



The Dignity Digest

Issue # 173

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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 Monday.

	<p>*May require registration before accessing article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Spotlight</p>	<p><u>DLC Report Finds Harmful Lack of Proper Care for Patients at Bear Mountain Nursing Facility in Worcester</u> Disability Law Center January 31, 2024 <i>Understaffing, overmedicating, and isolating practices plague facility’s long-term patients; Weak state standards; lackluster enforcement contribute to woeful conditions</i></p> <p>The Disability Law Center, Inc. (DLC), the Commonwealth’s Protection and Advocacy system, today released an investigative report detailing harmful practices at the Bear Mountain Worcester nursing facility. The report finds the facility, part of a large for-profit healthcare group, demonstrates a detrimental lack of proper patient care. Understaffing, overmedication, and neglect are among the practices of concern highlighted in the report.</p> <p>The report, the result of a two-year investigation into complaints originating from patients and their families, outlines the worries of those skeptical of the facility’s safekeeping of their loved ones. The federal Nursing Home Reform Act (NHRA) sets standards for ensuring proper care for nursing home residents for a facility to be deemed operable. DLC found many NHRA violations that also constituted abuse or neglect under the statutes that protection and advocacy systems utilize when conducting investigations.</p> <p>“Our investigation uncovered deeply troubling practices at Bear Mountain’s Worcester facility. The treatment of patients in this facility violates their rights and reflects a wider issue within the industry,” said Nina Loewenstein, lead author of the report and Senior Attorney at DLC. “It’s imperative that immediate action be taken to ensure the safety and well-being of these vulnerable residents.”</p> <p>In their research, DLC uncovered evidence of a reliance on antipsychotic drugs, questionable schizophrenia diagnoses, isolation, a lack of effective interdisciplinary behavior plans, and minimal engagement with patients in the neuro-behavioral unit. These typically derive from a severe lack of staffing and clinical</p>

	<p>expertise at facilities, a common issue within the industry, particularly among for-profit providers. The facility lacks any nursing staff who are trained and credentialed in psychiatric nursing, lacks a psychologist, and most importantly, lacks on-site psychiatric and neurological consultations.</p> <p>Additionally, DLC found that patients have been routinely medicated with multiple antipsychotics and other psychotropic medications, raising compelling questions as to whether this is a consequence of the facility's understaffing and lack of adequate training and oversight. This practice is prevalent within the neurobehavioral unit, where patients with varying diagnoses, including brain injuries, anxiety, depression, dementia, trauma, and similar behavioral health conditions, reside. The unit comprises two locked floors within Bear Mountain Worcester and is not frequented by other residents.</p> <p>The report also notes that guardians and families of residents have reported widespread, serious infections spreading on site, as well as known rodent infestation and unclean communal spaces. Many residents are unable to report these hazardous conditions themselves.</p> <p>In response to DLC's audit, Bear Mountain has agreed to make changes within the facility, including working to certify identified staff on the neurobehavioral unit as certified brain injury specialists through the Brain Injury Association of Massachusetts, as well as conducting a 3-hour Fundamentals of Behavior Management course and an Applied Behavioral Analysis course. Additionally, Bear Mountain is refurbishing its van to facilitate offsite social and community activities, including offering special trips, such as personalized shopping trips, and increasing the number of therapeutic programs offered to residents, related to money management, activities of daily living, hygiene, social skills, and education about healthy eating and exercise.</p> <p>"The conditions at Bear Mountain have been appalling. It has been a dire situation, and we must hold the Commonwealth accountable for its duty to inspect and ensure proper care in these facilities," said Barbara L'Italien, Executive Director of DLC, the Commonwealth's Protection and Advocacy (P&A) system and a nonprofit organization advocating for human rights, empowerment, and justice for people with disabilities. DLC's research shows negligence and misconduct are common issues in for-profit healthcare facilities. Their report informs that staffing nursing homes is often a costly endeavor with little return for the investor. Therefore, operating with as few staff as possible is often preferred within the for-profit nursing home sector. Nearly two-thirds of all Massachusetts nursing homes are for-profit.</p>
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“Patients and families trusted Bear Mountain to provide proper care, and the facility has failed them time and again,” said **Rick Glassman**, Director of Advocacy for DLC. “Our research unequivocally shows that the Commonwealth must promptly and carefully examine the negligent or abusive practices at Bear Mountain in Worcester. We are grateful to Bear Mountain for their cooperation in our review and the measures they are taking to improve their facility and we appreciate new state policies to oversee the use of antipsychotics. Our position remains that the Commonwealth is duty-bound to inspect these facilities with an eye towards identifying root causes of deficiencies. Also, the state must impose more rigorous sanctions and corrective action plans when necessary. In this instance, they have not done so.” DLC’s report includes recommendations that the Commonwealth should take to ensure the well-being of the residents at the facility. These include requiring clinical expertise in psychiatry and neurology; requiring robust multi-disciplinary behavior plans; and limiting enhanced compensation of specialized facilities to those settings which adhere to enhanced standards of care. The Commonwealth must also ensure the facility is providing training for direct care staff in neurological care and psychotropic medications, as well as human-centered approaches to care and behavioral management; hiring sufficient staff to provide consistent quality care and maintaining basic hygiene; ensuring that residents and legal representatives understand the risks and benefits of medications; and investing in homelike environments and therapeutic spaces with resident involvement and choice. It is also recommended that Bear Mountain restore transportation services to community settings, including shopping and parks, and provide programming to develop activities and skills of daily living and vocational and education counseling.

DLC conducted six site visits from October 2021 until October 2023. During this time, DLC observed the facility’s conditions, reviewed patient records, and interviewed residents and staff, including facility administrators and behavioral health staff from the outside agency providing behavioral health services at Bear Mountain. A psychiatric nurse, a neuropsychiatrist and former nursing home administrator familiar with audits and reviews assisted DLC as experts in assessing the nursing home and final recommendations.

[Bear Mountain nursing home report alleges neglect, overmedication](#)

***Boston Globe**

January 31, 2024

By The Editorial Board

The report, while difficult to read, cries out for a response — from Bear Mountain and the state.

A nursing home can be a supportive environment for elderly residents to live out their last years with companionship and medical care. It can alternatively be a place where vulnerable people with severe physical and mental health needs are warehoused and neglected.

A [report released Wednesday](#) by the Disability Law Center examining a neurobehavioral unit at Bear Mountain nursing home in Worcester illuminates in stark terms what allegedly happens when people with schizophrenia, dementia, and other ailments are left alone, with few programs and inadequate staffing. The Disability Law Center writes, speaking broadly about nursing home patients, “They become vulnerable to abuse and neglect because of inadequate staffing and clinical expertise, excessive use of medication, substandard conditions, and prolonged isolation.”

The report, while difficult to read, cries out for a response — from Bear Mountain and the state. Lawmakers and state administrators have responded to nursing homes’ financial needs by increasing reimbursement rates. But as the report points out, rates need to be paired with oversight to ensure the money is going to provide at least a minimal standard of care. Advocates with the Disability Law Center, which has legal authority to monitor Massachusetts organizations serving people with disabilities, said they began scrutinizing Bear Mountain because of complaints about staffing. But the issues identified are emblematic of larger problems. “You have a for-profit long-term health care system taking people who are complicated and for whom nursing homes aren’t primarily prepared to be caring for,” said Nina Loewenstein, senior attorney for the Disability Law Center.

