



# The Dignity Digest

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*The Dignity Digest* is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Friday.

\*May require registration before accessing article.

## Spotlight

### Take Action:

Dignity Alliance Massachusetts has endorsed *An Act expanding wheelchair warranty protections for consumers with disabilities (S.2567)*.

<https://malegislature.gov/Bills/192/S2567>

**Help pass S.2567 into law! See item #2 in the Advocacy section below regarding steps you can take to make your voice heard.**

### ***A proposed state law would make it easier to get a broken wheelchair fixed***

*Boston Globe*

June 26, 2022 (updated)

People who use wheelchairs and those who advocate for them are urging state lawmakers to act quickly to pass a bill they say will alleviate chronic delays in getting broken wheelchairs fixed.

It's a demoralizing problem that leaves many wheelchair users unable to go to work or school while stranded at home for weeks or even months, they said.

"When I need help, from replacing tires to motors, parts have always taken months to replace, not weeks," Ellen Leigh of Arlington said at a press conference Thursday organized by advocates.

"There has been a problem every single time, no exceptions," she said.

State Senator John Cronin is one of the sponsors of the bill that would try to speed up repairs by expanding warranty protections and requiring mandatory assessments of broken wheelchairs within three days. At the press conference,

which was conducted remotely online and attended by more than 30 wheelchair users, Cronin said many other states have already adopted the measures now proposed in Massachusetts.

“In other parts of the country, there are stronger protections,” he said. “It’s time for Massachusetts to step up.”

Rick Glassman, director of advocacy for the Disability Law Center, helped organize the press conference to drum up support for the bill, which he called an important step needed to improve the lives of wheelchair users

The bill, which was approved in November by a joint legislative committee, is currently before the Senate Ways and Means Committee. Advocates say they are hoping for quick passage of the bill before the Legislature adjourns at the end of next month.

The bill is supported by a wide range of advocates. In a letter to legislators, a consortium of 15 organizations, including the Disability Policy Consortium and the Boston Center for Independent Living, voiced strong support for it. “Our organizations regularly work with people who struggle to obtain repairs in a timely and reasonable fashion, often while isolated at home for extended periods of time,” the consortium wrote.

Delays in repairs leave many wheelchair users “stranded in their homes for days or weeks, and sometimes months at a time, unable to get to work, school, medical appointments, the grocery store, or other places in the community,” the consortium wrote.

Being homebound for an extended period, the letter continued “is also an issue which has severe implications for the health of wheelchair users who may be subject to pressure ulcers, blood clots, pneumonia, loss of physical function, and depression.”

One recent national survey of people who use wheelchairs found that about two-thirds said they needed repairs at least twice last year, and that repairs took a month or longer to be completed.

	<p>If enacted, the Massachusetts law would force manufacturers and providers to speed up the repair process by requiring them to make an assessment of a defective and inoperable wheelchair within three business days of receiving notice.</p> <p>The proposed law would also require manufacturers and providers to make available a temporary “loaner” wheelchair within four business days of notice.</p> <p>The bill would require manufacturers and providers to maintain an adequate inventory of parts and set a minimum warranty period of two years, doubling the current minimum warranty period of one year.</p> <p>The bill would also expand “lemon law” remedies by mandating return or replacement of wheelchairs that are out of service for 21 days or after two failed attempts at repair.</p> <p>Advocates for people who use wheelchairs have urged lawmakers to add to the bill a provision giving consumers the right to make simple repairs to their wheelchairs (for example, tightening or replacing nuts and bolts, and fixing tires) on their own without voiding their warranty by doing so.</p> <p>Opposition to the bill has come from a group led by the National Coalition for Assistive &amp; Rehab Technology, a trade group that represents manufacturers and providers of wheelchairs and other medical equipment.</p> <p>The trade group, in a letter to legislators, wrote the bill “is not the answer ... to improvements needed in the critical area of wheelchair repair.”</p> <p>“We believe the focus should be on changes to problematic insurance plan policies and processes ... instead of creating additional confusion, complications, and risks for wheelchair users and others,” the letter said.</p> <p>The trade group focused on what it said was insurers’ “unreasonable prior approval requirements, excessive documentation requirements, and insufficient payment rates of federal, state, and commercial plans.”</p> <p>In its letter, the consortium of advocates responded to the trade group by agreeing that there are problems with</p>
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“excessive paperwork,” but that “this is a very different problem from warranty repair,” which is the focus of the current bill.

Manufacturers and providers “should stand behind their product” when wheelchairs require repairs during the warranty period, the advocates wrote.

<https://tinyurl.com/BrokenWheelchairFix>

## **WBUR**

March 10, 2022

*Facing breakdowns and slow repairs, Mass. wheelchair users call for stronger state law*

Wheelchairs fail frequently. Researchers estimate that, in a typical six-month period, more than half of wheelchairs [break down](#). And getting them repaired can take a month or longer, leaving wheelchair users stuck at home or in bed, and at an increased risk of medical complications.

The problems are particularly bad in Massachusetts, according to disability advocates. They say the commonwealth’s consumer protections for wheelchair users don’t measure up well to other states. They’re sparring with the wheelchair industry on Beacon Hill over legislation aimed at changing that. . .

“Massachusetts law is definitely behind most of the country,” said attorney Sam Shepard, who worked as a fellow for the Disability Law Center and the National Consumer Law Center. He compared Massachusetts’ wheelchair warranty law with that of every other state in the U.S.

“What I found was pretty unsettling,” he said.

Shepard uncovered quite a few differences between the commonwealth and other states. For example, 16 states require a back-up chair be provided while major repairs are underway. Massachusetts does not.

Another example: Rhode Island and Connecticut require that wheelchair warranties last at least two years. In Massachusetts, the requirement is half that. Warranties can help protect consumers from hefty bills or shoddy products.

They also mean less paperwork so repairs can happen faster.

He's part of a team of wheelchair users and disability advocates pushing for a bill in Massachusetts to provide stronger consumer protections for wheelchair users. [The bill](#) is currently working its way through the state legislature.

..  
[W]heelchair providers and manufacturers are paid upfront, sometimes as much as \$30,000 for a complex wheelchair. But they often lose money on repairs, according to Schmeler's research. He has proposed a monthly payment system that would task the companies with regularly maintaining and repairing the chairs. Under such a system, he argued, fewer breakdowns would mean more profit, providing a financial incentive for better-functioning chairs. <https://tinyurl.com/WBURWheelchairMarch10>

#### **WBUR**

March 9, 2022

*Wheelchairs repairs can take a month, or longer, leaving people stranded*

Researchers estimate that [more than 50%](#) of wheelchairs break down in a typical six-month period. One study found that among veterans the number is [as high as 88%](#). When a chair breaks, it can take a long time to get it fixed. Experts put the average at two to four weeks, but stories of people waiting six months or longer for a wheelchair repair are common.

Experts pointed to several reasons why wheelchairs break down frequently and why fixing them takes time. Some attributed it to a lack of routine maintenance, others pointed to the sheer complexity of modern power wheelchairs. Repairs can also be delayed by everything from documentation required by insurance companies to a limited inventory of common parts.

For the roughly [5.5 million](#) Americans using wheelchairs, this is more than an inconvenience. While waiting for repairs, people can be stranded at home, stuck in bed, or forced to use a chair that doesn't fit. When this happens, a

person is at an increased risk of developing medical complications and being hospitalized, [research suggests](#). . . For nearly 15 years, researcher Lynn Worobey has been collecting data on wheelchair breakdowns and repairs. . . In a study of wheelchair users with spinal cord injuries, 28% of people who experienced breakdowns over a six-month period reported at least one adverse consequence, [Worobey found](#), such as getting stranded. The same study revealed people of color and low-income individuals experienced more frequent wheelchair problems. . .

Mark Schmeler, an associate professor in the University of Pittsburgh’s Department of Rehabilitation Science and Technology, lays much of the blame for frequent wheelchair breakdowns on Medicare. With more than 60 million older and disabled beneficiaries, Medicare is among the largest health insurance providers in the country. Plus, many private health insurers adopt policies similar to those Medicare has established. . .

The Medicare Benefit Policies [Manual](#) states that wheelchair owners are expected to perform routine maintenance. The document says owners “normally” receive operating manuals that can serve as a guide: “It is reasonable to expect that beneficiaries will perform this maintenance.” To Schmeler, this approach allows preventable issues to progress to the point where chairs unexpectedly become inoperable — or dangerous. . .

When insurers do not require authorization, a repair typically takes a week, Sargeant estimated, but when insurers mandate prior authorization, it takes closer to 50 days. He said he hopes to develop an industry standard for documentation that would catch fraud while minimizing wait times.

<https://tinyurl.com/WBURWheelchairMarch9>

**Take Action:**

*Dignity Alliance Massachusetts has endorsed [An Act expanding wheelchair warranty protections for consumers](#)*

	<p><i>with disabilities (S.2567).</i>  <a href="https://malegislature.gov/Bills/192/S2567">https://malegislature.gov/Bills/192/S2567</a></p> <p><b>Help pass S.2567 into law! See item #2 in the Advocacy section below regarding steps you can take to make your voice heard.</b></p>
<p>Quotes of the Week</p>	<p><i>“I’m thrilled to see this positive outcome. I believe the new policies will keep others from experiencing mistreatment and will help people understand that transgender people are only seeking to be treated with dignity and respect like anyone else.”</i></p> <p>Marie King, a 79-year-old transgender woman who successfully levied an accusation of discrimination against a Maine assisted living residence, <i>Nursing home settles historic transgender discrimination complaint</i>, <b>NBC News</b>, June 16, 2022, <a href="https://tinyurl.com/ALRTransgenderDiscrimination">https://tinyurl.com/ALRTransgenderDiscrimination</a></p> <p><i>“I feel neglected. I feel alone. I’m the only one on this corridor.”</i></p> <p>Marian Webb, displaced assisted living resident, <i>‘It was kind of lonesome here toward the end’</i>, <b>Salem News</b>, June 29, 2022, <a href="https://tinyurl.com/LOnesomeTowardTheEnd">https://tinyurl.com/LOnesomeTowardTheEnd</a></p> <p><i>“In general, elderly people don’t like change. They like their routine. [My 99-year-old mother] has said on many occasions that she moved into Ocean View [assisted living residence] expecting that would be her final move, that she would be there for the rest of her life. It was very upsetting to her and to everybody that had to move. Even the day before the move, she said, ‘I don’t want to do this.’”</i></p> <p>Philip Webb, son of Marian Webb, displaced assisted living resident, <i>‘It was kind of lonesome here toward the end,’ Salem News</i>, June 29, 2022, <a href="https://tinyurl.com/LOnesomeTowardTheEnd">https://tinyurl.com/LOnesomeTowardTheEnd</a></p> <p><i>But she worries about the toll that the move has already taken on her mother-in-law. She said Marian’s memory has gotten worse because of the move, and she’s anxious about leaving her room. At one point, Marian even made a comment that she hopes she doesn’t make it to winter.</i></p>

