



The Dignity Digest

Issue # 177

March 5, 2024

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>Long Term Care Community Connection Tuesday, March 19, 2024, 1:00 p.m. <u>Shedding Light on Nursing Home Industry Spending and Profits</u> On this program, Tyler Braun (Weill Cornell Medical College) discusses findings of a new study that unveils the obscured financial landscape of U.S. nursing homes. <u>Register for LTCCC's March 19 Webinar</u></p>
<p>Quotes</p>	<p><i>"Most COVID-19 deaths and hospitalizations last year were among people 65 years and older. An additional vaccine dose can provide added protection ... for those at highest risk."</i> CDC Director Dr. Mandy Cohen, <u>Older U.S. adults should get another COVID-19 shot, health officials recommend</u>, NPR Health, February 28, 2024</p> <p><i>"There are still people whose eligibility we've been protecting and we need to renew, many of whom may lose coverage. But we expected a steadier decline through the remainder of the redetermination process."</i> Assistant Secretary for MassHealth Mike Levine, <u>Decline in Rolls Eases</u>, *Salem News, March 2, 2024</p> <p><i>"Before the pandemic, most nursing homes did not rely on agency staff. Since the pandemic, the use of agency staff has become more common; it is more expensive and may be associated with lower-quality care. Given the recent push to implement more stringent nursing home oversight, including proposed regulations that would increase nurse staffing levels, our findings suggest that policy makers need to</i></p>

consider the recent increased use of agency staff and their higher labor costs.”

[Temporary Nursing Home Staff Are More Common Now, Increasing Labor Costs and Decreasing Care Quality: Study](#),
AboutLawSuits.com, February 20, 2024

The labor-market dynamics associated with the COVID-19 pandemic had a significant impact on nursing home labor costs.

[Nursing Homes Increasingly Rely On Staffing Agencies For Direct Care Nursing](#), Health Affairs (open access), February 14, 2024

Many long-termers languish in cells or in substandard prison infirmaries or even in so-called long-term care units. With labored breathing, they limp to the mess hall and miss their chance to eat, sink deeper into dementia, fall and get seriously injured, and navigate hearing and vision impairment. At the same time, they are under the supervision of guards who lack the training and often the empathy to properly manage the diminished capacity of many older people to follow often senseless prison rules. . .

The mental and physical stress of prison life can lead to accelerated aging; as a result, old age in prison [typically begins](#) at 50 to 55.

Barbara Hanson Treen, a former New York State parole commissioner, [Living Slow Deaths Behind Bars](#), New York Times (free access), March 3, 2024

“We have a lot of legislators who say, ‘Nobody should be depending on Medicaid to make a living,’ but you have families who have made a choice to not work outside the home, to care for their loved one, because there’s nobody else who can do it and certainly can’t do it as well as them.”

Kim Dodson, chief executive officer of The Arc of Indiana, [Paid Family Caregivers in Indiana Face Steep Cutbacks](#), *New York Times, March 4, 2024

“We’re going to be judged by how we care about the most vulnerable among us.”

Suzanne Crouch (R), Indiana’s lieutenant governor, , [Paid Family Caregivers in Indiana Face Steep Cutbacks](#), ***New York Times**, March 4, 2024

An aging prison population poses new challenges for addressing both the physical frailties of the incarcerated and the cognitive issues the system has not adequately planned for.

[All eyes on the state’s next move on prison health care](#) (***Boston Globe**, March 4, 2024 (updated))

The ongoing Steward Health Care debacle has shown what the wonderful world of private equity has done to health care here generally. The same thing has been happening for years in prison health care — an industry dominated by two private equity-backed firms — Wellpath and YesCare — both possible bidders for the state prison contract.

Is this really the best Massachusetts can do?

[All eyes on the state’s next move on prison health care](#) (***Boston Globe**, March 4, 2024 (updated))

“It’s unrealistic for people without an attorney to understand exactly what all their legal rights are, and what’s the proper way for them to assert those rights in a court.”