Arlene Germain, cofounder of Dignity Alliance Massachusetts, which advocates for nursing home reforms, said it is problematic that as more nursing homes establish behavioral health or other specialty units, regulations haven’t kept pace. While there are statewide standards and staffing rules for nursing homes in general, there are no state standards establishing the level of staffing and training required to run specific specialty units, like those focused on behavioral health.

Bear Mountain at Worcester, one in a chain of nursing homes, has about 140 residents, most with Medicaid insurance and complex behavioral needs. It has consistently been given the federal government’s lowest [one-star ranking](#). The 82-page report, covering the period between October 2021 and October 2023, examines a neurobehavioral unit housing about 70 residents with cognitive disabilities, psychiatric disorders, and brain injuries. It found a litany of problems, mostly involving understaffing, neglect, and overuse of psychotropic medications.

	<p>The report found that the facility consistently had staffing ratios below federal recommendations and occasionally below Massachusetts' minimum standards for nursing homes. Between 35 percent and 54 percent of nursing staff left each year. Residents' family members said there were weekends when one certified nursing assistant was responsible for an entire 35-person floor and residents who needed help getting up were left in bed. The report said staff lacked sufficient training in behavioral health care.</p> <p>A 2022 Department of Public Health inspection cited in the DLC report found residents who were dehydrated, had long nails and unbrushed teeth, and were not fully clothed. State inspectors discovered medication errors and staff who failed to properly handle feeding tubes and treat wounds. During the audit period, several residents were hospitalized for infections. Visitors from the Disability Law Center found undressed and ungroomed residents, dirty floors, and smells of urine. Resident activities were minimal, and outdoor space was scant.</p> <p>The home had high rates of residents receiving psychotropic medication and a lack of robust medical oversight to manage medications, the report found. In several case files reviewed by the DLC, residents appeared to be overmedicated while denied therapy or programs.</p> <p>Bear Mountain attorney Allison Lennon, in a written response to the Disability Law Center, said the nursing home vehemently denies the allegations, which it said, "are not grounded in fact and, in many respects, are based on overgeneralizations and inferences gleaned from outdated data and reports unrelated to the Facility." Lennon said Bear Mountain acquired the struggling nursing home just before the COVID-19 pandemic hit and improved its performance despite staffing challenges. She said the home provides specialized and trained staff; has medical oversight of medications; adequately cares for patients' health needs; and started offering more programming.</p> <p>While the burden is on Bear Mountain to improve care, the Department of Public Health must provide robust oversight. The report found that one DPH inspection of Bear Mountain was delayed six months due to staffing constraints at DPH and inspectors lacked clinical expertise. When issues were identified, they were not always addressed.</p> <p>In a written response, Health and Human Services Secretary Kate Walsh said the agency is "engaged in a multi-year initiative across multiple agencies to improve quality of care in nursing facilities," including improving screening when residents enter a home, ensuring residents have access to necessary services, and offering resources to help residents leave nursing homes. The agency is reworking MassHealth rates and conducting audits related to antipsychotic medication, Walsh wrote.</p>
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The DLC report advocates for statewide licensing requirements for behavioral health units to ensure units have enough trained staff to meet residents' needs. It suggests conditioning higher Medicaid rates for complex patients on facilities demonstrating they have adequate treatment resources. (MassHealth officials reject this approach, arguing that giving extra money to any facility with complex patients preserves consumer choice and geographic access.)

The Massachusetts House in November passed a comprehensive bill aimed at improving nursing home quality. As the Senate deliberates, the Disability Law Center report provides a blueprint for additional changes that could be incorporated. Bear Mountain is not the only one-star nursing home in Massachusetts. Residents deserve better.

[**Disturbing conditions at a Worcester nursing home prompt questions of state oversight**](#)

***Boston Globe**

January 31, 2024

By Jason Laughlin

Watchdog report cites overmedication, neglect at Bear Mountain

Residents of a for-profit Worcester skilled nursing facility were subjected to inadequate care and neglect that in some cases left the patients with complex neurological or behavioral conditions languishing and dangerously ill, according to a state watchdog agency.

The conditions found at the facility, Bear Mountain at Worcester, raise new concerns that for-profit nursing care companies prioritize revenue over patient well-being, according to a report released Wednesday by the Disability Law Center in Boston. The report also concluded that state oversight of the nursing home industry is inadequate and that Medicaid financially rewards providers who take in patients with complicated needs without ensuring they receive proper care.

"It is another example of the public not getting what they paid for," said Rick Glassman, the director of advocacy for the Disability Law Center.

The report caps a two-year review of Bear Mountain that began in October 2021 after the center received reports of low staffing, overmedication, and neglect at the Worcester facility, which houses up to 140 people. The facility specializes in the care of people with such neurobehavioral conditions as traumatic brain injury, schizophrenia, and dementia. The concerns raised included understaffing, inadequate staff expertise, and an overreliance on medication to treat patients.

In some cases, investigators found appalling conditions: rodent infestations and patients partially dressed; some patients lying in bed without even a television for stimulation.