Frances Webb, daughter-in-law of Marian Webb, displaced assisted living resident, *'It was kind of lonesome here toward the end,'* **Salem News**, June 29, 2022, <https://tinyurl.com/LOnesomeTowardTheEnd>

*“Anyone who needs access to a long-term care facility, including transgender people, should be welcomed with dignity, compassion, and respect. The model transgender nondiscrimination policy and public statement embracing transgender residents set a clear example for how such facilities can and should operate with respect to transgender older adults.”*

Chris Erchul, staff attorney at Boston-based GLAD (GLBTQ Legal Advocates & Defenders), *Landmark settlement grants transgender senior the respect she deserves*, **LGBTQ Nation**, June 20, 2022, <https://tinyurl.com/TransgenderSeniorSettlement>

*“If prediabetes is a kick in the butt to move people to healthier behaviors, I’m fine with that, but if you’re older, certainly over age 75, and this is a new diagnosis, it’s not something I would worry about. I’m pretty sure that diabetes isn’t going to matter in your lifetime.”*

Dr. Kenneth Lam, geriatrician at the University of California-San Francisco, *Seniors with Prediabetes Should Eat Better, Get Moving, but Not Fret Too Much About Diabetes*, **Kaiser Health News**, June 24, 2022, <https://tinyurl.com/PreDiabetesNotToFret>

*“We knew it was going to be a large number, but I did not think it would be as high as 20 million deaths during just the first year.”*

Oliver Watson, a Fellow at Imperial College London and the London School of Hygiene and Tropical Medicine, *Covid-19 vaccines prevented nearly 20 million deaths in a year, study estimates*, **STAT News**, June 23, 2022, <https://tinyurl.com/STATVaccinesPrevented>

*Research has shown that a standardized (nursing home operating) strategy is associated with high efficiency, brand consistency, reduced costs, and less waste. On the flip side, customizing some services is positively linked with service quality, customer satisfaction, and loyalty.*



*Study explores when nursing home chains should customize or standardize,*  
**University of South Florida Innovation**, June 24, 2022,  
<https://tinyurl.com/CustomizeOrStandardize>

*We found that commonplace ageist messages, interactions, and beliefs were associated with negative health outcomes.*

*Experiences of Everyday Ageism and the Health of Older US Adults, JAMA Open Network*, June 15, 2022, <https://tinyurl.com/EverydayAgeism>

*“The burden of Alzheimer’s disease is steadily increasing, driving us towards a neurological epidemic. Our findings suggest that not only is this disorder incredibly complex, but that its pathology includes most known biological pathways. This means that the disease’s effects are far broader in the body than we realized.”*

Winston A. Hide, PhD, director of the Precision RNA medicine Core Facility at BIDMC and an associate professor of medicine at Harvard Medical School, *Alzheimer’s disease affects most known biological pathways in the brain, researchers find*, **Beth Israel Deaconess Medical Center**, June 24, 2022, <https://tinyurl.com/AffectsMostKnownPathways>

*“Our study demonstrated what the APOE4 gene does and which brain cells get affected the most in humans by comparing human and mouse models. These are important findings as we can find therapeutics if we understand how and where this risk gene is destroying our brain.”*

Julia TCW, PhD, assistant professor of pharmacology & experimental therapeutics, Boston University School of Medicine, *BU researchers untangle the APOE4 gene, the most significant genetic risk factor for Alzheimer’s disease*, **Boston University School of Medicine**, June 23, 2022, <https://tinyurl.com/UntangleAPOE4>

*The COVID-19 pandemic has hit nursing homes particularly hard. The highly contagious nature of COVID-19, the close quarters in which nursing home residents live, and the direct, frequent contact that most nursing home staff have with residents as well as individuals from the surrounding community have put residents and staff at an elevated risk*

*of infection. Residents, who tend to be older and to have severe underlying medical conditions (such as heart disease, diabetes, or dementia), are at higher risk for developing more serious complications or dying from COVID-19. As of March 27, 2022, nursing home residents had accounted for more than 1 million confirmed COVID-19 cases and approximately 152,000 COVID-19-related deaths in the United States, and nursing home staff had accounted for approximately 1.1 million confirmed cases and approximately 2,400 deaths.*

*Covid-19 Vaccination Status of Nursing Home Staff Nationwide, Office of the Inspector General – U.S. Department of Health and Human Services, June 27, 2022, [Read the Full Report](#)*

*“Today, America lost not just a valiant Marine and a Medal of Honor recipient, but an important link to our Nation’s fight against tyranny in the Second World War. I hope every American will pause to reflect on his service and that of an entire generation that sacrificed so much to defend the cause of freedom and democracy.”*

*U.S. Defense Secretary Lloyd Austin, Last remaining WWII Medal of Honor recipient dies at 98, AP News, June 29, 2022, <https://tinyurl.com/WoodyWilliamsDies>*

*“The more severe the covid infection and the older you are, the more likely it is you’ll have a cardiovascular complication after.” Complications include weakening of the heart muscle, blood clots, abnormal heart rhythms, vascular system damage and high blood pressure.*

*Erica Spatz, director of the preventive cardiovascular health program, Yale University, Long covid symptoms are often overlooked in seniors, Washington Post (free access), June 26, 2022, <https://tinyurl.com/LongCovidOverlooked>*

Dignity Votes 2022

**Candidates for State Auditor: questionnaires and interviews**

Candidates for constitutional office have been invited to participate in individual interviews with a panel of Dignity Alliance Massachusetts members as well as to respond in writing to a set of questions pertinent to the office sought. Candidates for the office of state auditor were the first to be invited. The candidates are:

- Arthur Amore (R)
- Chris Dempsey (D)
- Diana DiZoglio (D)

They were interviewed by a panel consisting of

- Richard Moore, former Massachusetts Senate President Pro Tempore and Senate Chair, Joint Health Care Finance Committee
- Arlene Germain, Executive Director, Massachusetts Advocates for Nursing Home Reform
- Sandy Alissa Novack, MBA, MSW

Charles Carr, former Commissioner of the Massachusetts Rehabilitation Commission, served as moderator.

The recorded Interviews and the written responses to the questionnaire can be found at: <https://dignityalliancema.org/2022/06/27/state-auditor-q-and-a/>

### **Candidates for Governor, Lieutenant Governor, Attorney General, and Secretary State**

Questionnaires for these offices are in the process of being prepared and will be distributed in July. Invitations for an interview with a panel of Dignity Alliance Massachusetts will be extended.

### **Congressional office candidates**

Questionnaires for congressional candidates are in the process of being prepared and will be distributed in July.

### **State legislative candidates**

Questionnaires for selective legislative office candidates are in the process of being prepared and will be distributed in July and August.

### **Fact Sheets and Issue Briefs**

Prepared by Dignity Alliance Massachusetts Workgroups

#### **Nursing Homes**

- [Nursing Home Fact Sheet](#)
- [Nursing Home Staffing Issues](#)
- [Pandemic Issues in Nursing Homes](#)
- [Nursing Homes – Financial Responsibility](#)
- [Nursing Homes – Oversight, Licensures, Closures](#)
- [Nursing Homes – Small Home Model](#)

#### **Home and Community Based Services**

- [HCBS Fact Sheet](#)
- [HCBS Staffing Issues](#)
- [HCBS Care Coordination Issues](#)

#### **Behavioral Health**

- [Behavioral Health Fact Sheet](#)
- [BH Elder Mental Health Outreach Teams \(EMHOT\) Issues](#)
- [BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues](#)
- [Social Work Staffing Issues](#)

#### **Housing**

- [Housing Issues](#)

#### **Veterans**

- [Veterans Issues](#)

<https://dignityalliancema.org/2022-facts-and-issues/>

### **Disability Voting Rights Week**

September 12-16, 2022

	<p>What is Disability Voting Rights Week?</p> <p>Every year, the REV UP Campaign coordinates Disability Voting Rights Week (formerly National Disability Voter Registration Week) to increase the political power of people with disabilities. We do this by getting disabled people registered and ready to vote and engaging our candidates and communities on issues impacting people with disabilities.</p> <p>This year, Disability Voting Rights Week is September 12-16, 2022. In 2020, an estimated 38 million people with disabilities were eligible to vote, and we invite national, state, and local organizations and advocates to participate in this national initiative in order to continue to raise the disability voice and civic participation across the country in 2022 and beyond.</p> <p><a href="https://www.aapd.com/advocacy/voting/dvrw/">https://www.aapd.com/advocacy/voting/dvrw/</a>  Sign up as a partner: <a href="https://www.surveymonkey.com/r/dvrw2022">https://www.surveymonkey.com/r/dvrw2022</a></p>
Call for Advocacy	<p><b>1. An Act relative to supported decision-making agreements for certain adults with disabilities (S.2848, H.4725)</b></p> <p>With supported decision-making, a person with a disability or adult with a cognitive impairment chooses a group of trusted supporters to help with making and communicating decisions. The supported decision-making arrangement is documented in a written agreement making clear the roles and responsibilities of all involved. This allows people who need some support with decision-making, but do not need a full guardianship, to get the support that they need to remain independent and direct their own lives. Supporters can assist with matters including health care, finances, housing, or other issues of importance and the agreement is often accompanied by a power of attorney and/or health care proxy.</p> <p>These measures are currently being considered by House and Senate Committees Ways and Means. <b>Promoters of the legislation are requesting advocates to contact legislators who are not currently sponsors and request that they add their names as legislative sponsors.</b> Current sponsors include:</p> <ul style="list-style-type: none"> <li>• Representatives Cassidy; Cutler; Duffy; Higgins; Howard; Keefe; LaNatra; Lewis; Linsky; Murphy; Orrall; Owens; Sabadosa; Sena; Stanley; Tucker; Vitolo;</li> <li>• Senators Brady; Comerford; Feeney; Gobi; Lovely; Moore; Moran; O'Connor; Timilty</li> </ul> <p>Contact information for legislators can be found at <a href="https://malegislature.gov/Search/FindMyLegislator">https://malegislature.gov/Search/FindMyLegislator</a>  Text and other information about the bills are located at:  <a href="https://malegislature.gov/Bills/192/S2848">https://malegislature.gov/Bills/192/S2848</a>  <a href="https://malegislature.gov/Bills/192/H4725">https://malegislature.gov/Bills/192/H4725</a></p> <p><b>2. An Act expanding wheelchair warranty protections for consumers with disabilities (S.2567)</b></p> <p>Boston Center for Independent Living (BCIL), Disability Policy Consortium (DPC) and Disability Law Center (DLC) have worked together on S.2567 to improve warranty protections for wheelchairs. We are asking everyone, especially wheelchair users who have current or past issues with repairing their wheelchairs, to take action and highlight the need for this legislation. The bill is currently in Senate Ways &amp; Means and still needs to pass several more hurdles before the legislative session ends on July 31.</p> <p><b>ABOUT THE BILL:</b>  <b>SPONSORS:</b> Representative James O'Day, Senator John Cronin</p>

**THE PROBLEM:** Durable medical equipment devices are often **prone to defects and sudden failure**. It is commonplace for consumers to be **left stranded or isolated in their homes for weeks, or even months, awaiting repairs**, unable to get to work, school, medical appointments, the grocery store, and in some cases to move around their own home.

