§ 213. Reports. 1. The office shall from time to time report to the governor, and shall make an annual report to the governor and legislature.

2. Such annual report shall:

(a) Describe the progress, problems and other matters related to the provision of services to older persons by programs administered by the office including, but not limited to the federal older Americans act of 1965, the community services for the aging program and the recreation program for the elderly;

(b) Assess the effectiveness of the community services for aging program pursuant to section two hundred fourteen of this title in coordinating and improving the local delivery of services to the elderly; and

(c) Include recommendations for expanding or replicating service programs that have been determined effective in helping needy elderly remain in the community and to avoid institutional care, including recommendations for traditionally underserved aged populations, including, but not limited to, populations based on race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, familial status, and language; and

(d) Assess the progress, problems, and effectiveness of the provisions of services to older persons by programs administered by the office delivered to traditionally underserved populations, including but not limited to, aged populations based on actual or perceived race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, familial status, language, or people who are associated with an individual who is or is perceived to be a member of any of these traditionally underserved populations.

3. Such annual report shall also present in quantitative, as well as in qualitative, terms, a report on the quality of life of the aged in our state, including:

(a) A report on the impact of inflation on the aged.

(b) A report on mortality trends in the upper age brackets, including

chronic disease trends among older persons.

(c) A report on crime trends impacting on the aged.

(d) A report on the numbers of elderly living in substandard housing, numbers of new housing facilities for the aged in public, non-profit or limited profit housing.

(e) A report on coverage of the aged in the state by various public social security programs, pension plans, private retirement plans, and assistance programs.

(f) A report on unemployment and employment of older persons, including prevalence of age discrimination in the labor market and efforts to provide education, information, and recommendations for legislation, trends toward early or later retirement, duration of unemployment by age groupings, self-employment and partial employment of older persons.

(g) A report on the hot meal program within the state, including costs per meal, number of aged served, as well as a report on the meals-on-wheels program.

(h) A report on the recreational services for the aged, including numbers of senior centers and clubs, membership and programming provided.

(i) A report on the extent to which the aged are provided adult education courses in public schools or are attending college courses.

(j) A report on institutionalization of aged, including trends in mental hospitals, skilled nursing homes, health related facilities, adult homes, including length of stay, costs, occupancy rates, extent to which local communities are providing care for institutionally released aged.

(k) A report on the specific needs of traditionally underserved aged populations, including, but not limited to, populations based on actual or perceived race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, familial status, and language.

(l) A report on the number of older adults who are primary caregivers or guardians of minors including prevalence by age range, circumstances that lead to older adults becoming primary caregivers or guardians to minors, an analysis of what services are available through the office and other state agencies to assist these older adult primary caregivers

and guardians, and recommendations regarding support for older adults who are primary caregivers or guardians for minor children.

(m) A report on substance use disorders among older adults including prevalence of substance use disorders, what programs and services are available from or in conjunction with the office, an analysis of what services are needed to assist older adults dealing with substance use disorders, and recommendations regarding how the office can assist and participate in efforts to assist older adults dealing with substance use disorders.

4. The legislature hereby declares that, as a matter of state policy, caring services and programs for seniors should be shaped by the principles of strengthening independence, affirming dignity, and maximizing choice, and a recognition that seniors and their families and intimates provide a vast potential source of social, cultural, historic, and spiritual enrichment and leadership.

The office shall enunciate these principles in the form of a bill of rights for seniors, and shall, in addition to any other report required by this section, report annually, not later than June first of each year, on the progress being made in their advancement by state agencies and local governments in the development and operation of programs for seniors. Such report shall discuss progress in the following principles with respect to programs for seniors:

(a) Seniors needing long term care in an institution or in an appropriate community-based alternative should be able to obtain such care at an affordable cost in a timely manner from reliable and responsible providers who can provide choices that meet the preferences of these seniors, and who have the capacity to provide a smooth transition to other forms of long term care when appropriate. Such programs should, whenever possible, provide a continuum of quality health care, either within a single institution, or through a consortium of providers.

(b) Public policy should affirm seniors' desire to maintain a high quality of life by living with dignity in their own communities, by supporting the efforts of informal caregivers such as family, friends and neighbors who provide eighty percent of all personal care and

assistance to seniors.

(c) A goal of policy and programs in New York should be to help seniors obtain or maintain affordable and secure housing that allows them to age in place in their own communities with supportive assistance and access to health related services in a manner that ameliorates problems of income, changes in family structure, health, threats to personal safety, and architectural and structural inadequacies.

(d) Programs intended to offset excessive health care and prescription drug costs for seniors, and to make health care, particularly wellness and prevention programs, more affordable, should be designed to expand choice and promote ease of access for seniors rather than to simply provide ease of management and control for bureaucrats and program managers.

(e) State and local policies and program guidelines should support the most creative and flexible approaches to providing care for seniors, so as to promote and sustain the autonomy and mobility of seniors, and to tap their potential to enrich their communities.

(f) Seniors should be able to continue their productive lives in the community of New York without fear of discrimination based on age, and public policy should seek means of increasing opportunities for contribution from these respected members of our community by supporting and encouraging a healthy social environment that enables seniors to continue their productive lives if they wish, that affirms and encourages their ability to achieve financial security, and that works to preserve their dignity, safety, and independence.

(g) Public programs should promote personal security for seniors, encourage personal responsibility of their families and intimates, and recognize and build on the interdependence of all generations and the diversity of our population.

(h) Public investment in programs providing health care and other social help for seniors should be provided at a level which supports public mandates with respect to these programs.

(i) No declaratory relief, injunctive remedy or monetary liability against the state of New York or any political subdivision thereof, or any public or private entity, domiciled or doing business in the state of New York, or any employee or officer thereof, shall be created or granted based upon the principles set forth in this subdivision, or upon

the enunciation of said principles to be made by the office pursuant thereto. No claim for contribution or indemnification shall be created based upon this subdivision. No assignment of claim shall be prosecuted based upon this subdivision.

(j) Existing powers of the office for the aging shall not be changed by this subdivision.

* 5. Every state department, bureau, or agency or office shall cooperate to the fullest extent possible in providing such data as the office may need to assemble such reports, including recommendations by the director to the governor and legislature.

* NB Amended Ch. 640/2004 §1, language juxtaposed per Ch. 642/2004 §12