	<p>In a statement, Bear Mountain Healthcare, which owns 17 facilities in Massachusetts and New Hampshire, said the Worcester facility provides high-quality care that's subject to scrupulous oversight.</p> <p>"Bear Mountain takes the report seriously and will consider it in its ongoing efforts to improve the quality of care delivered to its residents," the statement said.</p> <p>In a response to the law center, it disputed the findings and emphasized that when it bought the Worcester nursing home in 2019 from Wingate, a national chain, the facility was poorly rated. Only a few months later, the company said, it contended with the COVID-19 pandemic and is still struggling to absorb staff reductions due to the crisis.</p> <p>The law center report included details about a patient with schizoaffective disorder, Parkinson's, and chronic kidney disease who became increasingly immobile, incontinent, and emaciated during her stay at Bear Mountain. She spent much of 2022 in and out of hospitals, including for a case of septic shock, said her brother, Peter Zalewski of Gardner. At one point she weighed about 80 pounds, he said.</p> <p>Bear Mountain wasn't equipped or staffed to provide the care that might have helped her, the report stated, and as her condition deteriorated it never acted with urgency to address and treat the causes of her decline. After one hospital stay, the woman returned with a discharge plan that was ignored, according to the report.</p> <p>Zalewski and his family were desperate to find another nursing facility for her, but many are reluctant to accept residents with mental health conditions, he said. Finally, after one hospitalization in late 2022, the family found a home in Fitchburg that would take her. Now, Zalewski said, his sister uses the bathroom on her own, gets around with a walker, and is independent enough to take the bus to stores.</p> <p>"They almost killed her," he said. "The whole thing was a nightmare."</p> <p>Investigators found signs the Worcester facility overmedicated residents, which Bear Mountain denied, relying on drugs when activities or programs could benefit patients. One patient with traumatic brain injury received antipsychotics for decades even though she does not have psychotic symptoms, the report said. The nursing facility didn't have justifications for some diagnoses and treatment, the report stated.</p> <p>Bear Mountain stated in its response to the review investigation that patients' behavioral difficulties can make maintaining grooming and dressing a challenge. It has pest control in the building four days a week, it said, but must contend with an 80-year-old building and some residents with hoarding tendencies.</p>
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	<p>The Massachusetts Department of Public Health inspected Bear Mountain in 2022 and found 93 deficiencies but did not conduct another inspection until 18 months later — a concerning delay, according to the law center’s report, though the state noted that it also responded to complaints in those years, contributing to surveyors’ presence on site four times in 2022 and six times in 2023. Also concerning, the center’s report said, was that the state surveyors lacked the clinical expertise to evaluate the quality of the medical diagnoses and treatment residents received. The survey teams comply with federal qualification requirements, the state said.</p> <p>The Worcester home relies heavily on Medicaid for payments, and MassHealth’s reimbursement policies incentivize companies that care for patients with complicated conditions, including behavioral symptoms. MassHealth, though, does not have mechanisms in place to ensure that extra money is translating into the care the population needs, said Nina Loewenstein, a lawyer with the law center and an author of the report.</p> <p>“There’s a real public responsibility on the part of the state to be providing ongoing, strong oversight,” Loewenstein said.</p> <p>The state’s Executive Office of Health and Human Services, in its response to the law center’s report, said it is implementing steps to better identify and track patients with significant mental illness, and will do more to help those residents able to leave a nursing setting to transition to other living arrangements. The state office noted it has penalized the Worcester nursing home for understaffing.</p> <p>State Senator Pat Jehlen, a member of the Joint Committee on Elder Affairs, said the report’s findings were a call to action.</p> <p>“There’s a need to require that there be regulations about these specialized units,” said Jehlen, a Somerville Democrat.</p> <p>During the law center investigation, there were signs of improvements at Bear Mountain, with staff added. But significant concerns still exist.</p> <p>“Even if Bear Mountain has improved, it remains in the bottom 3 percent of Massachusetts nursing homes,” in the Executive Office of Health and Human Services’ evaluation of facilities statewide, the report stated.</p> <p>Bear Mountain is owned by Sabra Healthcare REIT, a publicly traded investment company focused on health care realty. The involvement of for-profit investors, real estate investment trusts, such as Sabra, and private equity in health care has become an increasingly urgent concern in Massachusetts. Private equity is playing a role in everything from slow wheelchair repairs to poor health care at state prison facilities. Steward Health Care, which faces a financial crisis that threatens its Massachusetts hospitals, is owned by a private equity firm.</p>
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	<p>In a response to the law center’s report, Bear Mountain stated, “the implication that the Bear Mountain corporate structure somehow limits the resources that the facility can use to improve the quality of life and care for its residents could not be further from the truth.”</p> <p>The law center’s report, though, asserts that when private equity firms or real estate investment trusts such as Sabra enter health care, that ownership structure shapes decisions that affect care. “It gets to the point where the system is basically broken,” said Jim Lomastro, a former nursing home administrator on the coordinating committee of the Dignity Alliance, a Massachusetts advocacy group for seniors and people with disabilities. “The state is really going to have to look at putting a lot of resources in to get this system back in shape.”</p>
<p>Quotes</p>	<p><i>More than anything, nursing home care relies on having adequate staff to meet the needs of residents, including help to get dressed, bathe, and eat their meals, as well as complex medical needs. There is no way around the foundational need of having enough qualified staff to deliver high-quality care.</i></p> <p>David C. Grabowski, professor in the Department of Health Care Policy at Harvard Medical School and David G. Stevenson, professor and the chair of the Department of Health Policy at Vanderbilt University School of Medicine, Why the debate over proposed nursing home staff minimums is particularly unproductive, STAT News, February 5, 2024</p> <p><i>"It's not because there wasn't enough demand" for home care services. “There were thousands of people either waitlisted, or not receiving the services that had been certified as they needed. So, since they weren't able to hire people, they cut the budget.”</i></p> <p>Sen. Patricia Jehlen, Senate Chair, Joint Committee on Elder Affairs, Advocates Aim to Demystify Home Care Rates, Wages, State House News, January 30, 2024</p> <p><i>Bear Mountain is not the only one-star nursing home in Massachusetts. Residents deserve better.</i></p> <p>Bear Mountain nursing home report alleges neglect, overmedication, *Boston Globe, January 31, 2024</p> <p><i>“It gets to the point where the [long-term care] system is basically broken. The state is really going to have to</i></p>

look at putting a lot of resources in to get this system back in shape.”

James Lomastro, PhD, Dignity Alliance Massachusetts Coordinating Committee member, [Disturbing conditions at a Worcester nursing home prompt questions of state oversight](#), *Boston Globe, January 31, 2024

“I am not here to be pitied and I am not a victim. Is that clear?”

Ryan J. Haddad, who has cerebral palsy and is the lead performer in “Dark Disabled Stories”, [‘Dark Disabled Stories’ Review: When the World Isn’t Built for You](#), *New York Times, March 9, 2023

“I’m a very old lady. I decided that you don’t need to do as much when you’re going to be 99.”

Former child piano prodigy Ruth Slenczynska, announcing her intention to no longer perform or teach, [Rachmaninoff’s last living piano student lives in Pa. She’s 99](#). *Washington Post, February 3, 2024

Tyler Parish thinks of himself as “the last dinosaur.” If he had been born decades earlier with the same genes, he would not have had access to the medical care and technology that allowed him to see his 43rd birthday.

But if he had been born today with access to gene therapy for spinal muscular atrophy, he might have been able to walk without assistance. He might have been able to live a life without fear of impending medical catastrophe.

[When a Cure Comes Too Late](#), New York Times, January 31, 2024

Where is the line between pathology and human variability, and who gets to decide which diseases need fixing?

[When a Cure Comes Too Late](#), New York Times, January 31, 2024

“We know that Covid is continuing to cause [thousands of hospitalizations](#) and [hundreds of deaths](#) in this country each week [a]nd 50% added protection against Covid-19 is really going to be a meaningful

increase in protection, especially for those at highest risk.”

Link-Gelles, the vaccine effectiveness program lead in the CDC's National Center for Immunization and Respiratory Diseases, [Updated Covid vaccine has 54% effectiveness, new data suggest](#), **STAT News**, February 1, 2024

“While RAC [Recovery Audit Contractor] audits practically halted during the COVID-19 pandemic, activity has picked up substantially following the end of the public health emergency.”

Attorney Amy Fouts, [The RAC is back, increasing scrutiny in a complex nursing home audit environment](#) (**McKnights Long-Term Care News**, February 5, 2024)

“Friends encourage us to live healthier lives and are the first to let us know when we need to get help, whether it is from a doctor or therapist. Yet it may be just as important to nurture these relationships as it is to exercise, eat nutritious foods and get a good night’s sleep.”

Irene Levine, a psychologist, [‘Face-to-face, hip-to-hip’ friendships help us live longer – so let’s prioritize them](#) (**The Guardian**, February 2, 2024)


“Staff have to divide their time between boarding patients and regular patients. You see the ER becoming a parking lot.”

Eugene Litvak, adjunct professor at the Harvard T.H. Chan School of Public Health, [Emergency patients in Boston are waiting longer than ever for care](#), ***Boston Globe**, February 5, 2024

At 4:30 am one day in November, 2023, 60 very ill patients waited in Brigham’s emergency department to be moved to inpatient beds. Another 30 patients were in the waiting room with one triage nurse on duty.