Our laws must be reformed to strengthen warranty protections for MA residents with disabilities. We need to: 1) **level the playing field for consumers**, 2) **shorten repair wait times**, 3) **prevent harm to our economy**, 4) **save taxpayer money** that MassHealth currently spends fixing these defective wheelchairs, and 5) ensure that we are **all** treated with **dignity and respect**.

**THE SOLUTION: The Warranty Protections for Consumers with Disabilities Act.**

This act draws upon legislation already adopted in other states to ensure stronger warranty protections for consumers with disabilities here in MA. These reforms include:

- Expanding the warranty to cover all wheelchairs for two years;
- Protecting wheelchair users' right to reasonable repair;
- Reimbursement of costs incurred by consumers as a result of their defective chair;
- Providing loaner chairs while a consumers' chair is inoperable;
- and more

Passing this bill would protect the **health, autonomy, time, and money** of consumers with disabilities who rely on wheelchairs every day.

**Call your senator today and tell them to ask the Senate Ways and Means committee to prioritize S.2567!**

You can find your senator at <https://malegislature.gov/search/findmylegislator>.

If you have questions about the bill, or want to be more involved or stay up to date on its progress, contact **Kay S. of the Boston Center for Independent Living (BCIL) 617-338-6665; [kays@bostoncil.org](mailto:kays@bostoncil.org)**

Text and other information about the bill are located at:

<https://malegislature.gov/Bills/192/S2567>

### 3. The Action Network

*Free Our People - Make Olmstead Real*

On June 22, 1999, the U.S. Supreme Court [Olmstead](#) decision declared that unjustified segregation of persons with disabilities (PWDs) in nursing homes et al. is discrimination, in violation of the Americans with Disabilities Act (ADA). The Court held that public entities **must** provide community-based services to persons with disabilities.

Tragically, governments bowed to the corporate greed of the nursing home industry, kept PWDs and seniors institutionalized, and then left them to die in great numbers in '[petri dishes for COVID](#).' Even now, facility owners are "super excited," that Biden and many governors are promising them more public funding, instead of implementing the principles of the ADA and Olmstead.

Join [dozens of disability-led organizations](#) in telling President Biden and your governor to fully embrace the principles of Olmstead and the ADA. Each person should have the choice to live in the least restrictive environment possible, and a wide range of independent-living and non-institutional models made available.

The nursing home industry - mostly publicly-funded for-profit businesses - abuses residents and exploits workers to maintain huge [profitability](#), and uses those profits to lobby for ever more public money.

	<p>It's not just 'a few bad apples.' There are workers and advocates trying to make the system better, but the industry is inherently oppressive and should be phased out -- in a planned transition that does not sacrifice fairness for facility employees in pursuit of justice for residents.</p> <p>Biden voted for the ADA in the senate. On this anniversary, ask President Biden to end the institutional bias and embrace the full implementation of Olmstead. The segregation must end.</p> <p>Access online advocacy form: <a href="https://tinyurl.com/OlmsteadAdvocacy">https://tinyurl.com/OlmsteadAdvocacy</a></p>
Request for Input	<p><b>4. President Biden’s Committee for People with Intellectual Disabilities</b></p> <p>On June 2, 20 citizen members were sworn in as members of the <a href="#">President’s Committee for People with Intellectual Disabilities (PCPID)</a>. The PCPID is now getting ready for its first full committee meeting, which will be open to the public. More information about registration will be available soon, but please mark your calendars for July 28 from noon to 4 pm ET.</p> <p>Stakeholder input is very important to the PCPID. Comments and suggestions, especially from people with intellectual and developmental disabilities, are welcome at any time. If there are comments or feedback you would like to share with the PCPID as it begins to prioritize its work, <a href="#">please share them through this form on ACL.gov</a>. Comments received by June 30 will be shared with the PCPID at the July meeting. (Comments received after June 30 will be compiled and shared with the PCPID quarterly.)</p> <p><b>About the President’s Committee for People with Intellectual Disabilities</b>  <i>Initially established in 1966 by President Lyndon B. Johnson, the PCPID advises the President and the Secretary of Health and Human Services on a broad range of topics that impact people with intellectual disabilities, as well as the professional fields that support people with intellectual disabilities and their families. Its goal is to improve the quality of life experienced by people with intellectual disabilities by upholding their full citizenship rights, independence, self-determination, and lifelong participation in their communities.</i></p>
Lives Well Lived	<p><b>5. AP News</b></p> <p>June 29, 2022</p> <p><i>Last remaining WWII Medal of Honor recipient dies at 98</i></p> <p>Hershel W. “Woody” Williams, the last remaining Medal of Honor recipient from World War II, whose heroics under fire over several crucial hours at the Battle of Iwo Jima made him a legend in his native West Virginia, died Wednesday. He was 98. . .</p> <p>(A)t age 22, Williams received the Medal of Honor, the nation’s highest award for military valor, from President Harry Truman at the White House. . .</p> <p>Williams’ actions in battle to clear the way for American tanks and infantry were detailed on the military’s Medal of Honor website: He was “quick to volunteer his services when our tanks were maneuvering vainly to open a lane for the infantry through the network of reinforced concrete pillboxes, buried mines, and black volcanic sands. Williams daringly went forward alone to attempt the reduction of devastating machinegun fire from the unyielding positions.”</p> <p><a href="https://tinyurl.com/WoodyWilliamsDies">https://tinyurl.com/WoodyWilliamsDies</a></p>
Advocacy	<p><b>6. <u>An Act relative to supported decision-making agreements for certain adults with disabilities</u> ((S.2848, H.4725)</b></p> <p>With supported decision-making, a person with a disability or adult with a cognitive impairment chooses a group of trusted supporters to help with making and communicating decisions. The supported decision-making arrangement is</p>

	<p>documented in a written agreement making clear the roles and responsibilities of all involved. This allows people who need some support with decision-making, but do not need a full guardianship, to get the support that they need to remain independent and direct their own lives. Supporters can assist with matters including health care, finances, housing, or other issues of importance and the agreement is often accompanied by a power of attorney and/or health care proxy.</p> <p>These measures are currently being considered by House and Senate Committees Ways and Means. <b>Promoters of the legislation are requesting advocates to contact legislators who are not currently sponsors and request that they add their names as legislative sponsors.</b> Current sponsors include:</p> <ul style="list-style-type: none"> <li>• Representatives Cassidy; Cutler; Duffy; Higgins; Howard; Keefe; LaNatra; Lewis; Linsky; Murphy; Orrall; Owens; Sabadosa; Sena; Stanley; Tucker; Vitolo;</li> <li>• Senators Brady; Comerford; Feeney; Gobi; Lovely; Moore; Moran; O'Connor; Timilty</li> </ul> <p>Contact information for legislators can be found at <a href="https://malegislature.gov/Search/FindMyLegislator">https://malegislature.gov/Search/FindMyLegislator</a></p> <p>Text and other information about the bills are located at: <a href="https://malegislature.gov/Bills/192/S2848">https://malegislature.gov/Bills/192/S2848</a>  <a href="https://malegislature.gov/Bills/192/H4725">https://malegislature.gov/Bills/192/H4725</a></p>
REV UP Massachusetts	<p><b>7. REV UP Massachusetts</b></p> <p>Dignity Alliance MA voted to endorse and support the upcoming REV UP conference.</p> <p>REV UP Mass (Register! Educate! Vote! Use your Power!) is a local coalition that is part of the larger national REV UP network that exists to build the power of the disability vote. That means making sure that voters with disabilities are registered to vote and that they have equal access to democracy.</p> <p>REV UP Mass is holding the (free) virtual REV UP Mass Conference on July 21, 2022! The conference is currently planned for 10 a.m. – 3:15 p.m. with a break for lunch. The conference planning committee is hard at work finding Speakers and determining an Agenda that will highlight barriers to accessible voting in Mass, how to get out the disability vote, and why the disability vote is so important for the 2022 elections.</p> <p>If you have questions please do not hesitate to reach out to Amelia Fowler, Voting Rights Advocate at DLC, at <a href="mailto:afowler@dlc-ma.org">afowler@dlc-ma.org</a> OR 671-221-8451. Sign up for <a href="#">REV UP emails</a> or check the <a href="#">REV UP website</a> for more information.</p> <p><b>The 2022 REV UP MA Conference</b>  Thursday, July 21, 2022, 10:00 a.m. to 3:00 p.m.  Speakers, agenda, and location to be announced  Agenda will highlight barriers to accessible voting in Massachusetts, how to get out the disability vote, and why the disability vote is so important for the 2022 elections.</p> <p>Coalition partners:</p> <ul style="list-style-type: none"> <li>• Disability Law Center</li> <li>• Disability Policy Consortium</li> <li>• Mass. Developmental Disabilities Council</li> <li>• Mass. Advocates Standing Strong</li> <li>• MASS Rainbow</li> </ul>

