



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB1237

Introduced 1/31/2023, by Rep. Kam Buckner, Joyce Mason and Dagmara Avelar

#### 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 2024 through 2036. 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.

LRB103 05760 KTG 50780 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 2024 through 2036. 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 2036 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 2041.

- 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 2024 and 2025 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.