Laura Massie, senior attorney with the housing unit at Greater Boston Legal Services, [‘Not a fair fight.’ Advocates, officials push to provide free legal aid to low-income tenants fighting eviction.](#) (***Boston Globe**, March 1, 2024 (updated))

“It’s terrible to be there without an attorney. I was asked so many questions, and I didn’t know the answers because I didn’t know how the law works. At some point I didn’t even know I was allowed to ask questions.”

Mary Barrera, 45 year-old Columbian migrant, [‘Not a fair fight.’ Advocates, officials push to provide free legal aid to low-income tenants fighting eviction.](#) (***Boston Globe**, March 1, 2024 (updated))

	<p><i>The power wielded by the American power elite through their lavishly funded network in Washington and state capitals is unrecognized by the media and hidden from public view. This system will not change without exposure initiated by scholars and honesty from those who willingly participate in it.</i></p> <p>Dave Kingsley, Philanthropic Foundations, Quasi-governmental Science Organizations, and Universities Often Act as Corporate Shills: How the Industrial Complexes Work. (Tallgrass Economics, February 28, 2024)</p> <p><i>“If there are repeated mistakes, that’s a sign that something is wrong,” said “We don’t just turn our back. But this bill says, ‘Oh, if there’s more than one mistake, we can turn our back. We don’t need to identify a pattern.’”</i></p> <p>Iowa State Representative Megan Srinivas (D-Des Moines), Bill that cuts nursing home red tape, kicks up collaboration with regulators advances (McKnights Long-Term Care News, March 4, 2024)</p> <p><i>“For years, residents at Fulton Commons endured despicable mistreatment that left them with traumatic injuries and humiliating living conditions while the owners and operator of the facility pocketed millions of dollars of taxpayer funds instead of investing in critical care.”</i></p> <p>New York Attorney General Letitia James, Attorney General James Secures \$8.6 Million and Significant Reforms to Long Island Nursing Home after Repeated Financial Fraud and Resident Mistreatment, Office of the New York Attorney General, March 4, 2024</p>
<p>Older Adult Lobby Day Tuesday, February 27, 2024 Great Hall, State House</p>	<p>More than 500 Seniors and Advocates Attend Older Adult Lobby Day</p> <p>More than 500 older adults and advocates participated in the Older Adult Lobby Day in the Great Hall at the State House on Tuesday, February 27, 2024.</p> <p>Event organizer, Betsey Crimmins, Executive Director of Mass Home Care, described the event “as an opportunity to let our state legislators know how important the network of home and community-based services is to our rapidly expanding older adult population. People want to age at home in their community of choice. Our network helps to make that happen which produces better health outcomes and higher quality of life while also saving the state money.”</p>

Rosa Bentley, President, Massachusetts Senior Action Council, age 78 from Lynn, expressed her motivation to participate, "Everyone wants to age with dignity and respect but far too often seniors are denied this opportunity by inequitable policies and systems. As seniors, legislators need to hear our voices, learn from our experiences, and work with us to make Massachusetts a great place to age for everyone, particularly those who, despite a lifetime of work, lack the resources to afford even basic needs."

Cassie Cramer with the Older Adult Behavioral Health Network said that she was advocating for "improved access to behavioral health and recovery supports which helps those at risk of eviction, costly nursing home admissions, and hospitalizations to live healthy lives in the community."

Ten aging advocacy and service organizations sponsored the event including:

- [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](#)

Featured speakers were Senator Patricia Jehlen and Representative Thomas Stanley, Chairs of the Joint Committee on Elder Affairs. Representatives from each sponsoring organization also made brief comments. Michael Festa, State Director of AARP -Massachusetts, served as the emcee.

One of five Massachusetts residents are older adults. Seventy percent of them regularly vote - the highest percentage of any age cohort. Participants at the Older Adult Lobby Day advocated on an array of issues including affordable, accessible housing; age-friendly transit services; expansion of home and community-based services; transformation of nursing homes; and more.

Photos courtesy of Sue Rorke.