Safety report filed by a nurse with the Massachusetts Nurses Association, [Emergency patients in Boston are waiting longer than ever for care](#), ***Boston Globe**, February 5, 2024

“For years, Publicis Health’s marketing schemes helped fuel the nationwide opioid crisis, which has

	<p><i>shattered some of our most vulnerable communities, while creating significant financial strain on our state systems. I am proud of my team’s national leadership in securing this settlement, which will not only bolster accountability and transparency for this ongoing crisis but will also provide millions of dollars for much needed treatment and services to support individuals and families across Massachusetts.”</i></p> <p>Attorney General Andrea Campbell, AG Campbell Announces \$350 Million Settlement With Multinational Marketing Firm Publicis Health Over Role In Opioid Epidemic, Office of the Attorney General, February 1, 2024</p>
<p>Older Americans Month</p> 	<p>Administration on Community Living Older Americans Month 2024</p> <p>Every May, the Administration for Community Living leads the nation’s observance of Older Americans Month (OAM). The 2024 theme is Powered by Connection, which recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. We will explore the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.</p> <p>Join us in promoting the benefits of connecting with others. Here are some ways you can participate.</p> <ul style="list-style-type: none"> • Share facts about the mental, physical, and emotional health benefits of social connection and how it contributes to overall well-being. • Promote resources that help older adults engage, like community events, social clubs, and volunteer opportunities. • Connect older adults with local services, such as transportation, which can help them overcome obstacles to achieving or maintaining meaningful relationships. • Encourage partners to host a connection-centric event or program focused on older adult mentors to youth, peer-to-peer support, or similar efforts. • Challenge professional and personal networks to prioritize meaningful social connections and share the benefits. • Inspire older adults to share what connection means to them on social media using the hashtag #PoweredByConnection.
<p>Recruitment</p>	<p>Disability & Philanthropy Forum <i>Executive Director</i></p> <p>With the planned retirement of the founding Executive Director Emily Harris, the Disability & Philanthropy Forum has begun the search for our next Executive Director. The Forum is seeking a hands-on and collaborative leader to carry forward its mission, advance its strategic plan, and usher the organization through a period of transformation. The Executive Director will serve as the Forum’s highly visible ambassador in the disability and philanthropic communities, combining their profound knowledge of the philanthropic sector with their experience in and/or knowledge of the disability community.</p>

	<p>Candidates who have lived disability experience and identify as having a disability are welcome and highly encouraged to apply for this position.</p> <p>Learn More and Apply</p>
<p>Older Adult Lobby Day Tuesday, February 27, 2024 11:00 a.m. to 2:00 p.m. Great Hall, State House Learn more and register here!</p>	<p>Older Adult Lobby Day Learn more and register here! Advocate for critical supports to help older adults and people with disabilities live healthy lives in the community Older adults and people with disabilities want to remain safely in their homes as they age. Many state programs and independent organizations exist to help people remain connected with friends, families, and communities while avoiding costly institutional care, but these programs need legislative commitment and strong funding. Please join us at the Statehouse to urge your legislators to fund and support quality, effective community-based services for older adults!</p> <p>Featured Speakers: Senator Patricia D. Jehlen Representative Thomas M. Stanley Chairs, Joint Committee on Elder Affairs</p> <p>Older Adult Lobby Day sponsors! The Older Adult Behavioral Health Network Massachusetts Association for Mental Health (MAMH) AARP Massachusetts Mass Home Care Dignity Alliance MA MA Senior Action Massachusetts Councils on Aging Massachusetts Guardianship Policy Institute Alzheimer's Association Action for Boston Community Development Learn more and register here!</p> <p>Box lunches are available courtesy of Mass Home Care, AARP, and Massachusetts Association of Councils on Aging. To request a box lunch: https://forms.gle/PVTFkUox5yfXorMY6</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes Why the debate over proposed nursing home staff minimums is particularly unproductive (STAT News, February 5, 2024) The RAC is back, increasing scrutiny in a complex nursing home audit environment (McKnights Long-Term Care News, February 5, 2024)</p> <p>Home and Community Based Services Advocates Aim to Demystify Home Care Rates, Wages (State House News, January 30, 2024)</p> <p>Veterans Services Healey's HERO Act Begins Its Journey (State House News, January 23, 2024)</p> <p>Caregiving Credit for Caring Act Offers Relief for Financially Strained Family Caregivers (AARP, January 31, 2024)</p> <p>Covid / Long Covid / RSV Track Covid-19 in the U.S. (*New York Times, February 5, 2024) 3,192 confirmed cases and 29 deaths in a week. See the latest COVID-19 data from Mass. (*Boston Globe, February 1, 2024)</p>

	<p>Updated Covid vaccine has 54% effectiveness, new data suggest (STAT News, February 1, 2024)</p> <p>The Check Up with Dr. Wen (*Washington Post, February 1, 2024)</p> <p>For 60+ years, respiratory syncytial virus (RSV) vaccines have evaded scientists. But now that's changed (Scientific American (podcast), January 31, 2024)</p> <p>Disability Topics</p> <p>Disabled LGBTQI+ Youth and SSI (Social Security Matters, February 1, 2024)</p> <p>Obie Awards, Sans Ceremony, Honor 'Dark Disabled Stories' (*New York Times, January 26, 2024)</p> <p>'Dark Disabled Stories' Review: When the World Isn't Built for You (*New York Times, March 9, 2023)</p> <p>Aging Topics</p> <p>Rachmaninoff's last living piano student lives in Pa. She's 99. (*Washington Post, February 3, 2024)</p> <p>America's oldest living person is turning 116. Her hometown is throwing a birthday bash (*USA Today, February 2, 2024)</p> <p>'Face-to-face, hip-to-hip' friendships help us live longer – so let's prioritize them (The Guardian, February 2, 2024)</p> <p>Health Topics</p> <p>Hospital Backlogs Push Parts of Care System Into "High Risk" (State House News, February 5, 2024)</p> <p>Emergency patients in Boston are waiting longer than ever for care (*Boston Globe, February 5, 2024)</p> <p>AG Campbell Announces \$350 Million Settlement With Multinational Marketing Firm Publicis Health Over Role In Opioid Epidemic (Office of the Attorney General, February 1, 2024)</p> <p>When a Cure Comes Too Late (New York Times, January 31, 2024)</p> <p>The nurse practitioner will see you now (Vox, January 29, 2024)</p> <p>Drugs like Ozempic could help with Alzheimer's and Parkinson's (Nature, January 26, 2024)</p>
<p>Webinars and Other Online Sessions</p>	<ol style="list-style-type: none"> 1. REV UP Massachusetts and Disability Law Center Wednesday, February 14, 2024, 1:00 p.m. Polling Place Surveys – A Training Session A training session for volunteers interested in learning about how to survey their polling places during the upcoming election. This training is free. Participants will learn how to identify accessibility issues at polling sites and how to report issues using the REV UP survey tool. Registration 2. National Center on Elder Abuse New Webinar Series Collaborating for Justice for Older African Americans Guide In the fall of 2023, the National Clearinghouse on Abuse in Later Life (NCALL) released the Collaborating for Justice for Older African Americans Guide (herein <i>Collaborating for Justice</i>), which aims to equip professionals working with older adults to build stronger and more equitable collaborations with African American community-based and culturally-specific programs. Through these collaborations, older African Americans impacted by elder abuse will have greater access to effective and culturally responsive services and supports. <i>Collaborating for Justice</i> presents invaluable insights of stakeholders from

African American culturally-specific programs across the country who shared their expertise, experiences, and deep understanding of the cultural nuances and historical context of services and community collaboration. Additionally, the guide reflects the perspectives and experiences of mainstream elder justice professionals regarding benefits and barriers of collaboration with culturally-specific programs.