	<ul style="list-style-type: none"> <li>• MetroWest Center for Independent Living</li> <li>• The Arc of Massachusetts</li> </ul> <p>Free registration; registration information forthcoming  <a href="https://tinyurl.com/REVUpMAE2022Conference">https://tinyurl.com/REVUpMAE2022Conference</a>  <a href="https://revupma.org/wp/">https://revupma.org/wp/</a></p>
<p>Reports</p>	<p><b>8. Centers for Medicare and Medicaid</b>  <i>Medicare Care Choices Model - Fourth Annual Report</i>  Key Takeaways:  The Medicare Care Choices Model (MCCM) tested whether offering eligible beneficiaries the option to receive supportive services at the end of life without forgoing payment for treatment of their terminal conditions (which is required to enroll in the Medicare hospice benefit) improved the quality of care, increased beneficiaries’ satisfaction, and reduced Medicare expenditures. Outcomes generally aligned with the expectations of the model. Specifically, MCCM beneficiaries were more likely to enroll in the Medicare hospice benefit than matched comparison beneficiaries, less likely to use hospital services and other health care services, and more likely to receive better-quality end-of-life care in the period between enrollment in MCCM and death. Decreased use of resource-intensive services, driven by earlier enrollment in the hospice benefit, resulted in lower Medicare expenditures. These findings might not generalize to other settings, however, given the small number of hospices that participated in MCCM and the small percentage of eligible beneficiaries that enrolled.</p> <p><b>The Two Page Overview:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Findings At-a-Glance (PDF)</a></li> </ul> <p><b>The Report (includes an Executive Summary):</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Fourth Annual Report (PDF)</a></li> <li>• Go directly to the <a href="#">Executive Summary (PDF)</a></li> </ul> <p><b>Additional Supporting Materials:</b></p> <ul style="list-style-type: none"> <li>• Appendix: <a href="#">Methods and Supporting Analyses (PDF)</a></li> </ul> <p>Model Page: <a href="#">Medicare Care Choices Model</a></p> <p><b>9. Office of the Inspector General – U.S. Department of Health and Human Services</b>  June 27, 2022  <i>Covid-19 Vaccination Status of Nursing Home Staff Nationwide</i>  <a href="#">An Estimated 91 Percent of Nursing Home Staff Nationwide Received the Required COVID-19 Vaccine Doses, and an Estimated 56 Percent of Staff Nationwide Received a Booster Dose</a>  As of the week ended March 27, 2022, we determined for the 1,000 nursing home staff members in our sample that 884 had received the required COVID-19 vaccine doses, and 506 of these staff members had also received a booster dose.  <a href="#">Read the Full Report</a>  <a href="#">Visit the COVID-19 Portal</a>  Visit the <a href="#">Nursing Homes featured topic webpage</a></p> <p><b>10. JAMA Open Network</b>  June 15, 2022  <i>Experiences of Everyday Ageism and the Health of Older US Adults</i></p>



Key Points

**Question** What is the prevalence of everyday ageism among US older adults, and is it associated with health?

**Findings** In this cross-sectional study of 2035 US adults ages 50 to 80 years, everyday ageism was prevalent (93.4%), experienced at differing levels by population sociodemographic characteristic, and associated with multiple indicators of poor physical and mental health.

**Meaning** These findings suggest that everyday ageism may warrant further attention and prioritization as a topic for additional research and as a preventable potential health hazard as people age.

Abstract

**Importance** Major incidents of ageism have been shown to be associated with poorer health and well-being among older adults. Less is known about routine types of age-based discrimination, prejudice, and stereotyping that older adults encounter in their day-to-day lives, known as everyday ageism.

**Objective** To examine the prevalence of everyday ageism, group differences and disparities, and associations of everyday ageism with indicators of poor physical and mental health.

**Conclusions and Relevance** This study found everyday ageism to be prevalent among US adults ages 50 to 80 years. These findings suggest that commonplace ageist messages, interactions, and beliefs may be harmful to health and that multilevel and multisector efforts may be required to reduce everyday ageism and promote positive beliefs, practices, and policies related to aging and older adults.

**Discussion**

This cross-sectional study documented the pervasiveness of everyday ageism and its associations with poor health among older US adults using the newly developed, multidimensional Everyday Ageism Scale.<sup>2</sup> More than 9 of 10 adults ages 50 to 80 years in the nationally representative NPHA sample reported experiencing 1 or more forms of everyday ageism regularly. This was generally consistent with previous ageism prevalence rates (77%-91%) derived from other ageism measures and convenience samples of older North American adults.<sup>17</sup>

**Conclusions**

This study documented the ubiquity of an understudied type of ageism, everyday ageism, among US adults ages 50 to 80 years. We found that commonplace ageist messages, interactions, and beliefs were associated with negative health outcomes. These findings suggest that multilevel and multisector efforts may be required to reduce everyday ageism and promote positive beliefs, practices, and policies related to aging and older adults. This research raises the question of whether aging-related health problems reflect associations of ageism with adverse outcomes, thereby presenting antiageism efforts as a strategy for promoting older adult health and well-being.

<https://tinyurl.com/EverydayAgeism>

**11. Harvard University Joint Center for Housing Studies**

*State of the Nation's Housing 2022*

June 2022

After a record-shattering year in 2021, the housing market is at an inflection point. Higher interest rates have taken some heat out of the homebuying market, and the large number of apartments under construction should bring some relief on the rental side. For lower-income households and households of color, though, the pressure of high housing costs is unlikely to relent. According to the new The State of the Nation's Housing 2022 report, the surge in the prices of gas, food, and other necessities has made matters worse, especially now that most pandemic emergency government supports have ended.

Topics:

- The Soaring Costs of Housing
- High Hurdles for First-Time Homebuyers
- Increasing Inequalities
- Persistent Affordability Challenges
- Housing Construction at a New High
- The Outlook for Housing

Media release: <https://tinyurl.com/HousingPerspectivesRelease>

Report: <https://tinyurl.com/StateOfHousing2022>

## 12. Social Security Administration

*A Summary of the 2022 Annual Reports*

Each year the Trustees of the Social Security and Medicare trust funds report on the current and projected financial status of the two programs. The Trustees Reports include extensive information about the current operations of these important social insurance programs and careful analysis of their outlook. We believe the reports fully and fairly present the current and projected financial condition of the programs. This summary of the 2022 reports presents results based on the intermediate set of assumptions, which represents our best estimates of likely future demographic, economic, and program-specific conditions.

Based on our best estimates, the 2022 reports determine:

- The Old-Age and Survivors Insurance (OASI) Trust Fund, which pays retirement and survivors benefits, will be able to pay scheduled benefits on a timely basis until 2034, one year later than reported last year. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 77 percent of scheduled benefits.
- The Disability Insurance (DI) Trust Fund, which pays disability benefits, is no longer projected to be depleted within the 75-year projection period. By comparison, last year's report projected that it would be able to pay scheduled benefits only until 2057.
- The OASI and DI funds are separate entities under law. The report also presents information that combines the reserves of these two funds in order to illustrate the actuarial status of the Social Security program as a whole. The hypothetical combined OASI and DI funds would be able to pay scheduled benefits on a timely basis until 2035, one year later than reported last year. At that time, the combined funds' reserves will become depleted and continuing tax income will be sufficient to pay 80 percent of scheduled benefits.
- The Hospital Insurance (HI) Trust Fund, or Medicare Part A, which helps pay for services such as inpatient hospital care, will be able to pay scheduled benefits until 2028, two years later than reported last year. At that time, the fund's

	<p>reserves will become depleted and continuing total program income will be sufficient to pay 90 percent of total scheduled benefits.</p> <ul style="list-style-type: none"> <li>• The Supplemental Medical Insurance (SMI) Trust Fund is adequately financed into the indefinite future because current law provides financing from general revenues and beneficiary premiums each year to meet the next year's expected costs. Due to these funding provisions and the rapid growth of its costs, SMI will place steadily increasing demands on both taxpayers and beneficiaries.</li> <li>• For the sixth consecutive year, the Trustees are issuing a determination of projected excess general revenue Medicare funding, as is required by law whenever annual tax and premium revenues of the combined Medicare funds will be below 55 percent of projected combined annual outlays within the next 7 fiscal years. Under the law, two such consecutive determinations of projected excess general revenue constitute a "Medicare funding warning." Under current law and the Trustees' projections, such determinations and warnings will recur every year through the 75-year projection period.</li> </ul> <p><a href="https://www.ssa.gov/oact/TRSUM/">https://www.ssa.gov/oact/TRSUM/</a></p>
<p>Webinars and online sessions</p>	<p><b>13. Bipartisan Policy Center</b>  Tuesday, July 12, 2022, 2:30 to 3:30 p.m.  <i>COVID-19: State of the Pandemic</i>  <b>Federal, state, and philanthropic leaders discuss the state of COVID-19, and the outlook for the fall as the nation years for normalcy.</b>  <b>About this event</b>  Join on July 12 for a discussion on the state of the COVID-19 pandemic in the U.S. Federal, state, and philanthropic leaders will discuss how well Americans are accessing tools—vaccines, therapeutics, high-quality masks, tests—at their disposal to mitigate the health impacts of the virus. Speakers will share their outlook for the fall as the nation years for a return to normalcy.  <b>Featured Participants</b>  <i>Fireside Chat with:</i>  <b>Richard Besser, MD</b> • President and CEO, The Robert Wood Johnson Foundation  <b>Steven Scully</b> • Senior Vice President of Communications, BPC  <i>Keynote by:</i>  <b>Ashish Jha, MD, MPH</b> • White House Coronavirus Response Coordinator  <i>Followed by Q&amp;A</i>  <i>Panelists:</i>  <b>Natasha Bagdasarian, MD, MPH, FIDSA</b> • Chief Medical Executive, Michigan Department of Health and Human Services  <b>Kathleen Toomey, MD, MPH</b> • Commissioner and State Health Officer, Georgia Department of Public Health  <i>Additional participants may be added</i>  Registration: <a href="https://tinyurl.com/StateOfThePandemic">https://tinyurl.com/StateOfThePandemic</a></p> <p><b>14. The Long-Term Care Community Coalition (LTCCC)</b>  Tuesday, July 19, 2022, 1:00 p.m.  <i>Show Me the Numbers: How Transparency Can Improve the Quality of Nursing Home Care</i>  In the program, Ilene Henshaw, a long-term care policy expert, discusses how transparency can be a critical tool to improve the quality of nursing home care, efforts to improve transparency over the years, and recommendations for critically needed reforms.  <a href="https://tinyurl.com/LTCShowMeTheNumbers">https://tinyurl.com/LTCShowMeTheNumbers</a></p>

	<p><b>15. National Council on Aging</b>  Wednesday, July 27, 2022, 1:00 p.m.  <i>How to Engage and Educate Local Stakeholders for Falls Prevention</i>  Learn from who have engaged with their local stakeholders and decision makers during Falls Prevention Awareness Week to leverage change on a local level to support all older adults reduce and prevent falls. Best practices and strategies will be shared to help you in your advocacy efforts.  <a href="#">Register here</a></p> <p><b>16. National Council on Aging</b>  Wednesday, October 18, 2022  <i>How Community-Based Organizations can Build Partnerships with Physical Therapists</i>  Physical therapy training for older adults includes assessment, exercise prescription, and progression, all with appropriate monitoring. All these skills can be utilized for older adults before injury happens, and physical therapists can play a key role in the prevention of injury, functional decline, and disability. Learn more about the benefits of collaborating with physical therapists, including the positive impact on senior center programs and services offerings in this webinar.  <a href="#">Register here</a></p>
<p>Previously posted webinars and online sessions</p>	<p><b>Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>Nursing Homes</p>	<p><b>17. Office of the Inspector General – U.S. Department of Health and Human Services</b>  June 27, 2022  <i>Covid-19 Vaccination Status of Nursing Home Staff Nationwide</i>  <a href="#">An Estimated 91 Percent of Nursing Home Staff Nationwide Received the Required COVID-19 Vaccine Doses, and an Estimated 56 Percent of Staff Nationwide Received a Booster Dose</a>  As of the week ended March 27, 2022, we determined for the 1,000 nursing home staff members in our sample that 884 had received the required COVID-19 vaccine doses, and 506 of these staff members had also received a booster dose.  <a href="#">Read the Full Report</a>  <a href="#">Visit the COVID-19 Portal</a>  <a href="#">Visit the Nursing Homes featured topic webpage</a></p> <p><b>18. University of South Florida Innovation</b>  June 24, 2022  <i>Study explores when nursing home chains should customize or standardize</i>  Companies often face a strategic dilemma when opening new facilities, whether through expansion, acquisition, or a merger  A new study by a University of South Florida researcher found important revelations that could provide chain-operated nursing homes with crucial implications for operational goals and strategic findings that carry over to other service industries.  The biggest takeaway for nursing home operators is that having a similar percentage of Medicaid patients among its mix of residents while having a staff ratio adjusted to the community leads to increased financial performance.</p>

With about 60 percent of the 15,600 nursing homes in the U.S. chain-operated, companies often face a strategic dilemma when opening new facilities, whether through expansion, acquisition, or a merger.

