



Rep. Kam Buckner

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1 AMENDMENT TO HOUSE BILL 1237

2 AMENDMENT NO. _____. Amend House Bill 1237 by replacing
3 everything after the enacting clause with the following:

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

1 in consideration of sectors outside of the aging network of
2 services. The established Commission will develop a strategic
3 action plan for aging equity for implementation across all of
4 Illinois State Government with support for collaboration
5 across other units of government within the state.

6 Section 10. Findings. The General Assembly finds,
7 determines, and declares the following:

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

10 (2) Illinois' population is aging, a trend occurring
11 in much of the United States and the world. The aging of
12 the population raises significant challenges and
13 opportunities in terms of health, social, financial, care,
14 and public systems, which affect virtually all Illinoisans
15 in varied ways.

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

1 human rights; government services; education;
2 transportation; and veterans' affairs.

3 (4) Across Illinois, many people suffer hardship from
4 long-standing structural inequities such as racism, class
5 inequity, genderism, sexism, ageism, ableism, xenophobia,
6 homophobia, transphobia, and other forms of oppression.
7 These systemic inequities shape how, and whether or not,
8 individuals reach older adulthood and their quality of
9 life as they age. Health inequities exist both across and
10 within Illinois's 102 counties.

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

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

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

1 care.

2 (8) Health inequities are the systemic patterns of
3 differences that are unfair, unjust, and remediable. This
4 means that there is something we can do about health
5 inequities, and there is a justice and moral imperative to
6 do so. There is a need for equitable services across
7 communities with equitable and adequate funding in order
8 for Illinoisans across the State to feel supported across
9 their lifespans, including their older years.

10 (9) Coordinated action is needed across Illinois'
11 network of aging and disability advocates and providers,
12 across all sectors, policymakers, and units of government
13 to affirm the priority of the health and well-being of
14 older Illinoisans and the need for policies that promote
15 healthy aging throughout all Illinoisans' lives.

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

23 Section 15. Legislative intent.

24 (1) It is the intent of the General Assembly that there is
25 established a multidisciplinary Strategic Action Planning

1 Commission for Aging Equity for the purpose of developing a
2 comprehensive strategic action plan for aging equity in
3 Illinois that will lead to actionable goals and measurable
4 outcomes for the years 2025 through 2037. The purpose of the
5 Strategic Action Planning Commission for Aging Equity is to
6 provide the Governor and the General Assembly with data and
7 specific recommendations regarding public actions by all State
8 agencies so that the General Assembly can address the
9 demographic shift of an aging population. This includes
10 recommended changes in policy, procedures, programs, services,
11 and resources to support equitable aging across the life
12 course.

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

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

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

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

2 "Ableism" means discrimination in favor of able-bodied
3 people.

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

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

17 "Aging Equity Commission" or "Commission" means the
18 Strategic Action Planning Commission for Aging Equity.

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

1 bed or a chair, getting dressed, bathing or showering, grocery
2 or other shopping, housework, preparing meals, and managing
3 finances.

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

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

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

26 "Genderism" means the systematic belief that people need

1 to conform to their gender assigned at birth in a
2 gender-binary system that includes only female and male.

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

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

11 "Older adults" or "older persons" means persons 60 years
12 of age or older.

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

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

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

1 distribution of health opportunities and outcomes.

2 "Transphobia" means dislike of or prejudice against
3 transgender or transsexual people.

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

11 "Xenophobia" means dislike of or prejudice against people
12 from other countries.

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

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

25 (1) Members across the main Aging Equity Commission

1 and its committees meet the criteria set forth in this
2 subsection. Individual members may fill multiple listed
3 knowledge areas.

4 (2) The Aging Equity Commission committees reflect the
5 geographic diversity of the State and includes members who
6 represent:

7 (A) the rural, suburban, and urban areas of the
8 State;

9 (B) the northern, central, and southern regions of
10 the State; and

11 (C) the various districts.

12 (3) The Aging Equity Commission committees are
13 inclusive and consist of members who reflect a diversity
14 of age, gender, ability, race, cultural, socioeconomic,
15 and national background.

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

19 (5) The Aging Equity Commission consists of the
20 following persons:

21 (A) One member with extensive professional
22 knowledge about aging.

23 (B) One member with extensive professional
24 knowledge of home and community-based services for
25 older Illinoisans.