Former State Senator Richard Moore, DignityMA Legislative Workgroup Chair



John Ford, Massachusetts Guardianship Policy Institute



Paul Lanzikos, DignityMA Coordinator, Former State Senator Richard Moore, Former State Senator Barbara L'Italien, Disability Law Center



AARP State Director Mike Festa, Lobby Day Emcee



Lobby Day organizers Betsey Crimmins and Ellen Taintor, Mass Home Care



State Senator Patricia Jehlen, Senate Chair, Joint Committee on Elder Affairs



Mass Senior Action members



SEIU 1199 members




Older Adult Lobby Day crowd photo

DignityMA Honors Senator Elizabeth Warren

Dignity Alliance Massachusetts recognized Senator Elizabeth Warren with the presentation of the **DignityMA Outstanding Federal Legislator Award** on February 28 at her Boston office. Accepting the award on behalf of Senator Warren was her State Director, Janice Rotenberg. A framed certificate and an original painting by 94-year-old Beverly artist, Nino Lombardi, were presented. Representing DignityMA were Sandy Novack, former Senator Richard Moore, and Paul Lanzikos.



	(L to R) – Presenting Senator Warren’s Outstanding Federal Legislator Award to Warren State Director Janice Rotenberg, are; Sandy Novack, Ms. Rottenberg, Former Senator Dick Moore, Dignity Legislative Chair; and Paul Lanzikos, Dignity Alliance Coordinator.
<p>REV UP Massachusetts Voting Accessibility</p> 	<p><i>Accessible Polling Survey Links are ready. Please sign up!</i></p> <p>We had great participation in our polling place volunteer training on February 14th. The video of the training will be up as soon as we make sure the closed captioning is accurate, in the meantime please register as a community volunteer to survey polling sites.</p> <p>If you are unable to do the full survey for any reason, we also have a shorter form for reporting any accessibility issues you encounter.</p> <p>The state provides a guide to locating your polling place.</p> <p>The MA primary is March 5, and we could use your help identifying barriers to voting.</p> <p>2023 Training Materials</p> <p>The following materials were used in November 2023. Massachusetts accessibility laws have not changed since then. The materials below can provide information while we wait for the February 14 video to become available.</p> <p>This video explains the laws and what to look for at your polling site: DLC Polling Site Evaluation Training Video</p> <p>For an overview, view the DLC Slides for evaluating polling sites: DLC Polling Site Evaluation PowerPoint Slides.</p>
<p>FY 2025 State Budget Hearings https://malegislature.gov/Committees/Detail/J39/Hearings</p>	<p>Friday, March 8, 2024, 10:30 a.m. Gloucester City Hall</p> <p><u>Economic Development/ Labor/ Housing</u> <i>Executive Office of Housing and Livable Communities Executive Office of Economic Development Consumer Affairs and Business Regulation Dept. of Business Development Dept. of Housing and Community Development Executive of Labor and Workforce Development</i></p> <p>Monday, March 11, 2024, 11:00 a.m. Northeastern University - Innovation Campus at Burlington</p> <p><u>Health and Human Services I</u> <i>Executive Office of Health and Human Services Office of Medicaid Dept. of Public Health Dept. of Mental Health Dept. of Children and Families Dept. of Developmental Services Health Policy Commission Center for Health Information and Analysis Elder Affairs</i></p> <p>Tuesday, March 12, 2024, 11:00 a.m. Springfield Technical Community College</p> <p><u>Health and Human Services II</u> Agencies: <i>Executive Office of Veteran Services Dept. of Transitional Assistance</i></p>