Do new nursing homes under the same brand give residents the same look and feel of services found at the company's other existing sites? Or should chain-operated companies customize some services and tailor them to local demand and competition? And how does the degree of uniformity impact performance outcomes?

"All service chains must decide how unique or standardized each of their units should be," said [Lu Kong](#), an assistant professor in the School of Information Systems and Management at the University of South Florida's Muma College of Business.

The comprehensive study looked at 11 years of U.S. nursing home data and came away with three main findings:

Nursing home chains that customize service delivery and standardize customer mix tend to see an improved financial performance.

A standardized customer mix leads to better clinical outcomes.

Research has shown that a standardized strategy is associated with high efficiency, brand consistency, reduced costs, and less waste. On the flip side, customizing some services is positively linked with service quality, customer satisfaction, and loyalty.

Kong said the USF study looked at how much nursing home chains should standardize their facilities in three areas — the percentage of Medicaid residents, service offerings such as a special care unit, and the staffing ratio — and what impact it has on a facility's clinical care, financial performance, and resident welfare.

The results give chain-operated nursing homes and policymakers guidance for operational goals, as well as investment decisions in acquiring new properties, Kong said.

The study also noted that the COVID-19 pandemic brought the importance of a standardization strategy among chain businesses to the forefront. Besides having uniform infection control, nursing homes also followed the standardized guidance from the Centers for Disease Control and Prevention.

<https://tinyurl.com/CustomizeOrStandardize>

## 19. Skilled Nursing News

June 20, 2022

*Good Samaritan CEO: Nursing Homes Face Triple Threat on Road to Recovery*

The skilled nursing industry is staring down a triple threat.

Providers are being challenged operationally, clinically, and financially — at least in part due to rising labor and care costs, among other factors.

Not-for-profit senior care giant Evangelical Lutheran Good Samaritan Society has had to close or sell nine facilities in just the last eight months — the majority of which were in rural communities.

Good Samaritan also has nearly [2,000 job openings](#), amounting to roughly 14 openings per facility. . .

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) has projected 400 SNF closures in 2022, with nearly 240,000 job openings as a primary driver.

<https://tinyurl.com/FaceTripleThreat>

## 20. LGBTQ Nation

	<p>June 20, 2022</p> <p><i>Landmark settlement grants transgender senior the respect she deserves</i></p> <p>After a life spent fighting, she wasn't willing to take it any longer. And this time, she won.</p> <p>In a victory for transgender rights, an assisted living facility in Maine will implement new training and nondiscrimination policies after it was found to have discriminated against a transgender woman last year.</p> <p>Marie King, 79, filed a complaint with the Maine Human Rights Commission against Sunrise Assisted Living in October, in which she said that she was denied admission because she is transgender. . .</p> <p>The claim is the first known discrimination complaint filed in the U.S. by a transgender older adult against a long-term care facility. . .</p> <p>In March, <a href="https://tinyurl.com/TransgenderSeniorSettlement">the commission found</a> reasonable grounds that the center discriminated against King based on her sex, gender identity, and transgender status — all of which are explicitly protected under the Maine Human Rights Act. <a href="https://tinyurl.com/TransgenderSeniorSettlement">https://tinyurl.com/TransgenderSeniorSettlement</a></p> <p><b>21. NBC News</b></p> <p>June 16, 2022</p> <p><i>Nursing home settles historic transgender discrimination complaint</i></p> <p>Legal experts say the settlement signals to other assisted living facilities that they must abide by laws that bar discrimination against transgender people.</p> <p>In a landmark settlement, a Maine assisted living facility has agreed to establish policies and procedures to ensure it is a welcoming place for LGBTQ seniors, after a 79-year-old transgender woman levied an accusation of discrimination.</p> <p>When Marie King <a href="#">filed her complaint</a> with the Maine Human Rights Commission in October, alleging that the Sunrise Assisted Living facility in the town of Jonesport refused her admission as a resident because she is transgender, it was believed to be the first complaint of this kind in U.S. history. . .</p> <p>This development comes as more openly transgender adults are expected to enter their senior years — demographic growth in line with the overall increase in people older than 65, according to the Williams Institute. Research indicates that trans seniors are more likely than the general older population to need housing in assisted living facilities, in part because they are more prone to be alienated from family members, be in poorer health and live on lower incomes. .</p> <p>The Williams Institute, a think tank at the UCLA School of Law, <a href="#">estimates</a> there are at least 771,000 LGBTQ adults over 65 in the United States, including 171,100 transgender seniors.</p> <p><a href="https://tinyurl.com/ALRTransgenderDiscrimination">https://tinyurl.com/ALRTransgenderDiscrimination</a></p>
Assisted Living	<p><b>22. Salem News</b></p> <p>June 29, 2022</p> <p><i>'It was kind of lonesome here toward the end'</i></p> <p>When Marian Webb moved into the Ocean View assisted living facility five years ago, she expected to live there until the day she died. But there she was on a Saturday morning in July, sitting in a chair in the hallway outside her room as movers loaded her stuff into carts.</p> <p>At 99, a month shy of her 100th birthday, Webb was literally the last resident remaining on the second floor of the cavernous building in downtown Beverly. Like the 67 other residents who had lived there, she had no choice but to move.</p> <p>In April, the new owners of the facility gave everyone 90 days to vacate the premises to make way for a major renovation of the building.</p>

	<p>(T)he decision to shut down in 90 days stunned and angered many of the residents and their families, who scrambled to find new homes for their loved ones while facing a July 19 deadline. The sudden closure has also prompted discussions about the need for state regulations to give assisted living residents more protections in the event of a similar situation.</p> <p><a href="https://tinyurl.com/LOnesomeTowardTheEnd">https://tinyurl.com/LOnesomeTowardTheEnd</a></p>
Home Health	<p><b>23. Centers for Medicare and Medicaid</b>  <i>Home Health Value-Based Purchasing Model First Five Performance Years (2016-2020) Evaluation Report</i></p> <p>Key Takeaways:  The Home Health Value-Based Purchasing (HHVBP) Model provides financial incentives to home health agencies for quality improvement based on their performance relative to other agencies in their state. The first five years of the implementation of the original HHVBP Model have resulted in cumulative Medicare savings of \$949.2 million, a 1.6% decline relative to the 41 non-HHVBP states, as well as improvements in quality. These impacts were observed during 2020, the third year for quality-based payment adjustments, as well as the first four years of the model.</p> <p>The Two Page Overview:</p> <ul style="list-style-type: none"> <li>• <a href="#">Findings-At-A-Glance (PDF)</a></li> </ul> <p>The Report (includes an Executive Summary):</p> <ul style="list-style-type: none"> <li>• <a href="#">Fifth Evaluation Report (PDF)</a></li> <li>• Go directly to the <a href="#">Executive Summary (PDF)</a></li> </ul> <p>Additional Supporting Materials:</p> <ul style="list-style-type: none"> <li>• Appendix: <a href="#">Methods and Supporting Analyses (PDF)</a></li> <li>• Model Page: <a href="#">Home Health Value-Based Purchasing Model</a></li> </ul>
Housing	<p><b>24. Harvard University Joint Center for Housing Studies</b>  <i>State of the Nation’s Housing 2022</i>  June 2022</p> <p>After a record-shattering year in 2021, the housing market is at an inflection point. Higher interest rates have taken some heat out of the homebuying market, and the large number of apartments under construction should bring some relief on the rental side. For lower-income households and households of color, though, the pressure of high housing costs is unlikely to relent. According to the new The State of the Nation’s Housing 2022 report, the surge in the prices of gas, food, and other necessities has made matters worse, especially now that most pandemic emergency government supports have ended.</p> <p>Topics:</p> <ul style="list-style-type: none"> <li>• The Soaring Costs of Housing</li> <li>• High Hurdles for First-Time Homebuyers</li> <li>• Increasing Inequalities</li> <li>• Persistent Affordability Challenges</li> <li>• Housing Construction at a New High</li> <li>• The Outlook for Housing</li> </ul> <p>Media release: <a href="https://tinyurl.com/HousingPerspectivesRelease">https://tinyurl.com/HousingPerspectivesRelease</a>  Report: <a href="https://tinyurl.com/StateOfHousing2022">https://tinyurl.com/StateOfHousing2022</a></p> <p><b>25. Harvard University Joint Center for Housing Studies</b>  June 24, 2022  <i>The First GSE Equitable Housing Finance Plans: Four Major Issues to Watch</i></p>

On June 8, Freddie Mac and Fannie Mae, the two government-sponsored enterprises (GSEs), issued their first ever Equitable Housing Finance (EHF) plans. (Read the [Freddie Mac plan](#) and the [Fannie Mae plan](#).) Freddie Mac said the result would be to “increase sustainable homeownership and rental opportunities for traditionally underserved Black and Latino communities across the nation.” Fannie Mae said they would “knock down barriers standing in the way of greater equity in housing... to help underserved consumers attain and, importantly, sustain homeownership and quality housing.”

Topics:

#1: The Political Durability of the EHF Plans

#2: The Political Durability and Impact of “special purpose credit programs”

#3: Will Focusing on Selected Races Generate Pushback?

#4: Will the Focus on Reducing Closing Costs Survive?

<https://tinyurl.com/EquitableHousingFinancePlans>

## 26. WGBH

June 17, 2022

*Boston leaders break ground on housing development for LGBTQ seniors*

Local leaders, community activists and developers broke ground on a new Boston housing project that’s being billed as the first in New England intended for gay, lesbian, bisexual, transgender, and queer seniors.