26 (C) One member with extensive professional

1 knowledge of community-based services provided under
2 the Older Americans Act.

3 (D) One member with extensive professional
4 knowledge of health policy.

5 (E) One member with extensive professional
6 knowledge of geriatric or palliative medicine.

7 (F) Two members with extensive professional
8 knowledge of health systems.

9 (G) Two members with extensive professional
10 knowledge of affordable accessible housing.

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

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

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

18 (K) One member with extensive professional
19 knowledge about caregiving.

20 (L) One member with extensive professional
21 knowledge of dementia.

22 (M) One member with extensive professional
23 knowledge about disabilities.

24 (N) Two members from the Senate, both major
25 parties represented, one appointed by the President of
26 the Senate and one appointed by the Minority Leader of

1 the Senate.

2 (O) Two members from the House of Representatives,
3 both major parties represented, one appointed by the
4 Speaker of the House of Representatives and one
5 appointed by the Minority Leader of the House of
6 Representatives.

7 (6) The Aging Equity Commission consists of the heads
8 of the following agencies, offices, boards, and other
9 entities, or their designees:

10 (A) Department of Commerce and Economic
11 Opportunity.

12 (B) Department of Healthcare and Family Services.

13 (C) Department of Human Services.

14 (D) Department of Innovation and Technology.

15 (E) Department of Labor.

16 (F) Department of Public Health.

17 (G) Department of Transportation.

18 (H) Department of Veterans' Affairs.

19 (I) Department on Aging.

20 (K) Illinois Housing Development Authority.

21 (L) Illinois Emergency Management Agency.

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

- 1 (1) Home and community-based care and healthcare.
- 2 (2) Transportation.
- 3 (3) Housing.
- 4 (4) Social participation.
- 5 (5) Outdoor spaces and buildings.
- 6 (6) Respect and social inclusion.
- 7 (7) Civic participation.
- 8 (8) Employment.
- 9 (9) Communication and information.
- 10 (10) The public sector as well as the broader economy,
- 11 workforce, community systems, businesses, and services.
- 12 (11) Changes in federal, State, and local tax bases,
- 13 revenues, budgets, fiscal policies, programs, and
- 14 workforce.
- 15 (12) Funding mechanisms for aging-related services.
- 16 (13) New economic opportunities for the State.
- 17 (14) Ways to better support unpaid family caregivers
- 18 in Illinois through increased services, programs,
- 19 policies, and funding of caregiver supports that help
- 20 people achieve living longer in their homes and
- 21 communities.
- 22 (c) The Aging Equity Commission shall adopt guiding
- 23 principles that include:
 - 24 (1) Advancing aging equity across the life course.
 - 25 (2) Developing cultural humility and being culturally
 - 26 responsive with inclusive policies, programs, and

1 services.

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

5 (4) Supporting trauma-informed systems.

6 (5) Understanding the experiences of older
7 Illinoisans, caregivers, and future older Illinoisans of
8 diverse backgrounds.

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

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

16 (8) Harnessing the power of experience and knowledge
17 of older persons in communities.

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

21 (d) Commission guidelines.

22 (1) Anyone interested in becoming a member of one of
23 the Aging Equity Commission's committees, which may be
24 formed at the discretion of the Commission to delve deeper
25 into topics of interest to the Commission, may submit an
26 application to the Office of the Governor through the

1 online application process, to be reviewed and assigned to
2 a committee by the Commission.

3 (2) The Aging Equity Commission shall elect a chair
4 and vice-chair from among its members to coordinate the
5 Aging Equity Commission's meetings along with State agency
6 staff or contractors. Members of the Aging Equity
7 Commission shall serve without compensation. Members shall
8 serve 4-year terms. The Aging Equity Commission shall
9 establish staggered end of term dates for initial members.
10 The Governor may reappoint a member for only one
11 additional 4-year term after a member's initial term has
12 expired. In case of a vacancy, the Governor shall appoint
13 a new member in the same manner as the initial
14 appointment.

15 (3) Members of the Aging Equity Commission may remove
16 a member for cause as determined by the Aging Equity
17 Commission, if approved by a two-thirds majority of all
18 members. The Aging Equity Commission shall meet 6 times
19 each calendar year, at a minimum, with dates determined by
20 the members of the Aging Equity Commission as soon as
21 practicable after all members have been appointed to the
22 Aging Equity Commission.