	<p>Dept. of Youth Services Mass. Rehab Commission Mass. Commission for the Deaf and Hard of Hearing Mass Commission for the Blind Office of Refugees and Immigrants Soldiers Homes Commission on the Status of Asian Americans Commission on LGBTQ Youth</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes <u>Temporary Nursing Home Staff Are More Common Now, Increasing Labor Costs and Decreasing Care Quality: Study</u> (AboutLawSuits.com, February 20, 2024) <u>Nursing Home Care Prices Grow Faster Than Other Health Care Services Amid Job Growth Lag</u> (Skilled Nursing News, February 20, 2024) <u>Nursing Homes Increasingly Rely On Staffing Agencies For Direct Care Nursing</u> (Health Affairs (open access), February 14, 2024)</p> <p>Housing <u>'Not a fair fight.' Advocates, officials push to provide free legal aid to low-income tenants fighting eviction.</u> (*Boston Globe, March 1, 2024 (updated)) Fact sheet. (Access to Counsel and Justice in Evictions, <u>Older Adults and Access to Counsel</u>)</p> <p>Alzheimer's Disease and Other Dementia <u>Living with memory loss, working to fend off dementia</u> (*Washington Post, March 3, 2024)</p> <p>Private Equity / Corporate Ownership <u>Hearing In Works On Private Equity In Health Care</u> (State House News, March 1, 2024) <u>Why Law Firms Could Be Private Equity's Next Conquest</u> (Forbes, February 26, 2024)</p> <p>Covid / Long Covid <u>CDC eases isolation guidance for Covid and other respiratory illnesses</u> (STAT News, March 1, 2024) <u>Older U.S. adults should get another COVID-19 shot, health officials recommend</u> (NPR Health, February 28, 2024)</p> <p>Caregiving <u>Analysis of Public Comments on the National Strategy to Support Family Caregivers Perspectives and Priorities</u> (National Academy for State Health Policy, October 2023)</p> <p>Behavioral Health <u>State floats idea for \$60M waterborne hospital</u> (Salem News, March 4, 2024)</p> <p>MassHealth <u>Decline in Rolls Eases</u> (*Salem News, March 2, 2024) <u>Three Questions About Medicaid Unwinding: What We Know and What to Expect</u> (KFF, February 28, 2024)</p> <p>Incarcerated Persons <u>All eyes on the state's next move on prison health care</u> (*Boston Globe, March 4, 2024 (updated))</p>

	<p><u>Living Slow Deaths Behind Bars</u> (New York Times (free access), March 3, 2024)</p> <p><u>YesCare Dodges Liability for Prison Conditions</u> (Private Equity Stakeholder Project, October 2023)</p> <p>From Our Colleagues from around the Country</p> <p><u>Philanthropic Foundations, Quasi-governmental Science Organizations, and Universities Often Act as Corporate Shills: How the Industrial Complexes Work.</u> (Tallgrass Economics, February 28, 2024)</p> <p>From Other States</p> <p><u>Paid Family Caregivers in Indiana Face Steep Cutbacks</u> (*New York Times, March 4, 2024)</p> <p><u>Attorney General James Secures \$8.6 Million and Significant Reforms to Long Island Nursing Home after Repeated Financial Fraud and Resident Mistreatment</u> (Office of the New York Attorney General, March 4, 2024)</p> <p><u>Northview Village nursing home owners continued paying themselves as funds decreased</u> (Fox2Now, March 4, 2024)</p> <p><u>Bill that cuts nursing home red tape, kicks up collaboration with regulators advances</u> (McKnights Long-Term Care News, March 4, 2024)</p>
<p>Appointments</p>	<p>1. Office of the State Auditor February 28, 2024</p> <p><u>Auditor DiZoglio Appoints Dr. Alan Sager to the Center for Health Information and Analysis Oversight Council</u></p> <p>State Auditor Diana DiZoglio appointed Alan Sager, [a professor of health policy and management at Boston University School of Public Health for over 30 years,} to the Center for Health Information and Analysis (CHIA) Oversight Council to serve as the healthcare economist for the remainder of an unexpired term ending September 30, 2025.</p>
<p>Public Hearings</p>	<p>2. Massachusetts Department of Public Health <i>Benjamin Healthcare Center, Roxbury</i></p> <p>Public hearing: Tuesday, March 12, 2024, 6:00 p.m. Dial in Phone #: 800-857-5123 Participant Code: 8554964 Closure date: July 1, 2024</p> <p><u>Notice of Intent to Close (PDF)</u> <u>(DOCX)</u> <u>Draft of Closure and Relocation Plan (PDF)</u> <u>(DOCX)</u></p>
<p>In person events (hybrid)</p>	<p>3. Investor Protection Trust Tuesday, March 19, 2024, 9 a.m. to 3 p.m.</p> <p><u>Summit to Fight Fraud: Preventing Fraud and Scams for Older Adults and Others</u></p> <p>Sponsored by Investor Protection Trust, and presented with the Massachusetts Securities Division, the Pension Action Center will host an in-person convening on fraud prevention on Tuesday, March 19, 2024 at the Campus Center Ballroom at UMass Boston. Registration is required, and this event is free of charge.</p> <p>Join us for an important and timely program addressing all aspects of fraud and scams prevention for older people, including best practices to keep your assets safe. This program is targeted for seniors, people</p>