A vacant city-owned school building in Hyde Park will be converted into 74 mixed-income rental units for people ages 62 and older. The \$47 million project, known as The Pryde, is being led by developer Pennrose and the nonprofit group LGBTQ Senior Housing.

<https://tinyurl.com/LGBTQSeniorHousing>

## 27. Harvard University Joint Center for Housing Studies

June 14, 2022

*Short-Term Benefits of Emergency Rental Assistance Extend Beyond Housing*

Since it was enacted at the end of 2020, the federal Emergency Rental Assistance (ERA) program has helped millions of renters get caught up on rent payments.

An analysis I did for a new working paper, "[The Short-Term Benefits of Emergency Rental Assistance](#)," finds that this assistance is also associated with improved financial well-being and mental health. While many ERA recipients still have difficulty meeting household expenses, they are much less likely to be behind on rent, to borrow from friends or family, to experience food insecurity, or to report poor mental health.

The Emergency Rental Assistance program was created to support renters with low incomes who experienced financial hardships or job losses during the pandemic and are at risk of homelessness or housing instability. The Consolidated Appropriations Act allocated \$25 billion to the program on December 27, 2020 with an additional \$21.55 billion provided through the American Rescue Plan Act on March 11, 2021. Nearly [60 percent of these funds have been spent](#) to date, and the program has helped with more than 5 million rent and utility payments. . .

[E]mergency rental assistance is associated with substantial benefits for housing stability, financial well-being, and mental health. ERA recipients are less likely to be behind on rent and by having at least a portion of their owed rent and utilities covered, recipients also seem to have relief from other financial pressures. The range of benefits associated with ERA are especially important to consider as



	<p>funds go unspent in some places and run out in others. Even with the reallocation of funds that started in the fall of 2021, the program is temporary and finite by nature while many renters are experiencing ongoing financial distress and housing instability. Sustained, reinforced assistance through emergency programs and through existing rental housing subsidies will be needed to ensure that renters can remain stably housed.</p> <p><a href="https://tinyurl.com/BenefitEmergencyRentAssist">https://tinyurl.com/BenefitEmergencyRentAssist</a></p>
Alzheimer's / Dementia	<p><b>28. Beth Israel Deaconess Medical Center</b>  June 24, 2022  <i>Alzheimer's disease affects most known biological pathways in the brain, researchers find</i>  Comprehensive survey of scientific literature shows immune, metabolic, and depression-related pathways most often cited disease mechanisms. Nearly six million older adults have Alzheimer's disease in the United States, a number expected to double by 2050. Already the sixth leading cause of death, Alzheimer's disease is a complex neurodegenerative disease that causes memory loss, confusion, poor judgment, depression, delusions, and agitation that robs people of their ability to live independently. Currently, the biological mechanisms underlying Alzheimer's disease are poorly understood; as a result, there are few effective treatments and no cure for the disease.</p> <p>In a recent study, a research team led by scientists at Beth Israel Deaconess Medical Center (BIDMC) conducted a systematic assessment of more than 200,000 scientific publications to understand the breadth and diversity of biological pathways – key molecular chain reactions that drive changes in cells – that contribute to Alzheimer's disease by research over the last 30 years. The team found that, while nearly all known pathways have been linked to the disease, the most frequently associated biological mechanisms – including those related to the immune system, metabolism, and long-term depression – have not significantly changed in 30 years, despite major technological advances. The scientists' work, published in <i>Frontiers in Aging Neuroscience</i>, will advance research into the mechanisms of neurodegeneration and may be explored at <a href="http://www.adpathways.org">www.adpathways.org</a>.</p> <p><a href="https://tinyurl.com/AffectsMostKnownPathways">https://tinyurl.com/AffectsMostKnownPathways</a></p> <p><b>29. Boston University School of Medicine</b>  June 23, 2022  <i>BU researchers untangle the APOE4 gene, the most significant genetic risk factor for Alzheimer's disease</i>  Findings may lead to new strategies, drugs to combat the condition. Researchers from Boston University School of Medicine (BUSM) have discovered two important novel aspects of the gene: 1) human genetic background inherited with APOE4 is unique to APOE4 patients and 2) the mechanistic defects due to APOE4 are unique to human cells.</p> <p>"Our study demonstrated what the APOE4 gene does and which brain cells get affected the most in humans by comparing human and mouse models. These are important findings as we can find therapeutics if we understand how and where this risk gene is destroying our brain," says corresponding author Julia TCW, PhD, assistant professor of pharmacology &amp; experimental therapeutics at BUSM.</p> <p><a href="https://tinyurl.com/UntangleAPOE4">https://tinyurl.com/UntangleAPOE4</a></p>
Covid	<p><b>30. Wall Street Journal</b>  June 30, 2022</p>

	<p><i>U.S. Supply of Effective Covid Antibody Drug Dwindling</i>  Last doses of the drug, one of few found to reduce risk of severe disease even after Omicron, will be used up in August without more pandemic funding, officials say.  The federal government’s stores of a key Covid-19 antibody drug, a crucial weapon for keeping the infected out of the hospital, are expected to be used up in late August because <a href="#">pandemic funding is running out</a>.  Biden administration officials have told Congress that the government’s supply of the <a href="#">Eli Lilly &amp; Co.</a> therapy, the only antibody drug for treating non-hospitalized patients that was <a href="#">found to work against Omicron</a>, could run out if pandemic funding isn’t renewed. The supply could be depleted before fall if the pace of current use holds. . .  The federal government <a href="#">is distributing</a> about 30,000 doses a week of the therapy, according to the Health and Human Services Department. . .  The administration had asked for \$30 billion for Covid-19 funding but reduced that to \$22.5 billion, an amount that was further whittled down to about \$10 billion in a compromise measure that now has stalled.  The administration has repurposed about \$10 billion in Covid-19 funding in part to purchase some potentially updated vaccines for the fall.  <a href="https://tinyurl.com/AntibodyDrugDwindling">https://tinyurl.com/AntibodyDrugDwindling</a></p> <p><b>31. AP news</b>  June 23, 2022  <i>COVID vaccines saved 20M lives in 1st year, scientists say</i>  Nearly 20 million lives were saved by COVID-19 vaccines during their first year, but even more deaths could have been prevented if international targets for the shots had been reached, researchers reported Thursday. . .  An additional 600,000 deaths would have been prevented if the World Health Organization target of 40% vaccination coverage by the end of 2021 had been met, according to the <a href="#">study published Thursday</a> in the journal Lancet Infectious Diseases.  <a href="https://tinyurl.com/Saved20MLives">https://tinyurl.com/Saved20MLives</a></p> <p><b>32. STAT News</b>  June 23, 2022  <i>Covid-19 vaccines prevented nearly 20 million deaths in a year, study estimates</i>  The study modeled the spread of the disease in 185 territories and countries and found that without Covid vaccines, 31.4 million people would have died of the disease between December 2020 and 2021. While the pandemic has taken a devastating toll around the globe, with more than 3.5 million deaths since the first vaccine was administered in December 2020, the study estimated that vaccinations also prevented 19.8 million deaths.  <a href="https://tinyurl.com/STATVaccinesPrevented">https://tinyurl.com/STATVaccinesPrevented</a></p>
Long Covid	<p><b>33. Washington Post (free access)</b>  June 26, 2022  <i>Long covid symptoms are often overlooked in seniors</i>  (Terry) Bell, 70, is among millions of older adults who have grappled with long covid — a population that has received little attention even though research suggests seniors are more likely to develop the poorly understood condition than younger or middle-aged adults. . .  Long covid refers to ongoing or new health problems that occur at least <a href="#">four weeks after a covid infection</a>, according to the Centers for Disease Control and</p>

	<p>Prevention. Much about the condition is baffling: There is no diagnostic test to confirm it, no standard definition of the ailment and no way to predict who will be affected. <a href="#">Common symptoms</a>, which can last months or years, include fatigue, shortness of breath, an elevated heart rate, muscle and joint pain, sleep disruptions, and problems with attention, concentration, language, and memory — a set of difficulties known as brain fog. . .</p> <p>Only now is the impact on older adults beginning to be documented. In a study published in the journal BMJ, researchers estimated that <a href="#">32 percent of older adults in the United States who survived covid infections had symptoms of long covid</a> up to four months after infection — more than double the <a href="#">14 percent rate</a> an earlier study found in adults ages 18 to 64. (Other studies suggest symptoms can last much longer, for a year or more.) . .</p> <p>A study released last month from the CDC found that 1 out of every 4 older adults who survived covid experienced at least <a href="#">1 of 26 common symptoms associated with long covid</a>, compared with 1 out of every 5 people between the ages of 18 and 64.</p> <p><a href="https://tinyurl.com/LongCovidOverlooked">https://tinyurl.com/LongCovidOverlooked</a></p> <p><b>34. *New York Times</b> June 3, 2022 <i>Kids With Long Covid</i> Experts estimate that long Covid — a <a href="#">cluster of lingering symptoms</a> including fatigue, headaches, brain fog, racing heart and stomach issues — may affect about <a href="#">one in five adults</a>. Studies suggest that long Covid is rarer in children, but they can develop it too. . .</p> <p>A separate C.D.C. study estimated that by February about 75 percent of U.S. children under 18 had blood antibodies to the coronavirus, suggesting they had been infected.</p> <p><a href="https://tinyurl.com/KidsWithLongCovid">https://tinyurl.com/KidsWithLongCovid</a></p>
Health Care	<p><b>35. Kaiser Health News</b> June 24, 2022 <i>Seniors With Prediabetes Should Eat Better, Get Moving, but Not Fret Too Much About Diabetes</i> Almost half of older adults — more than <a href="#">26 million people</a> 65 and older — have prediabetes, according to the Centers for Disease Control and Prevention. . .</p> <p>Two recent reports about prediabetes in the older population are stimulating heightened interest in this topic. Until their publication, most studies focused on prediabetes in middle-aged adults, leaving the significance of this condition in older adults uncertain.</p> <p>The <a href="#">newest study</a> by researchers at the CDC, published in April in JAMA Network Open, examined data about more than 50,000 older patients with prediabetes between January 2010 and December 2018. Just over 5% of these patients progressed to diabetes annually, it found. .</p> <p>Of note, study results show that obese older adults with prediabetes were at significantly heightened risk of developing diabetes. Also at risk were Black seniors, those with a family history of diabetes, low-income seniors, and older adults at the upper end (6%-6.4%) of the A1C prediabetes range. Men were at slightly higher risk than women. . .</p> <p><a href="#">Another study</a>, published in JAMA Internal Medicine last year, helps puts prediabetes in further perspective. Over the course of 6.5 years, it showed, fewer than 12% of seniors with prediabetes progressed to full-fledged diabetes.</p>