23 (4) The Aging Equity Commission shall establish a
24 minimum of 5 committees to conduct planning on substantive
25 issues listed in subsection (b) for the Strategic Action
26 Plan for Aging Equity. Each committee shall consider and

1 evaluate issues related to guiding principles listed under
2 subsection (c). The committees shall include members of
3 the Aging Equity Commission and may include persons who
4 are not members of the Aging Equity Commission yet
5 represent relevant expertise. Members of the specialized
6 committees shall serve without compensation.

7 (5) Members of the committees shall include heads of
8 the following agencies, offices, boards, and other
9 entities, or their designees to ensure an
10 all-of-government approach for the strategic action plan
11 for aging equity:

12 (A) Department of Agriculture.

13 (B) Department of Commerce and Economic
14 Opportunity.

15 (C) Department of Healthcare and Family Services.

16 (D) Department of Human Rights.

17 (E) Department of Human Services.

18 (F) Department of Innovation and Technology.

19 (G) Department of Insurance.

20 (H) Department of Labor.

21 (I) Department of Natural Resources.

22 (J) Department of Public Health.

23 (K) Department of Human Services' Division of
24 Rehabilitative Services.

25 (L) Department of Revenue.

26 (M) Department of Transportation.

- 1 (N) Department of Veterans' Affairs.
- 2 (O) Department on Aging.
- 3 (P) Department of Corrections.
- 4 (Q) Department of Children and Family Services.
- 5 (R) Department of Financial and Professional
6 Regulation.
- 7 (S) Illinois Housing Development Authority.
- 8 (T) Office of the Illinois State Fire Marshal.
- 9 (U) Illinois Emergency Management Agency.
- 10 (V) Illinois State Board of Education.
- 11 (W) Illinois Board of Higher Education.
- 12 (X) Illinois Cognitive Support Network.
- 13 (Y) Illinois Council on Developmental
14 Disabilities.
- 15 (Z) The Governor's Office of Management and
16 Budget.
- 17 (AA) Department of Central Management Services.
- 18 (BB) Office of the Attorney General.
- 19 (CC) Office of the Secretary of State.
- 20 (DD) Office of the State Treasurer.

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

- 24 (A) One member with extensive professional
25 knowledge of public transportation, active
26 transportation, and private transportation systems.

1 (B) One member with extensive professional
2 knowledge of urban planning, community walkability,
3 and age-friendly principles.

4 (C) One member with extensive professional
5 knowledge about labor advocacy.

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

8 (E) One member with extensive professional
9 knowledge in volunteerism, community connection, and
10 civic engagement of older persons.

11 (F) One member representing park districts.

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

13 (H) One member representing chambers of commerce.

14 (I) One member with extensive professional
15 knowledge of electronic communications technology.

16 (J) One member representing travel and
17 hospitality.

18 (K) One member representing a philanthropic
19 foundation.

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

23 (7) The Aging Equity Commission shall establish and
24 regularly engage with an Aging Equity Advisory Committee
25 which consists of the State demographer and subject matter
26 experts from local governmental and nongovernmental

1 organizations to advise, inform, and assist the Aging
2 Equity Commission.

3 (8) The Aging Equity Commission shall exercise its
4 powers and perform its duties and functions as specified
5 under this Act independently of the State agencies. The
6 Aging Equity Commission may establish bylaws as
7 appropriate for its effective operation. The chair of the
8 Aging Equity Commission shall establish a schedule for
9 Aging Equity Commission meetings. Members of the Aging
10 Equity Commission, staff, and consultants are not liable
11 for an act or omission in their official capacity
12 performed in good faith in accordance with this Act.

13 Section 30. Duties of the Strategic Action Aging Equity
14 Commission for Aging Equity.

15 (a) The Aging Equity Commission shall develop a
16 preliminary comprehensive strategic action plan for aging
17 equity in Illinois through the year 2035 to be completed
18 within 18 months of commencement of the Aging Equity
19 Commission. A 2-month public comment period shall be included
20 and the strategic action plan for aging equity shall be
21 finalized within 2 years from the commencement of the Aging
22 Equity Commission.

