Through the Dignity Votes 2022 initiative, Dignity Alliance Massachusetts has invited candidates for legislative office to respond to a set of questions drafted specifically for the office. Dignity Alliance Massachusetts is a state-wide coalition of aging and disability service and advocacy organizations and supporters dedicated to the systemic transformation of long-term services, support, and care to ensure the dignity of older adults, people with disabilities, and caregivers.

Candidate Response – Damian M. Anketell (R) Candidate for the Senate (Second Essex District)

Question 1. Most Massachusetts residents know someone who has needed long-term services or care due to issues related to aging or disabilities or experienced it themselves.

Has anyone close to you needed nursing home care, congregate living arrangements, or home and community-based services, such as personal care assistants (PCAs)? What implications for public policy and regulatory enforcement do you draw from this experience?

Response to Q1: Yes, I have a family member who is in need of home care service. They have been extremely helpful. But, most of my experience has been as a care provider at Hogan regional Center for the Department of Developmental Services. I was a supervisor for direct care workers and work to develop and implement ISPs for up to 73 residents. I work to improve the quality of life for our residents by providing a safe environment, fostering peer to peer relationships, building communities-based relationship, helping the residents to be more independent, help them identify achievable goals, and to maintain a good quality of life.

Question 2. One of the most important bills considered by the 192nd General Court, but not enacted, is House No. 4780 An Act relative to Nursing Home Quality and Accountability.

Given the pervasively occurring provision of substandard care and staffing shortages, not to mention the tragic impact of Covid-19 on nursing home residents and staff, would you support transformational reform of nursing homes along the lines of H. 4780 when a version is filed for consideration in the next legislative session? If yes, will you consider being a co-sponsor in the next legislative session?

Response to Q2: I agree with the concept of HB 4780. but in my experience supervising direct care providers, you will lose 25% to 30% of your work force to the licensing requirement. My staff was approximately 85% foreign born. There is a 12% or so functionally illiterate, not just in English but in their native language. Then there are 15% to 20% that are reluctant to write anything down or to test in general. This is a cultural consideration that the Bill doesn't consider. Many of my staff were subjected to governmental testing with significant negative consequences. As it sits today, I would support it and would consider being a sponsor. I would also look to address the issues I outlined above.

Question 3. During the 2021-2022 session, the Legislature authorized the issuance of a bond in the amount of \$200 million to undertake the construction of "small house" homes for veterans in local communities throughout the Commonwealth (see https://www.cfm.va.gov/til/Prototype/CLCPrototype.pdf for a detailed description).

Will you encourage the Administration to implement this project within the next year and support additional funding to help the program operate and expand?

Response to Question 3: I would encourage the Administration to implement the project. I would support additional funding at a state level and the expansion of the program operation.

Question 4. Most Massachusetts residents would prefer to "age in place" – in their homes or in their community.

Will you support increased funding for housing vouchers, home modification for greater accessibility, increased support for home care and technology, and similar initiatives to help older adults and people with disabilities remain independent and safe in their own homes rather than face placements in nursing homes?

Response to Question 4: I fully support this effort to keep people in their home as they age. I am fortunate to be able to work with an aging community. We have had men and women residents who been with us from their twenties to their passing. We are hospice care residents. I find it to be the most dignified end of life situation to be in one's home.

Question 5. Massachusetts requires nursing home staff to be up to date on all Covid-19 vaccines and boosters, yet not all nursing homes have achieved full compliance.

Will you support efforts to achieve full compliance by staff and encourage residents to receive all recommended vaccinations and boosters?

Response to Question 5: No. A staff's decision to get the Covid19 vaccine is between them and their doctor.

Question 6. The ownership of nursing homes is increasingly under the control of out-of-state, investor groups. The organizational structure has been segmented into many components, often under common ownership, e.g., a real estate entity, management company, therapy services, and more. This makes it difficult to determine who is controlling major staffing, operational, and business decisions and who has responsibility and accountability. Consequently, it is critical to analyze how MassHealth funds are being used. Periodic, independent, comprehensive, and transparent public audits are necessary to assess how nursing homes operate and public funding is spent.

Will you advocate that the state auditor undertakes this type of audit as a priority?

Response to Question 6. I would advocate for the state auditor to prioritize this type of audit.

Question 7. Hundreds of millions of dollars of state and federal funds have been provided to Massachusetts nursing homes during the pandemic. There has been little to no analysis and accountability of the use of these funds. It is important to know if these expenditures were effective in order to direct future allocation decisions. It is equally essential to provide public assurance that the funding is used as intended.

Will you call for a comprehensive public audit of the use of pandemic-related spending as an early priority?

Response to Question 7. I believe there has been an audit of the pandemic funding. Only 7-10% of the funding has been spent in Massachusetts.

Question 8. Nursing home residents often have their human rights limited and are not treated with respect and dignity. In fact, residential clients of the Department of Mental Health and the Department of Disability Services have more rights than residents in conventional nursing homes.

Will you support efforts, such as allowing nursing home residents to file suit under the consumer protection laws, to restore human rights to such residents?

Response to Question 8. Yes.

Question 9. The safety, well-being, and rights of persons with disabilities and older adults living in public as well as subsidized housing have had little or no protection. Issues include but are not limited to failure to protect victims from bullying and mobbing; failure to grant reasonable accommodations to disabled persons; and evictions leading to homelessness and emotional and physical trauma. Accountability is lacking.

Will you support legislation to strengthen laws and their enforcement to assure the safety and rights of people in these situations?

Response to Question 9. Yes,

Question 10. About one of four nursing home residents in Massachusetts is administered anti-psychotic medications, one of the highest nursing home anti-psychotic usage rates in the country. Massachusetts requires informed written consent of a patient or a patient's representative's representative prior to the administration of anti-psychotics and other psychotropics to nursing home residents. Additionally, about 10% of Massachusetts nursing home residents have a diagnosis of schizophrenia, many of recent determination. This is a rate ten times greater than that of the general population.

What can be done to reduce the usage of anti-psychotic medications as well as ensure meaningful compliance with existing requirements?

Response to Question 10. In the residence I work, once a resident became stable on a certain level of medication, we began a slow reduction of the medication. Once the resident's behavior began to be more erratic, we would incrementally increase the lowest effective level. We would then attempt to lower the level every couple years. I feel this was quite effective in reducing several of our resident's medication loads.

Question 11. Is there anything you would like to add?

Response to Question 11. As a person responsible for the care of the individuals you advocate for, there are several other issues that have drown my attention and I am going to work to address as the next State Senator of the Second Essex District. For example, the personal funds of the residents are poorly managed. I have seen tens of thousands of dollars be taken by the state. I also find it funny that a single employee can be both an employee of DDS and a DPPC investigator. I believe there should be stronger conflict legislation to eliminate similar conflicts of interest.

Brief profile of Damian M. Anketell: Damian Anketell was born and raised in Salem and now lives in Peabody. He earned a bachelor's degree in Political Science with a concentration in Public Law from Salem State College, now University. He has nearly twenty years' experience in the fields of Criminal Justice, Mental Health, and Drug rehabilitation. https://www.facebook.com/AnketellforStateSenate/ Dignity Alliance Massachusetts is a state-wide, grass-roots coalition of aging and disability service and advocacy organizations and supporters dedicated to systemic transformation to ensure the dignity of older adults, people with disabilities, and caregivers. We are committed to advancing new ways of providing long-term services, support, living options, and care while respecting choice and selfdetermination. Dignity Alliance works through education, legislation, regulatory reform, and legal strategies to realize this vision throughout the Commonwealth.