	<p>By contrast, a larger portion either died of other causes or shifted back to normal blood sugar levels over the study period. . .</p> <p>Aggressive treatments for prediabetes, such as the medication metformin, should be avoided, according to <a href="#">Dr. Victor Montori</a>, an endocrinologist and professor of medicine at the Mayo Clinic. “If you get diabetes, you will be prescribed metformin. But it’s just nonsense to give you metformin now, because you may be at risk, to reduce the chance that you’ll need metformin later.”</p> <p>Unfortunately, some doctors are prescribing medication to older adults with prediabetes, and many aren’t spending time discussing the implications of this condition with patients.</p> <p><a href="https://tinyurl.com/PreDiabetesNotToFret">https://tinyurl.com/PreDiabetesNotToFret</a></p> <p><b>36. American Cancer Society</b> June 23, 2022 <i>New report shows cancer survivors grew to 18 million in the US; more than two-thirds aged 65 years or older</i></p> <p>A new report led by researchers at the <a href="#">American Cancer Society</a> (ACS) in collaboration with the National Cancer Institute (NCI) shows more than 18 million Americans (8.3 million males and 9.7 million females) with a history of cancer were living in the United States as of January 1, 2022, with a little over 12 million (67%) aged 65 years or older. The study also found substantial racial disparities in treatment and survival for common cancers. The findings were published today as an article in <i>CA: A Cancer Journal for Clinicians</i> and a companion consumer version, <i>Cancer Treatment &amp; Survivorship Facts &amp; Figures 2022-2024</i>.</p> <p><a href="https://tinyurl.com/CancerSurvivors18Million">https://tinyurl.com/CancerSurvivors18Million</a></p> <p><b>37. AP News</b> June 22, 2022 <i>CDC panel recommends US seniors get souped-up flu vaccines</i></p> <p>Americans 65 and older should get newer, souped-up flu vaccines because regular shots don’t provide them enough protection, a federal advisory panel said Wednesday.</p> <p>The panel unanimously recommended certain flu vaccines that might offer more or longer protection for seniors, whose weakened immune systems don’t respond as well to traditional shots. . .</p> <p>Flu shots tend to be less effective than other common vaccinations, but they have often been particularly disappointing in seniors. Health officials say there is persuasive research indicating some of the new shots work better in older adults, especially at preventing flu-related hospitalizations.</p> <p><a href="https://tinyurl.com/SoupedUpVaccines">https://tinyurl.com/SoupedUpVaccines</a></p>
Social Security	<p><b>38. Social Security Administration</b> <i>A Summary of the 2022 Annual Reports</i></p> <p>Each year the Trustees of the Social Security and Medicare trust funds report on the current and projected financial status of the two programs. The Trustees Reports include extensive information about the current operations of these important social insurance programs and careful analysis of their outlook. We believe the reports fully and fairly present the current and projected financial condition of the programs. This summary of the 2022 reports presents results based on the intermediate set of assumptions, which represents our best</p>

estimates of likely future demographic, economic, and program-specific conditions.

Based on our best estimates, the 2022 reports determine:

- The Old-Age and Survivors Insurance (OASI) Trust Fund, which pays retirement and survivors benefits, will be able to pay scheduled benefits on a timely basis until 2034, one year later than reported last year. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 77 percent of scheduled benefits.
- The Disability Insurance (DI) Trust Fund, which pays disability benefits, is no longer projected to be depleted within the 75-year projection period. By comparison, last year's report projected that it would be able to pay scheduled benefits only until 2057.
- The OASI and DI funds are separate entities under law. The report also presents information that combines the reserves of these two funds in order to illustrate the actuarial status of the Social Security program as a whole. The hypothetical combined OASI and DI funds would be able to pay scheduled benefits on a timely basis until 2035, one year later than reported last year. At that time, the combined funds' reserves will become depleted and continuing tax income will be sufficient to pay 80 percent of scheduled benefits.
- The Hospital Insurance (HI) Trust Fund, or Medicare Part A, which helps pay for services such as inpatient hospital care, will be able to pay scheduled benefits until 2028, two years later than reported last year. At that time, the fund's reserves will become depleted and continuing total program income will be sufficient to pay 90 percent of total scheduled benefits.
- The Supplemental Medical Insurance (SMI) Trust Fund is adequately financed into the indefinite future because current law provides financing from general revenues and beneficiary premiums each year to meet the next year's expected costs. Due to these funding provisions and the rapid growth of its costs, SMI will place steadily increasing demands on both taxpayers and beneficiaries.
- For the sixth consecutive year, the Trustees are issuing a determination of projected excess general revenue Medicare funding, as is required by law whenever annual tax and premium revenues of the combined Medicare funds will be below 55 percent of projected combined annual outlays within the next 7 fiscal years. Under the law, two such consecutive determinations of projected excess general revenue constitute a "Medicare funding warning." Under current law and the Trustees' projections, such determinations and warnings will recur every year through the 75-year projection period.

<https://www.ssa.gov/oact/TRSUM/>

### 39. \*Washington Post

June 8, 2022

*The federal budget has 99 problems. This program ain't one — anymore.*

Specifically, the report estimates that Social Security's disability insurance (SSDI) trust fund will remain solvent and able to pay all eligible beneficiaries for at least 75 years. This is in sharp contrast to the trustees' [forecast 10 years ago](#), which had the fund running out of money in 2016. [Media reports](#) warned that roughly 11 million recipients, disproportionately poor, could face cuts of up to 21 percent in benefits that averaged, in 2012, a mere \$1,100 a month. . . . Instead, the SSDI trust fund's asset reserves bottomed out at \$32.3 billion in 2015 — then grew steadily to [\\$99.4 billion at the end of 2021](#). In five out of the

	<p>intervening six years, SSDI took in more from payroll tax revenue than it paid out in benefits. There were no benefit cuts.</p> <p>A small but crucial part of what went right was <a href="#">bipartisan legislation</a>, signed by President Barack Obama in November 2015, that authorized a temporary reallocation of about one half percentage point of the combined 12.4 percent FICA tax from Social Security’s flusher old-age trust fund to the SSDI fund. . .</p> <p>Policy changes helped, too. SSDI retrained administrative-law judges who <a href="#">determine eligibility</a> and stepped up disability reviews to make sure recipients still qualified. The implementation of the Affordable Care Act brought expanded health care to the working poor, reducing an incentive to go on SSDI, which provides recipients with health insurance after two years on the rolls. . .</p> <p>Now for the not-so-good news. The SSDI trust fund’s solid condition will help extend the life of Social Security as a whole — that is, including both disability and old-age insurance — but only until 2035. That’s a mere one-year improvement since the 2021 forecast. Medicare is projected to exhaust its hospital trust fund in 2028 (two years later than projected last year).</p> <p><a href="https://tinyurl.com/ProgramAintOne">https://tinyurl.com/ProgramAintOne</a></p>
LGBTQ+	<p><b>40. LGBTQ Nation</b> June 20, 2022 <i>Landmark settlement grants transgender senior the respect she deserves</i> After a life spent fighting, she wasn't willing to take it any longer. And this time, she won.</p> <p>In a victory for transgender rights, an assisted living facility in Maine will implement new training and nondiscrimination policies after it was found to have discriminated against a transgender woman last year.</p> <p>Marie King, 79, filed a complaint with the Maine Human Rights Commission against Sunrise Assisted Living in October, in which she said that she was denied admission because she is transgender. . .</p> <p>The claim is the first known discrimination complaint filed in the U.S. by a transgender older adult against a long-term care facility. . .</p> <p>In March, <a href="#">the commission found</a> reasonable grounds that the center discriminated against King based on her sex, gender identity, and transgender status — all of which are explicitly protected under the Maine Human Rights Act.</p> <p><a href="https://tinyurl.com/TransgenderSeniorSettlement">https://tinyurl.com/TransgenderSeniorSettlement</a></p> <p><b>41. WGBH</b> June 17, 2022 <i>Boston leaders break ground on housing development for LGBTQ seniors</i> Local leaders, community activists and developers broke ground on a new Boston housing project that’s being billed as the first in New England intended for gay, lesbian, bisexual, transgender, and queer seniors.</p> <p>A vacant city-owned school building in Hyde Park will be converted into 74 mixed-income rental units for people ages 62 and older. The \$47 million project, known as The Pryde, is being led by developer Pennrose and the nonprofit group LGBTQ Senior Housing.</p> <p><a href="https://tinyurl.com/LGBTQSeniorHousing">https://tinyurl.com/LGBTQSeniorHousing</a></p> <p><b>42. NBC News</b> June 16, 2022 <i>Nursing home settles historic transgender discrimination complaint</i></p>

Legal experts say the settlement signals to other assisted living facilities that they must abide by laws that bar discrimination against transgender people. In a landmark settlement, a Maine assisted living facility has agreed to establish policies and procedures to ensure it is a welcoming place for LGBTQ seniors, after a 79-year-old transgender woman levied an accusation of discrimination. When Marie King [filed her complaint](#) with the Maine Human Rights Commission in October, alleging that the Sunrise Assisted Living facility in the town of Jonesport refused her admission as a resident because she is transgender, it was believed to be the first complaint of this kind in U.S. history. . . . This development comes as more openly transgender adults are expected to enter their senior years — demographic growth in line with the overall increase in people older than 65, according to the Williams Institute. Research indicates that trans seniors are more likely than the general older population to need housing in assisted living facilities, in part because they are more prone to be alienated from family members, be in poorer health and live on lower incomes. . . . The Williams Institute, a think tank at the UCLA School of Law, [estimates](#) there are at least 771,000 LGBTQ adults over 65 in the United States, including 171,100 transgender seniors.

<https://tinyurl.com/ALRTransgenderDiscrimination>

#### **43. National Center on Elder Law & Rights**

*Serving LGBTQ Older Adults in Pride Month & Beyond*

Pride Month provides an opportunity for advocates working with older adults to reflect on how legal and aging services programs can better serve LGBTQ older adults. As this commemorative month comes to an end, this reflection and evaluation should continue year-round, along with taking steps to provide inclusive, trauma-informed, and person-directed services to LGBTQ older adults. LGBTQ older adults have faced historical discrimination and marginalization that have led to higher rates of poverty. This discrimination can be even more intense for LGBTQ older adults at the intersection of multiple marginalized identities, like older lesbian women of color. Access to legal and aging services can help ensure all LGBTQ older adults have access to the income supports, health care, and housing they need. LGBTQ older adults also have specific legal needs, such as fighting discrimination in housing and health care, navigating legal challenges that arise in name and gender changes, and accessing previously denied survivor’s benefits for same-sex spouses or partners.

On June 15, President Biden signed an Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals. The Executive Order contains a number of measures to advance and secure the rights of LGBTQ communities and also includes measures to strengthen supports specifically for LGBTQ older adults.