23 (b) In developing the strategic action plan for aging
24 equity, the Aging Equity Commission shall review and
25 incorporate past recommendations and findings from previous

1 studies and commissions, task forces, departments, and area
2 agencies on aging that the Aging Equity Commission considers
3 relevant and necessary to its duties. Previous recommendations
4 must be reviewed in conjunction with the latest demographic
5 and economic projections specified in the analysis conducted.
6 The strategic action plan must address at least the following
7 3 areas:

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

10 (2) Actionable recommendations.

11 (3) Plans for periodic updates to the strategic action
12 plan.

13 Section 35. Actionable recommendations. Aging Equity
14 Commission recommendations shall be responsive to the
15 following at a minimum:

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

19 (2) Potential and recommended actions to strengthen
20 and improve service infrastructure for and the quality,
21 staffing, accessibility, and availability of long-term
22 services and supports to better enable older persons to
23 remain in their homes and communities according to their
24 wishes (to age-in-place).

25 (3) Potential and recommended actions to enhance

1 access to services and public education on opportunities,
2 challenges, resources, and topics for older Illinoisans
3 and caregivers.

4 (4) Potential and recommended actions to improve
5 caregiver supports and mitigate both the financial and
6 nonfinancial impacts of caregiving on patients,
7 caregivers, businesses, and the State.

8 (5) Potential and recommended actions to improve
9 financial security and retirement preparation for the
10 older adult population.

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

14 (7) Potential and recommended actions to improve the
15 accessibility and sustainability of affordable
16 transportation services.

17 (8) Potential and recommended actions to reduce
18 administrative and service delivery costs of public and
19 private long-term services and supports while improving
20 service quality.

21 (9) Administrative and regulatory reforms needed to
22 more cost-effectively organize State agencies to implement
23 statewide programs and services.

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

1 (11) Possible regulatory and administrative changes to
2 be offered to State departments needed to implement the
3 Aging Equity Commission's recommendations and achieve its
4 stated goals.

5 (12) Private sector potential and recommended actions
6 for quality long-term care, services, and supports that
7 are accessible, equitable, and meet cultural and
8 linguistic needs.

9 (13) Potential and recommended actions to extend and
10 improve other services and supports that would support
11 individuals' abilities to remain in their homes and
12 communities for as long as possible.

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

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

17 (16) Projections on the economic, fiscal, and
18 population impacts of implementing or not implementing the
19 recommendations.

20 Section 40. Reporting.

21 (a) During the 2024 and 2025 legislative sessions, the
22 Aging Equity Commission shall submit an oral and written
23 report summarizing its work and any preliminary findings or
24 recommendations to the joint budget committee and the General
25 Assembly.

1 (b) Within 2 years of commencement, the Aging Equity
2 Commission shall submit to the Governor, the General Assembly,
3 and any affected State agency its strategic action plan
4 detailing the work of the Aging Equity Commission and its
5 final recommendations.

6 (c) If the strategic action plan identifies programs,
7 services, projects, policies, or procedures that would result
8 in cost savings, without adversely affecting the quality of
9 care and services, and do not require legislation, the
10 Governor and the associated State agencies must pursue the
11 necessary actions to implement the recommendations, including,
12 as necessary, requesting adequate funding through the State
13 budget process.

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

24 Section 45. Strategic plan updates and oversight.

25 (a) The Aging Equity Commission shall submit updates to

1 the strategic action plan every 4 years, to update the Aging
2 Equity Commission's analysis and recommendations.

3 (1) These updates shall include new economic and
4 demographic data as well as respond to new State and
5 national public and private initiatives and must address a
6 time period for analysis and recommendation that extends
7 15 years after the delivery of the update.

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

11 (3) New legislative or regulatory recommendations may
12 be offered in order to address new or changing
13 circumstances.

14 (b) The Aging Equity Commission shall be subject to the
15 Open Meetings Act and take measures to ensure transparency to
16 the public, the General Assembly, and to stakeholders in
17 planning, goal setting, action steps, and reporting on
18 successful implementation and outcomes. The Commission shall
19 ensure documents regarding proceedings are available on an
20 appropriate State website.

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

24 (d) The initial Aging Equity Commission shall determine
25 the staffing and process for updating the initial strategic
26 action plan. The Aging Equity Commission shall only undertake

1 the plan updates if sufficient funding is secured through
2 appropriations, grants, or donations.

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

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.".