	<p>serving the aging community and the general public – anyone with an interest in fraud prevention is welcome to attend!</p> <p>Expert invited speakers and panelists will discuss:</p> <ul style="list-style-type: none"> • Trends in Scams: Common schemes aimed at seniors • How to recognize scams: What are the red flags? • Practical ways to safeguard your assets • How to report fraud: What are law enforcement and other governmental agencies doing to combat financial fraud? • And more <p>Presenters will include the following:</p> <ul style="list-style-type: none"> • Michael Festa, <i>State Director, AARP Massachusetts</i> • Lilia DuBois, <i>Assistant Attorney General, Commonwealth of Massachusetts</i> • Layla D'Emilia, <i>Undersecretary of Consumer Affairs and Business Regulation</i> • Rachel Webber, <i>Elders and Persons with Disabilities Abuse Unit Coordinator, Northwestern District Attorney's Office</i> • Emily K. Shea, <i>Commissioner, Age Strong Commission, City of Boston</i> • Michelle Dwyer, <i>President & CEO, Franklin First Federal CU</i> • Lucilia Prates Director, <i>MA Senior Medicare Patrol</i> • Anna-Marie Tabor, <i>Pension Action Center, UMass Boston</i> <p>Breakfast networking reception is from 9 to 10 a.m. The program begins at 10 a.m. Buffet lunch will be provided. Parking is available and will be reimbursed at the West Garage on the UMass Boston campus. This will be a hybrid event, live streamed for those who can't join in person on the day. Registration is required.</p> <p>4. Long Term Care Community Connection Tuesday, March 19, 2024, 1:00 p.m. <u>Shedding Light on Nursing Home Industry Spending and Profits</u> On this program, Tyler Braun (Weill Cornell Medical College) discusses findings of a new study that unveils the obscured financial landscape of U.S. nursing homes. <u>Register for LTCCC's March 19 Webinar</u></p>
<p>Webinars and Other Online Sessions</p>	<p>5. The Milbank Quarterly Tuesday, March 12, 2024, 3:00 to 4:00 p.m. <u>Understanding the Commercial Determinants of Health</u> Several recent <i>Milbank Quarterly</i> studies explore the relatively new area of scholarship on the commercial determinants of health (CDOH) or the <u>impact of commerce on health</u>. Researchers will discuss frameworks for understanding the ways that industry shapes public policy, and how to develop regulatory environments that incentivize or constrain the commercial sector as needed to advance population health. Panelists include:</p> <ul style="list-style-type: none"> • Nicholas Freudenberg, City University of New York, School of Public Health (moderator) • Jennifer Lacy-Nichols, Melbourne School of Population and Global Health, The University of Melbourne • Nason Maani, University of Edinburgh <p><u>Register</u></p> <p>6. Advancing States Thursday, March 21, 2024, 3:00 p.m.</p>