Using this framework, legal assistance, elder rights, and aging services professionals can utilize NCLER and partner resources to learn more about the legal and supportive services needs of LGBTQ older adults and build capacity and expertise to meet those needs. Additionally, outreach to and direct, meaningful participation from LGBTQ communities will help ensure that services offered are community driven and directed.

Resources for Advocates:

- NCLER Training: Patching the Safety Net: Survivor’s Benefits for LGBTQ Older Adults ([Webinar Recording](#) & [Tip Sheet](#))
- NCLER Training Series & Resources: [Advancing Equity for Older Adults](#)

	<ul style="list-style-type: none"> <li>• Justice in Aging: <a href="#">How Can Legal Services Better Meet the Needs of Low-Income LGBT Seniors?</a></li> <li>• National Resource Center on LGBT Aging: <a href="#">Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies</a></li> <li>• SAGE: <a href="#">Legal &amp; Financial Resources</a></li> <li>• APS-TARC Training: <a href="#">Asking Inclusive Demographic Questions – How To Do It and Why It Matters</a></li> <li>• NCEA Research Brief: <a href="#">Mistreatment of Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders</a></li> <li>• National Long-Term Care Ombudsman Resource Center Fact Sheet: <a href="#">Residents’ Rights and the LGBTQ+ Community: Know YOUR Rights as a Nursing Home Resident</a></li> <li>• White House Report: <a href="#">Memorializing Transgender Day of Remembrance- A Report From the Interagency Working Group on Safety, Opportunity, and Inclusion for Transgender and Gender Diverse Individuals</a></li> </ul>
Veteran Services	<p><b>44. AP News</b> June 29, 2022 <i>Last remaining WWII Medal of Honor recipient dies at 98</i> Hershel W. “Woody” Williams, the last remaining Medal of Honor recipient from World War II, whose heroics under fire over several crucial hours at the Battle of Iwo Jima made him a legend in his native West Virginia, died Wednesday. He was 98. . . (A)t age 22, Williams received the Medal of Honor, the nation’s highest award for military valor, from President Harry Truman at the White House. . . Williams’ actions in battle to clear the way for American tanks and infantry were detailed on the military’s Medal of Honor website: He was “quick to volunteer his services when our tanks were maneuvering vainly to open a lane for the infantry through the network of reinforced concrete pillboxes, buried mines, and black volcanic sands. Williams daringly went forward alone to attempt the reduction of devastating machinegun fire from the unyielding positions.” <a href="https://tinyurl.com/WoodyWilliamsDies">https://tinyurl.com/WoodyWilliamsDies</a></p>
Disability Topics	<p><b>45. *Bloomberg News</b> June 16, 2022 <i>DOL Takes Aim at Subminimum Pay for Workers with Disabilities</i> The US Department of Labor is cracking down on enforcing how employers can pay workers with disabilities a subminimum wage, issuing new guidance on the matter and filing a lawsuit alleging violations against a Montana employer. <a href="https://tinyurl.com/DOLTakesAim">https://tinyurl.com/DOLTakesAim</a></p> <p><b>46. Disability Scoop</b> June 9, 2022 <i>Biden Administration Gives States More Time to Spend Disability Services Funds</i> States will <a href="#">get extra time</a> to spend billions of federal dollars aimed at bolstering the beleaguered Medicaid home and community-based services system after it took longer than expected for the money to make it their way. The U.S. Department of Health and Human Services is giving states an additional year to use funds that were made available for home and community-based services as part of the American Rescue Plan, a \$1.9 trillion pandemic relief package <a href="#">signed in 2021</a>. The cash infusion was intended to address pressures on</p>



	<p>the nation’s disability services system that were exacerbated by the pandemic, chiefly a long-simmering workforce crisis. . .</p> <p>CMS had already extended the time states had to spend the money until March 2024. But many states <a href="#">waited longer</a> than anticipated for CMS to approve their plans and gain access to the extra money prompting concerns that there wouldn’t be enough time to spend all of it. . .</p> <p>Now, CMS is pushing back the deadline to March 31, 2025.  <a href="https://tinyurl.com/MoreTimeToSpend">https://tinyurl.com/MoreTimeToSpend</a></p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at:  <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	<p><b>Social Security Administration</b>  <a href="https://www.ssa.gov/">https://www.ssa.gov/</a></p>
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Tuesday Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Nursing Home Closures	Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a>
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
State Budget FY 2023	<p><b>Commonwealth of Massachusetts</b></p> <p>The Governor has submitted his proposed budget for FY 2023. The budget has been considered, amended, and voted on by the House of Representatives.</p> <p>The results of the debate in the Senate and outcome of proposed amendments can be viewed at: <a href="https://malegislature.gov/Budget/FY2023/SenateDebate">https://malegislature.gov/Budget/FY2023/SenateDebate</a></p> <p>The Senate adopted the following amendment:  <i>Transparency and Accountability for Assisted Living Residences</i>  “SECTION 56A. Notwithstanding any general or special law to the contrary, there shall be an assisted living commission to study and recommend policies to ensure assisted living residences adequately meet the health and safety needs of residents. The study shall examine: (i) the current statutory and regulatory oversight of assisted living residences; (ii) assisted living best practices in other states; (iii) the benefits and disadvantages of licensing or certifying residences; (iv) marketing information communicated by residences to potential residents and families; (v) regulatory procedures for opening, closing or changing ownership of a residence including determination of need processes and clustering of facilities; (vi) trends in incident reports made to the executive office of elder affairs and the long term care ombudsman’s office and resolutions of such incidents; (vii) methods to provide transparency of information for potential consumers and family members researching and comparing residences; (viii) safety standards; (ix) existing consumer protections in statute and regulation; and (x) the provision of health care services in residences.</p>

	<p>The commission shall consist of: the secretary of elder affairs or a designee, who shall serve as chair; the commissioner of public health or a designee; the assistant secretary of MassHealth or a designee; the long term care ombudsman or a designee; the chairs of the joint committee on elder affairs or designees; and 8 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys, 1 of whom shall be a representative of LeadingAge Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts Assisted Living Association, Inc., 1 of whom shall be a representative of AARP Massachusetts, 1 of whom shall be a representative of the New England chapter of the Gerontological Advanced Practice Nurses Association, 1 of whom shall be a representative of the Massachusetts chapter of the Alzheimer’s Association and 2 of whom shall be residents or family members of residents at an assisted living residence.</p> <p>The commission shall meet not less than 6 times, including at least 1 public hearing, and shall produce a report detailing recommendations, which shall be published online by the executive office of elder affairs.</p> <p>The commission shall file its report and recommendations, including proposed drafts of any necessary legislation or regulations, to the clerks of the senate and house of representatives, the joint committee on elder affairs and the house and senate committees on ways and means not more than 1 year following the effective date of this act.”.</p> <p>The Senate budget included \$75 million in funding for nursing homes of which \$56.25 million would go for an add-on for direct care staffing costs, \$18.75 million for supplemental payments for quality improvement, and \$10 million in funding for rest home rate increases as well as language setting the asset limit at \$2,000 for eligibility for EAEDC for rest home residents, fixing a change that had been made in the FY22 budget that had eliminated the asset limit.</p> <p>On May 26, 2022, the Senate passed the budget to be engrossed. It is now numbered <a href="#">H4701</a>.</p> <p>The budget will now be considered by a Conference Committee consisting of three Senators (Sen. Rodrigues of Westport, Sen. Friedman of Arlington, and Sen. O'Connor of Weymouth) and three Representatives (Rep. Michlewitz of Boston, Rep, Ferrante of Gloucester, and Rep. Smola of Sturbridge.</p> <p><a href="https://malegislature.gov/Budget">https://malegislature.gov/Budget</a></p>
<p>Nursing homes with admission freezes</p>	<p><b>Massachusetts Department of Public Health</b></p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, the state <a href="#">announced</a> that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:</p>

- Number of new COVID-19 cases within the facility
- Staffing levels
- Failure to report a lack of adequate PPE, supplies, or staff
- Infection control survey results
- Surveillance testing non-compliance

Facilities are required to notify residents’ designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public of Health determines a facility can be removed from the list.

**Updated on June 22, 2022**

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Oosterman's Melrose Rest Home	Melrose	12/18/21	Noncompliance Testing
Savoy Nursing and Rehab Center	New Bedford	4/19/22	Infection control

List of Special Focus Facilities

**Centers for Medicare and Medicaid Services**

*List of Special Focus Facilities and Candidates*

<https://tinyurl.com/SpecialFocusFacilityProgram>

**Updated June 29, 2022**

CMS has published a new list of [Special Focus Facilities](#) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

**What can advocates do with this information?**

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

**Massachusetts facilities listed (updated April 27, 2022)**

	<p><b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></li> </ul> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• Attleboro Healthcare, Attleboro <a href="https://tinyurl.com/AttleboroHealthcare">https://tinyurl.com/AttleboroHealthcare</a></li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities that are candidates for listing</b></p> <ul style="list-style-type: none"> <li>• Highview of Northampton (added in June) <a href="https://highviewnorthampton.com/">https://highviewnorthampton.com/</a></li> <li>• Parkway Health and Rehabilitation Center <a href="https://tinyurl.com/ParkwayHealthCenter">https://tinyurl.com/ParkwayHealthCenter</a></li> <li>• Plymouth Rehabilitation and Health Care Center (added in May) <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a></li> <li>• Revolution Charwell <a href="https://tinyurl.com/RevolutionCharwell">https://tinyurl.com/RevolutionCharwell</a></li> <li>• Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website</li> <li>• Tremont Health Care Center, Wareham (added in May) <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a></li> <li>• Vantage at South Hadley No website</li> <li>• Vero Health and Rehabilitation Center of Amesbury <a href="https://tinyurl.com/VeroAmesbury">https://tinyurl.com/VeroAmesbury</a></li> <li>• Vero Health and Rehabilitation Center of Revere <a href="https://tinyurl.com/VeroRevere">https://tinyurl.com/VeroRevere</a></li> <li>• Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>								
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> Data updated November 2021 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td><a href="#">233</a></td> <td><b>B</b></td> </tr> <tr> <td><a href="#">70</a></td> <td><b>C</b></td> </tr> <tr> <td><a href="#">6,739</a></td> <td><b>D</b></td> </tr> </table>	# reported	Deficiency Tag	<a href="#">233</a>	<b>B</b>	<a href="#">70</a>	<b>C</b>	<a href="#">6,739</a>	<b>D</b>
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Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <i>Nursing Home Compare Website</i>  Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>  <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>
DignityMA Call to Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>

<b>Participation opportunities with Dignity Alliance Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Please contact workgroup lead for more information	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
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	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
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	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> <li>• Susan Goldman</li> <li>• Bill Henning</li> <li>• Chris Hoeh</li> </ul> Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> .  <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			