionable recommendations. Planning

19 commission recommendations shall include the following at a

20 minimum:

- 21 (1) Potential and recommended actions to address the
- 22 long-term effects of the demographic shift on Illinois
- 23 residents, State government, and the private sector,
- 24 including disproportional regional demographic shifts in

1 older adult populations.

2 (2) Potential and recommended actions to strengthen
3 and improve service infrastructure for and the quality,
4 staffing, accessibility, and availability of long-term
5 services and supports to better enable the services and
6 supports to meet future demand.

7 (3) Potential and recommended actions to enhance
8 access to services and public education on opportunities,
9 challenges, resources, and topics for older Illinoisans
10 and caregivers.

11 (4) Potential and recommended actions to improve
12 caregiver supports and mitigate both the financial and
13 nonfinancial impacts of caregiving on patients,
14 caregivers, businesses, and the State.

15 (5) Potential and recommended actions to improve
16 financial security and retirement preparation for the
17 older adult population.

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

21 (7) Potential and recommended actions to improve the
22 accessibility and sustainability of affordable
23 transportation services.

24 (8) Potential and recommended actions to reduce
25 administrative and service delivery costs of public and
26 private long-term services and supports while improving

1 service quality.

2 (9) Administrative and regulatory reforms needed to
3 more cost-effectively organize State agencies to implement
4 statewide programs and services.

5 (10) Possible legislation for consideration by the
6 General Assembly in order to implement the planning
7 commission's recommendations and achieve its stated goals.

8 (11) Possible regulatory and administrative changes to
9 be offered to State departments in order to implement the
10 planning commission's recommendations and achieve its
11 stated goals.

12 (12) Private sector potential and recommended actions
13 for quality long-term care, services, and supports that
14 are accessible, equitable, and meet cultural and
15 linguistic needs.

16 (13) Potential and recommended actions to extend and
17 improve other services and supports that would allow
18 individuals to remain in their residences and communities
19 for as long as possible.

20 (14) Potential and recommended actions to improve
21 migration of college students, professionals, families,
22 and retirees from outside of the State to communities
23 across Illinois.

24 (15) Potential and recommended actions to make
25 Illinois an age-friendly State.

26 (16) Potential and recommended actions to support

1 health equity as it relates to advancing aging equity.

2 (17) Projections on the economic, fiscal, and personal
3 impacts of implementing or not implementing the
4 recommendations.

5 Section 45. Reporting.

6 (a) During the 2023 and 2024 legislative sessions, the
7 planning commission shall submit an oral and written report
8 summarizing its work and any preliminary findings or
9 recommendations to the joint budget committee and the General
10 Assembly.

11 (b) Within 2 years of commencement, the planning
12 commission shall submit to the Governor, the General Assembly,
13 and any affected State agency its strategic action plan
14 detailing the work of the planning commission and its final
15 recommendations.

16 (c) If the strategic action plan identifies programs,
17 services, projects, policies, or procedures that would result
18 in cost savings, without adversely affecting the quality of
19 care and services, and do not require legislation, the
20 Governor and the associated State agencies must pursue the
21 necessary actions to implement the recommendations, including,
22 as necessary, requesting adequate funding through the State
23 budget process.

24 (d) 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, that require legislation, the planning
3 commission shall recommend legislation to implement the
4 changes to the General Assembly. In its plan, the planning
5 commission shall specify the laws and the policies and
6 procedures of the relevant State agencies that need to be
7 created, amended, or repealed to implement the
8 recommendations.

9 Section 50. Strategic plan updates and oversight.

10 (a) The planning commission shall submit updates to the
11 strategic action plan every 4 years, to update the planning
12 commission's analysis and recommendations.

13 (1) These updates shall include new economic and
14 demographic data as well as respond to new State and
15 national public and private initiatives and must address a
16 time period for analysis and recommendation that extends
17 15 years after the delivery of the update.

18 (2) The process for creating these updates shall be
19 determined by the planning commission as part of its
20 strategic action plan.

21 (3) New legislative or regulatory recommendations may
22 be offered in order to address new or changing
23 circumstances.

24 (b) The planning commission shall take measures to ensure
25 transparency to the public, the General Assembly, and to

1 stakeholders in planning, goal setting, action steps, and
2 reporting on successful implementation and outcomes such as by
3 adhering to the Open Meetings Act and ensuring documents
4 regarding proceedings are posted, organized, and maintained on
5 an appropriate State website.

6 (c) After the initial development of the plan, the
7 planning commission's plan updates shall list areas in which
8 the plan is not being implemented or followed.

9 (d) The initial planning commission shall determine the
10 staffing and process for updating the initial strategic action
11 plan. The planning commission shall only undertake the plan
12 updates if sufficient funding is secured through
13 appropriations, gifts, grants, or donations.

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.