	<p><u><i>Making MIPPA Work: Connecting Low-Income Clients to Benefits</i></u> Due to out-of-pocket costs, Medicare beneficiaries with lower incomes and resources may delay or go without needed health care or prescription medication. I&R professionals can help connect clients to programs that help lower-income Medicare beneficiaries with their health and prescription drug costs. Join this webinar to learn about the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), the federal legislation that authorizes federal grants to states and tribes to provide outreach and assistance to eligible Medicare beneficiaries for benefit programs that help to lower their Medicare costs. Gain insight into the benefit programs that provide financial assistance to eligible beneficiaries: the Medicare Savings Programs (MSP) and the Low-Income Subsidy (LIS, also known as Extra Help with Medicare Prescription Drug Costs). Additionally, representatives from the National Council on Aging (NCOA) and ADvancing States will share highlights from recent research and discuss information and tools from their respective organizations that I&R professionals can use to strengthen their knowledge of MIPPA and these programs as well as provide outreach to their communities.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>7. AboutLawSuits.com February 20, 2024 <u><i>Temporary Nursing Home Staff Are More Common Now, Increasing Labor Costs and Decreasing Care Quality: Study</i></u> By Katherine McDaniel Nursing homes have been increasingly relying on temporary staffing agency workers since the COVID-19 pandemic, which not only increases labor costs across the industry, but also may be associated with lower quality of care that increases the risk of <u>nursing home negligence</u>, according to the findings of a new study. . . According to a new report published in the medical journal <u>Health Affairs</u>, nearly half of all nursing homes in the United States now rely on temp staffing agency workers, and facilities that use the services typically have lower quality of care ratings. . . Recent research has shown insufficient <u>nursing home staffing</u> and frequent turnover <u>reduces the quality of care patients receive, and may increase the risk of injuries</u>. Researchers indicate even a 10% increase in staff turnover can decrease the quality-of-care patients receive and reduce their functioning. An investigation led by a panel of U.S. lawmakers indicated that <u>shortages of nurses and certified nursing aides (CNAs) in nursing homes</u> was a major contributing factor of COVID-19 deaths and poor health outcomes for residents during the pandemic. The Government Accountability Office found that more than <u>200,000 nursing home deaths were reported throughout the course of the pandemic</u>, due to poor quality of care and neglect from insufficient staffing. A study conducted by the American Health Care Association (AHCA) revealed that more than <u>73% of U.S. nursing homes reported they were at risk of closing due to insufficient staffing</u> stemming from the COVID-19 pandemic. The study also found that approximately 60% of the</p>

	<p>participating nursing homes reported moderate or high staff shortages, and at least 98% reported difficulty hiring staff.</p> <p>8. Skilled Nursing News February 20, 2024 <u>Nursing Home Care Prices Grow Faster Than Other Health Care Services Amid Job Growth Lag</u> By Amy Stulick</p> <p>Pricing for nursing home care continued to grow the fastest in the first month of 2024 compared to other major health care categories, jumping by 4.9% in January, as wages grew but job growth lagged. That's according to Altarum's Health Sector Economic Indicators (HSEI) Briefs <u>published</u> on Tuesday. Nursing home care was among service prices to grow the fastest by 4% in December, according to a <u>previous</u> Altarum report. Ending January 2023, nursing home care price growth was 5.9% and 1.4% in January 2022.</p> <p>The overall Health Care Price Index (HCPI) increased by 2.8% year over year in January, falling slightly from a revised growth rate of 3.0% in December. Economy-wide inflation was "stable and moderate" in January, according to the report. . .</p> <p>Nursing and residential care facilities added 16,500 jobs in January as well – with 9,000 jobs added in nursing homes and 7,500 jobs added for other nursing and residential care settings.</p> <p>9. Health Affairs (open access) February 14, 2024 <u>Nursing Homes Increasingly Rely On Staffing Agencies For Direct Care Nursing</u> By John R. Bowlblis, Christopher S. Brunt, Huiwen Xu, Robert Applebaum, and David C. Grabowski</p> <p>Abstract</p> <p>When nursing homes experience a shortage in directly employed nursing staff, they may rely on temporary workers from staffing agencies to fill this gap. This article examines trends in the use of staffing agencies among nursing homes during the prepandemic and COVID-19 pandemic era (2018–22). In 2018, 23 percent of nursing homes used agency nursing staff, accounting for about 3 percent of all direct care nursing hours worked. When used, agency staff were commonly present for ninety or fewer days in a year. By 2022, almost half of all nursing homes used agency staff, accounting for 11 percent of all direct care nursing staff hours. Agency staff were increasingly used to address chronic staffing shortages, with 13.8 percent of nursing homes having agency staff present every day. Agency staff were 50–60 percent more expensive per hour than directly employed nursing staff, and nursing homes that used agency staff often had lower five-star ratings. Policy makers need to consider postpandemic changes to the nursing home workforce as part of nursing home reform, as increased reliance on agency staff may reduce the financial resources available to increase nursing staff levels and improve the quality of care.</p>
Housing	<p>10. *Boston Globe March 1, 2024 (updated) <u>'Not a fair fight.' Advocates, officials push to provide free legal aid to low-income tenants fighting eviction.</u> By Niki Griswold</p>