NCALL is excited to announce a 3-part webinar series on *Collaborating for Justice*. All webinars will be held from 2-3:30pm ET.

- **Tuesday, March 19, 2024: Webinar 1: Introduction to Collaborating for Justice** – This webinar will further introduce the guide and discuss the need for culturally-specific organizations.
- **Tuesday, March 26, 2024: Webinar 2: Guiding Principles of Equitable Collaboration** – This webinar will elaborate on the guiding principles of equitable collaboration.
- **Tuesday, April 16, 2024: Webinar 3: In conversation about Collaborating for Justice** – This webinar will feature a conversation with culturally-specific program leaders, Antonia Norton of The Asha Project (Milwaukee, WI), Kalimah Johnson of The SASHA Center (Detroit, MI), and Dr. Patricia Davenport of Our House (Greenville, MS), about their experience and insights on equitable partnership development.

All webinars are designed to be interactive with opportunities for group discussions and will encourage attendees to engage their agencies and communities about their collaboration experience and next steps in the time between each webinar.

This webinar series is ideal for:

- Leaders of mainstream service provider agencies, such as: aging services networks, local aging or senior services agencies, domestic violence and sexual assault non-profit organizations.
- Coordinators and members of Community Coordination Teams such as: Elder Justice Taskforces, Multidisciplinary Teams (MDTs), Enhanced Multidisciplinary Teams (E-MDTs), Coordinated Community Response Teams (CCRs).

Attendees are encouraged to review *Collaborating for Justice* prior to the webinar series and are welcome to submit questions at the time of registration and/or prior to the webinar via email to Victoria Ferguson-Young at vfergusonyoung@ncall.us.

Please secure your spot by registering today to join this webinar series:

https://us02web.zoom.us/webinar/register/WN_6GVD4-FrR2yXxxKGo2BevA

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3. **Administration on Community Living (ACL), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Council on Aging (NCOA)**

	<p>Thursday, May 2, 2024 All Day <i>7th Annual Older Adult Mental Health Awareness Day Symposium</i> This free, all-day, virtual event will feature an engaging plenary, informative sessions, and a diverse array of topics addressing the most pressing needs in older adult mental health. Watch your inbox for free registration information in mid-March! Who should attend? Public health practitioners, professionals in the aging network, mental health providers, health care professionals, and anyone interested in ensuring the mental health of older adults are encouraged to attend. In partnership with the E4 Center of Excellence for Behavioral Health Disparities in Aging, NCOA anticipates offering continuing education for several disciplines.</p>
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<p>4. STAT News February 5, 2024 Why the debate over proposed nursing home staff minimums is particularly unproductive By David C. Grabowski and David G. Stevenson The Biden administration’s proposed minimum staffing standard is likely the most important nursing home reform measure in decades. If finalized, the rule would establish detailed federal nursing home staffing standards for the first time, requiring facilities to always have a registered nurse onsite and to meet explicit levels for RN and nurse aide staffing. Following the release of the proposed rule in September, however, the administration has received intense criticism from both industry and advocacy stakeholders. Industry stakeholders have argued the staffing requirement is an “unfunded mandate” that will lead to the closure of nursing homes. They point to thin operating margins in many facilities and to broader workforce challenges in hiring direct care staff. Meanwhile, advocates have argued the staffing requirement is far too weak and will not protect residents. They also argue that nursing homes have plenty of money to pay for staff, they’re just hiding dollars through complex ownership structures and related party transactions. When tackling a contentious issue, a maxim is that if you make both sides unhappy with a proposal, then you’re probably on the right track. But as researchers who study nursing home care, we’re not sure that’s the case here. Each side is working from a different set of facts, making it difficult to engage in a policy debate about how best to move forward. Nursing home providers have been especially vocal in their opposition to the proposed rule and have enlisted lawmakers on both sides of the aisle to oppose it altogether. Lawmakers from rural markets have been most sympathetic to their concerns, highlighting the role of nursing homes in their communities and pointing to an insufficient labor supply of direct care staff. The proposed rule explicitly acknowledges these challenges and not only provides rural facilities additional time to comply but also offers exemptions for facilities facing a tight labor market. These provisions have done little to quell opposition.</p>

We agree the proposed rule is not perfect. (For instance, we would prefer to see a standard for *all* direct care staffing, not just RN and aide staffing.) But we are concerned that the naysayers will leave us with the status quo — and as [we](#) and [others](#) have argued, that is not an acceptable option. Nursing homes have been required to have “sufficient” staff to meet residents’ needs for decades, but few explicit staffing requirements extend past this general expectation. In fact, despite recurring instances of poor-quality care identified by oversight agencies and others, the frequency with which facilities have been cited for insufficient staffing is [quite low](#). Even with its imperfections, a more robust and explicit staffing standard has the potential to compel needed change.

In the current debate about staffing, both sides are talking past one another. Industry leaders suggest the proposed rule will bankrupt large numbers of nursing homes, while advocates assert there is plenty of money to pay more staff. [Government](#) and [published](#) studies suggest mixed evidence regarding the size of nursing home profit margins. Unfortunately, we don’t know who is correct in the absence of having better financial and ownership data such that regulators can tell who owns a nursing home and how they are spending public dollars. If they proceed, the new staffing standards would accompany the [recently finalized rule](#) on transparency in nursing home ownership and management entities, a rule targeted in part to track the role of private equity, real estate investment trusts, and other investors in the sector. Although they might seem unrelated, establishing greater ownership and financial transparency is essential to pursuing staffing and other reforms that could bring additional resources into the nursing home sector.

The Biden administration has taken steps to improve transparency in ownership, but those data have thus far been incomplete, outdated, and unreliable. The administration must also invest in processes to ensure adequate financial accountability. Currently, the Medicare cost reports are not adequate to track nursing home profitability, leaving lawmakers and others to address the issue without full information.

We were both members of a recent National Academies of Sciences, Engineering, and Medicine (NASEM) [commission](#) that made a [series of recommendations](#) to improve the quality of nursing home care. The NASEM report made two recommendations to increase the transparency and accountability of finances, operation, and ownership. First, we recommended that the Department of Health and Human Services collect, audit, and make publicly available detailed facility-level data on the finances, operations, and ownership of all nursing homes. HHS should ensure that the data allow the assessment of financial arrangements and payments, related party entities, and corporate structures. Second, we recommended that HHS ensure that accurate and comprehensive data on the finances, operations, and ownership of all nursing homes are available in a real-time, readily usable, and searchable database.

At the end of the day, everyone seems to agree we need more staff in U.S. nursing homes. Yet, implementing meaningful staffing standards is difficult in the absence of greater transparency and accountability. Do we need more public investment as nursing homes suggest, or are there already sufficient dollars in the system to be redirected to resident care as advocates contend? With better data in place, policymakers could break

	<p>this stalemate and improve the care of millions of baby boomers who will receive nursing home care in the coming years.</p> <p>5. McKnight’s Long-Term Care News February 5, 2024 <u>The RAC is back, increasing scrutiny in a complex nursing home audit environment</u> By Kimberly Marselas Audits of skilled nursing providers are likely to increase this year, with a growing number of federal and state recovery audits adding to specialized compliance reviews announced last year. In 2023, regulators instituted audits of facilities using potentially inappropriate diagnoses of schizophrenia, as well as a new, five-claim audit of every US nursing home that was specifically meant to root out improper payments. Now, routine audits run by the federal Medicare Fee for Service Recovery Audit Program and states looking to ensure payment accuracy through the Medicaid program are roaring back to life. . . Regulatory agencies have made clear that they intend to more actively pursue audits and clawback overpayments. Even the Centers for Medicare & Medicaid Services itself came under additional pressure last summer. That’s when the Government Accountability Office said the agency <u>needed to do a better job</u> of recouping overpayments through state Medicaid programs and cited allegedly “lenient” processes that let states opt out of the federal auditing program. States that elect to use the federal recovery audit contractors to review their managed care programs, however, have reported collecting millions annually, including one state that recouped \$177 million, according to the GAO.</p> <p>6. The Consumer Voice January 25, 2024 <i>Using Data to Protect Nursing Home Residents</i> Recorded webinar and related material Too often state and federal regulators fail to use data to protect nursing home residents from poor care and unscrupulous providers. From ownership, to staffing, to finances, regulators sit upon a trove of nursing home data that could be used to not only hold facilities accountable for poor care, but also help prevent catastrophic harm before it happens. During this webinar, experts discussed the various data sources that can be used proactively to help protect residents. Webinar Materials:</p> <ul style="list-style-type: none"> • <u>Slides</u> • <u>US Nursing Home Finances: Spending, Profitability and Capital Structure</u> • <u>LTCCC Nursing Home Data Center</u> • <u>Using What We Have: How Existing Legal Authorities Can Help Fix America's Nursing Home Crisis</u>
Home and Community Based Care	<p>7. State House News January 30, 2024 <u>Advocates Aim to Demystify Home Care Rates, Wages</u> By Sam Doran</p>

	<p>When the governor trimmed the state's elder home care budget this month in a mid-year emergency cut, she said she was right-sizing the appropriation to what the state expects to spend on the program. But, Sen. Patricia Jehlen said, that's exactly the problem.</p> <p>"It's not because there wasn't enough demand" for home care services, Jehlen said at a State House advocacy event Tuesday. "There were thousands of people either waitlisted, or not receiving the services that had been certified as they needed. So, since they weren't able to hire people, they cut the budget."</p> <p>Gov. Maura Healey nixed \$2.6 million from the home care line item, reducing it to \$211 million, in her Jan. 8 budget-balancing move. . .</p> <p>While the demand for services is there, the lack of utilization is a workforce issue, said Jehlen, who co-chairs the Legislature's committees on both elder affairs and labor. . .</p> <p>Health Care Financing has issued reports on 37 pieces of legislation this term, according to the Legislature's website, and still has 180 bills sitting in its custody with an initial March 27 decision-making deadline.</p>
Veterans Services	<p>8. State House News January 23, 2024 Healey's HERO Act Begins Its Journey By Chris Lisinski <i>Bill Could Bring New Benefits, Supports To Veterans In 2024</i> Pitching it as "the best way to honor" military members who died in the line of duty, Gov. Maura Healey and the state's top veteran services official urged lawmakers Tuesday to overhaul a wide range of services and benefits for Bay State veterans.</p> <p>Healey's omnibus veterans bill surfaced three months after she filed it for a hearing, where the governor and Veterans Services Secretary Jon Santiago said the state needs to streamline and expand supports for current and former servicemembers to give them the care they deserve.</p> <p>The legislation (H 4172), which Healey dubbed the HERO Act, calls for 17 different spending and policy changes with a combined goal of expanding benefits, modernizing services, and ensuring that veterans of all backgrounds are included and represented. . .</p> <p>Benefit-related provisions in the bill include an increase in the annuity paid to disabled veterans from \$2,000 per year to \$2,500 per year, authorization for veterans on Chapter 115 benefits to be reimbursed for outpatient behavioral health care visits, and a significant extension for an active duty service buyback program from 180 days to 10 years.</p>
Caregiving	<p>9. AARP January 31, 2024 Credit for Caring Act Offers Relief for Financially Strained Family Caregivers By Kimberly Goad <i>Reintroduced bipartisan legislation would provide up to \$5,000 tax credit for eligible caregivers</i></p> <p>According to AARP's 2023 Valuing the Invaluable report, the economic value of family caregivers' unpaid contributions was approximately \$600 billion in care each year. They do everything from helping prepare meals and paying bills to assisting with medication, medical/nursing tasks and general activities of daily living — most often so the loved ones they're</p>

	<p>caring for can continue to live independently in their homes and communities.</p>
Covid / Long Covid /RSV	<p>10. *New York Times February 5, 2024 Track Covid-19 in the U.S. Updated February 5, 2024</p> <p>11. *Boston Globe February 1, 2024 3,192 confirmed cases and 29 deaths in a week. See the latest COVID-19 data from Mass. By Peter Bailey-Wells, Ryan Huddle, Daigo Fujiwara and Amanda Kaufman Here's a look at the latest coronavirus numbers in Massachusetts, including case numbers, deaths, demographics, and more.</p> <p>12. STAT News February 1, 2024 Updated Covid vaccine has 54% effectiveness, new data suggest By Helen Branswell New data released Thursday by the Centers for Disease Control and Prevention suggest that the most recent Covid-19 booster offers about 54% percent protection against infection with the virus. A study published in the CDC's online journal Morbidity and Mortality Weekly Report showed that the updated vaccine was essentially equally effective at protecting against the strain targeted by the vaccine — called XBB.1.5 — and the JN.1 subvariant, which emerged after the vaccine was made. JN.1 is currently the dominant virus circulating in the United States.</p> <p>13. *Washington Post February 1, 2024 The Check Up with Dr. Wen Recommendations for KN95 masks</p> <p>14. Scientific American (podcast) January 31, 2024 For 60+ years, respiratory syncytial virus (RSV) vaccines have evaded scientists. But now that's changed Last winter, you might have seen the headlines about rising hospitalizations from respiratory syncytial virus, or RSV. Healthcare providers now have tools to help prevent lower respiratory tract disease caused by RSV in adults 60 years and older. This fall and winter is the first respiratory season when RSV vaccinations will be available in the United States to help protect against RSV for older adults. Scientific American Custom Media recently sat down with Dr. Temi Folaranmi, Vice President and Head, US Medical and Clinical Affairs, Vaccines at GSK, in this GSK-sponsored segment to learn more about RSV, the immune system, and vaccinations.</p>
Disability Topics	<p>15. Social Security Matters February 1, 2024 Disabled LGBTQI+ Youth and SSI By Charleigh J. Flohr, M.P.P., Associate Director, Public Education & Research, Human Rights Campaign Foundation and Violet Lhant, Writing and Content Manager, Human Rights Campaign Foundation Students who are both LGBTQI+ and have a disability often lack the resources necessary to perform well at school. . .</p>

	<p>Social Security can help eligible students through the SSI program. SSI provides monthly payments to children who:</p> <ul style="list-style-type: none"> • Are under age 18 and have physical or mental condition(s) that seriously limits their daily activities for a period of 12 months or more or is expected to result in death. • Live in a household with limited income and resources. <p>16. *New York Times January 26, 2024 Obie Awards, Sans Ceremony, Honor ‘Dark Disabled Stories’ By Michael Paulson The Obie Awards, a scrappy but venerable annual competition honoring the best theater staged Off and Off Off Broadway, has chosen “Dark Disabled Stories,” Ryan J. Haddad’s autobiographical work inspired by his experiences navigating the city with cerebral palsy, as the best new American play.</p> <p>17. *New York Times March 9, 2023 ‘Dark Disabled Stories’ Review: When the World Isn’t Built for You By Laura Collins-Hughes The autobiographical stories here — set on buses, or on Grindr dates, or on the pitted streets of New York — are calibrated to blast away condescension and replace it with something closer to comprehension. Partly, they’re about how arduous it can be to navigate a world that’s oblivious to your comfort and safety because it wasn’t built with your kind of body in mind. But these stories are also about the body as an instrument of pleasure, a vessel of longing, a means of communication. . . [Play author, Ryan J. Haddad, who has cerebral palsy] will change the way you think about disability — and prompt you to think of accessibility as something that can deepen a dramatic experience when it’s built into the architecture of the piece.</p>
Aging Topics	<p>18. *Washington Post February 3, 2024 Rachmaninoff’s last living piano student lives in Pa. She’s 99. By Cathy Free Child piano prodigy Ruth Slenczynska received an urgent telegram in 1934: Famed pianist and composer Sergei Rachmaninoff couldn’t play at his performance in Los Angeles because of an elbow injury. Could she fill in? Slenczynska was 9. “My father said, ‘Of course, we can come,’” Slenczynska recalled. . . Her final project was an important one to her, and a fitting coda to her musical career. In 2022, at age 97, she recorded her first album in nearly 60 years for Decca Classics, a classical music record label. . . “I’m a very fortunate lady, and my hands are as youthful and free of pain as when I was 30,” she said. “It’s because of the music. It will always be an important part of who I am.”</p> <p>19. *USA Today February 2, 2024 America’s oldest living person is turning 116. Her hometown is throwing a birthday bash By Claire Thornton</p>



Photograph: Goodboy Picture Company/Getty Images

The oldest person in the U.S. is about to celebrate her 116th birthday. Edith "Edie" Recagno Keenan Ceccarelli lives in northern California, in the small town of Willits and she's the second-oldest person on Earth, [according to the Gerontology Research Group](#)

20. The Guardian

February 2, 2024

['Face-to-face, hip-to-hip' friendships help us live longer – so let's prioritize them](#)

By Sable Yong

Loneliness is a health epidemic, but friendships can lower blood pressure and cardiovascular reactivity – and make us happier

Almost four years after Covid imposed long-term social isolation, many of us are rethinking the value of friendship, including [Gyan Yankovich](#), the author of Just Friends. "So many of the things we do and milestones we celebrate revolve around the idea that the nuclear family and marriage should be valued above all else," she tells me. "The way society is set up doesn't make prioritizing friendship easy." . . .

So, I made a concerted effort to invest in my support system. I reached out to old friends to catch up. I said yes to their invitations. I opened up to them about my insecurities. I even asked some of them for help (previously unthinkable, as someone who once said, "no worries!" to a packed subway after I'd fainted). Socializing requires a lot of energy, but it always feels satisfying. . .

Our hyperconnected culture has resulted in massive social alienation, with loneliness now a [health epidemic](#). Social isolation [increases the risk of early death](#) from [all causes](#). Research states that a lack of social connection is [as harmful as smoking up to 15 cigarettes a day](#). It's not just a Covid-era development; [loneliness has been on the rise for the last 20 years](#), especially since smartphones became ubiquitous.

Health Topics

21. State House News

February 5, 2024

[Hospital Backlogs Push Parts of Care System Into "High Risk"](#)

By Alison Kuznitz

Major swaths of the state's health care system are now considered "high risk," with the crisis largely fueled by a major backlog of patients [waiting to be discharged](#) from hospitals, the Massachusetts Health and Hospital Association said Monday.

MHA indicated the situation is exacerbated by serious financial challenges at Steward Health Care, which on Friday said it [doesn't plan to close](#) any of its safety-net hospitals in Massachusetts but hinted some facilities may eventually come under new ownership.

The Department of Public Health elevated the risk level of two medical regions -- the Boston metropolitan area and northeastern Massachusetts -- to Tier 3 last week, a designation that could result in hospitals slashing "elective, non-urgent procedures and services," MHA said. Hospitals with the designation must also meet frequently to discuss bed availability. . .

The state makes its decisions about risk level [tiering](#), using a scale of 0 to 4, based on risk factors such as a spike in certain diseases, staffing problems, emergency department usage and bed availability. DPH, in an alert sent to providers, said the new risk levels were being issued "in order to assure good situational awareness and rapid response for capacity constraints and workforce challenges."

Other parts of the state, including southeastern Massachusetts and the Cape and Islands, have been assigned to Tier 3 since the start of 2023. The state in January outlined an agreement among hospitals, insurers and long-term care settings designed to more smoothly and efficiently move patients through hospitals.

22. *Boston Globe

February 5, 2024

[Emergency patients in Boston are waiting longer than ever for care](#)

By Liz Kowalczyk

Many patients at Boston’s best-known hospitals spend 12- to 24-hours in emergency departments.

As frustrating delays in [hospital emergency departments](#) worsen, even patients with less serious health problems are spending 12 to 24 hours and longer at certain hospitals to get care, sometimes amid chaotic circumstances.

Boston’s largest and most profitable hospitals are among those with the longest delays, and the crowded conditions at many institutions are putting patients at risk, according to data, safety reports, and investigation records analyzed by the Globe.

At Massachusetts General Hospital in Boston, 20 percent of the 84,000 patients who were treated and sent home in 2022 were in the emergency department for more than 12 hours. At Brigham and Women’s Hospital, also in Boston, it was 16 percent. . .

At 4:30 am one day in November, 2023, 60 very ill patients waited in the Brigham’s emergency department to be moved to inpatient beds. Another 30 patients were in the waiting room with one triage nurse on duty, according to a safety report filed by a nurse with the Massachusetts Nurses Association. . .

Policymakers have tended to focus on the problem of [seriously-ill patients “boarding”](#) in emergency departments as they wait for a scarce bed on a regular inpatient unit. But the data obtained by the Globe covers waits for the majority of patients who stream into emergency departments: those with the flu, migraines, simple fractures, chest pain, vomiting, and other common ailments who will —eventually — be sent home without a hospital admission. . .

Laura Oggeri, a spokeswoman for Mass General Brigham, said in an email that elective inpatient procedures are not the reason for long emergency department waits, and that most of these procedures are not optional for patients. Rather, she placed the blame on “unprecedented patient need,” with patients arriving in emergency departments sicker and needing more tests and treatment than in the past, in part because they cannot get an appointment with a primary care doctor. The actual number of patients seeking care in the Mass General and Brigham emergency departments has remained fairly steady in recent years, hospital executives said.

23. Office of the Attorney General

February 1, 2024

[AG Campbell Announces \\$350 Million Settlement With Multinational Marketing Firm Publicis Health Over Role In Opioid Epidemic](#)

Settlement secures \$8 million to address ongoing opioid crisis in Massachusetts and bolsters transparency of the company’s work in fueling nationwide opioid crisis

Attorney General Andrea Joy Campbell announced a \$350 million national settlement with Publicis Health that would resolve the Commonwealth’s litigation against the marketing and communications firm for its role in the opioid crisis, including its work for opioid manufacturer Purdue Pharma. Massachusetts will receive nearly \$8 million from the settlement to help address the opioid crisis.

The [settlement](#) will fund the state’s Opioid Recovery and Remediation Fund to provide support for opioid use disorder prevention, treatment, recovery, and harm reduction efforts throughout Massachusetts. As part of the settlement, the company will disclose on a public website thousands of internal documents detailing its work for opioid companies and will stop accepting client work related to opioid or other opioid-based Schedule II or Schedule III controlled substances. . .

More than 20,000 Massachusetts residents have died from opioid-related overdoses over the last 20 years. These deaths—and the impacts on thousands who have struggled with opioid addiction—have created considerable costs for our health care, child welfare, and criminal justice systems. More significant than the dollars and cents in damage to our state, the opioid crisis has harmed communities, damaged relationships, and torn families apart.

24. *New York Times

January 31, 2024

[When a Cure Comes Too Late](#)

By Dr. Daniela J. Lamas

Gene therapy has seen remarkable and highly publicized success in recent months, from the [Food and Drug Administration’s approval](#) of what amounts to [cures for sickle cell disease](#) to the news that a boy with congenital deafness [could hear for the first time](#) in his life after gene therapy. . .

“When I talk as someone who is older, who is missing out on some of these things, it’s not from a bitter place. It’s from a place of, ‘Thank God that these younger people are born at the right moment in time,’” Mr. Parish told me. “I love the idea that a kid can be born with S.M.A. and never know the infinite desperate medical situations, the social situations they’re going to be able to avoid.”. . .

What is clear is that people born with his disease today can live completely different lives from Mr. Parish’s. They will be treated before they have any understanding of what they are avoiding. They will never know what it is to grow up with the belief that they might not see adulthood, to wake up in a long-term hospital and look ahead at a day of exhaustion and a million indignities. It is remarkable that these two completely different realities can exist at the same moment.

25. Vox

January 29, 2024

[The nurse practitioner will see you now](#)

By Keren Landman, MD

You’re likelier than ever to get care from a physician assistant or nurse practitioner. Here’s what you need to know.

Americans seeking health care are increasingly likely to get it from people who aren’t doctors. The reasons are partly related to supply and demand: A nationwide physician shortage has been mounting for decades. And while the pipeline for producing more doctors hasn’t widened —

	<p>something that would literally require an act of Congress — schools that train nurse practitioners (NPs) and physician assistants (PAs) have proliferated. As a result, nurse practitioner numbers have tripled since 2010, and there are nearly twice as many physician assistants now as then. In primary care clinics, emergency departments, operating rooms, and medical specialty offices, these medical professionals are now doing a lot of the same tasks doctors do.</p> <p>26. Nature January 26, 2024 Drugs like Ozempic could help with Alzheimer’s and Parkinson’s Obesity drugs have another superpower: taming inflammation The blockbuster medications that reduce body weight also reduce inflammation in organs such as the brain, raising hopes that they can treat Parkinson's and Alzheimer's diseases. The latest generation of anti-obesity drugs has taken the world by storm, thanks to their effectiveness at treating diabetes and reducing weight. But these drugs also have a less well-known superpower: the ability to suppress inflammation. Evidence suggest that the drugs classified as GLP-1 receptor agonists — a category that includes brand names such as Mounjaro and Wegovy — can reduce inflammation in the liver, kidneys and heart. The drugs even seem to dial down inflammation in the brain, leading scientists to hope that the compounds could be used to treat Parkinson’s and Alzheimer’s diseases, both of which are characterized by brain inflammation. A recent review¹ listed more than 20 clinical trials that are exploring the drugs as therapies for the two conditions.</p>
Health Equity	<p>27. Centers for Medicare and Medicaid Services CMS Health Equity Conference May 29 to 30, 2024 Hyatt Regency, Bethesda, Maryland. Virtual participation available. CMS is convening health equity leaders from federal and local agencies, health provider organizations, academia, community-based organizations, and others to sustain health equity through action. Conference attendees will have the opportunity to hear from CMS leadership on recent developments and updates to CMS programs; explore the latest health equity research; discuss promising practices and creative solutions; and collaborate on community engagement strategies. Call for proposals</p>
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: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
Websites	
YouTube Channels	
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>

Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
Nursing Home Closures	Massachusetts Department of Public Health <i>South Dennis Health Care</i> Target closure date January 30, 2024 Notice of Intent to Close (PDF) (DOCX)	
Nursing homes with admission freezes	Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.	
Massachusetts Department of Public Health Determination of Need Projects	Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.	

<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (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?</p> <ul style="list-style-type: none"> • 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. <p>Massachusetts facilities listed (updated March 29, 2023) Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • South Dennis Healthcare https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063 <p>Massachusetts facilities which have graduated from the program</p>
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	<ul style="list-style-type: none"> • The Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218 • Worcester Rehabilitation and Health Care Center, Worcester https://worcesterrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225199 <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (15) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Glen Ridge Nursing Care Center (1) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
<i>Nursing Home Inspect</i>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 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</p>

	<p>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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: 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. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting 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>https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								

<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<p>Massachusetts Department of Public Health <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>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
<p>DignityMA Call Action</p>	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
<p>Access to Dignity Alliance social media</p>	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<p>Workgroup</p> <p>General Membership</p> <p>Behavioral Health</p> <p>Communications</p> <p>Facilities (Nursing homes and rest homes)</p> <p>Home and Community Based Services</p> <p>Legislative</p> <p>Legal Issues</p> <p>Interest Group</p> <p>Assisted Living</p> <p>Housing</p> <p>Veteran Services</p> <p>Transportation</p> <p>Covid / Long Covid</p> <p>Incarcerated Persons</p>	<p>Workgroup lead</p> <p>Bill Henning Paul Lanzikos</p> <p>Frank Baskin</p> <p>Lachlan Forrow</p> <p>Arlene Germain</p> <p>Meg Coffin</p> <p>Richard Moore</p> <p>Jeni Kaplan</p> <p>Group lead</p> <p>John Ford Bill Henning</p> <p>James Lomastro</p> <p>Frank Baskin Chris Hoeh</p> <p>James Lomastro</p> <p>TBD</p>	<p>Email</p> <p>bhenning@bostoncil.org paul.lanzikos@gmail.com</p> <p>baskinfrank19@gmail.com</p> <p>lforrow@bidmc.harvard.edu</p> <p>agermain@manhr.org</p> <p>mcoffin@centerlw.org</p> <p>rmoore8743@charter.net</p> <p>jkaplan@cpr-ma.org</p> <p>Email</p> <p>jford@njc-ma.org bhenning@bostoncil.org jimlomastro@comcast.net baskinfrank19@gmail.com cdhoeh@gmail.com jimlomastro@comcast.net info@DignityAllianceMA.org</p>
<p>The Dignity Digest</p>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack</p>		

	MailChimp Specialist: Sue Rorke
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Dick Moore <p>Special thanks to 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 Digest@DignityAllianceMA.org.</i></p>
<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.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>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:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	