	<p><i>State, city officials continue push for program to provide free attorneys to low-income renters facing eviction</i></p> <p>Without an attorney, tenants are at a significant disadvantage and left to navigate the complex eviction process on their own, which can be overwhelming and traumatizing.</p> <p>For years, housing advocates have pushed for a “right to counsel” program that would provide free legal representation to low-income tenants facing eviction. The effort has gained traction on the state level, and now, some Boston city councilors are also exploring the possibility of establishing a pilot “access to counsel” program in the city. . .</p> <p>The state’s attorney general testified in October that in Massachusetts eviction cases filed in 2022, about 86 percent of landlords had lawyers compared with about 11 percent of tenants. The disparity was even more drastic in eviction filings due to nonpayment: About 90 percent of landlords had a lawyer while less than 4 percent of tenants did. . .</p> <p>Several nonprofit organizations, including Greater Boston Legal Services and the Harvard Legal Aid Bureau, offer free legal services for low-income clients, but neither of those two groups has anywhere near the staff to meet the current need, particularly for eviction cases. Both say a right to counsel program would make an enormous difference in addressing the power imbalance between landlords and tenants. . .</p> <p>A 2020 report by the Boston Bar Association estimated that a statewide right to counsel program for eviction cases would cost the state about \$26 million a year but would save the state \$63 million in emergency shelter, health care, and foster care costs. The benefits could include harder to quantify benefits, according to the report, such as fewer school interruptions for children and increased job and family stability.</p> <p>At least four states and 17 cities have implemented similar programs and experienced significant reductions in eviction filings and default judgments, according to the National Coalition for a Civil Right to Counsel.</p> <p>11. Access to Counsel and Justice in Evictions Older Adults and Access to Counsel Fact sheet.</p>
<p>Alzheimer’s Disease and Other Dementia</p>	<p>12. *Washington Post March 3, 2024 Living with memory loss, working to fend off dementia By Katherine Ellison <i>A mild cognitive impairment diagnosis is scary, but recognizing it early is essential to slowing its progression, experts say</i></p> <p>Jonel Dershem first noticed problems with her memory in 2016 after her breast cancer surgery. She was only 50 and at first blamed the lapses on chemotherapy, and then on her busy, stressful life. So did her husband and friends — and doctor. . .</p> <p>In December 2022, nearly six years after her memory loss began, Dershem was diagnosed with mild cognitive impairment (MCI). Her delayed diagnosis wasn’t unusual, but experts say that needs to change. . .</p> <p>Research published last year suggests approximately 92 percent of people with MCI are undiagnosed. After analyzing data from 40 million Medicare recipients aged 65 and older, the authors of the study in the journal Alzheimer’s Research & Therapy found that only about 600,000 of the expected 8 million affected by MCI had been identified.</p>

<p>Private Equity / Corporate Ownership</p>	<p>13. State House News March 1, 2024 <u>Hearing In Works On Private Equity In Health Care</u> By Michael P. Norton Top House and Senate Democrats plan to hold a hearing on the role of private equity in the health care system. . . On Friday, Democrats announced plans for a hearing, but didn't say when it would be held.</p> <p>14. Forbes February 26, 2024 <u>Why Law Firms Could Be Private Equity's Next Conquest</u> By Brandon Kochkodin <i>Law firms are a lucrative \$400 billion market that has long been shielded from outside ownership. In search of fresh turf, buyout firms may soon be hunting among the gray flannel suits.</i> Landing a job at a top-notch white-shoe law firm offers a mix of glamor, prestige, and a hefty paycheck. But that money often comes with a high cost to personal happiness. On the flip side, going solo promises more control over your life and might even lead to actually enjoying your work. But there's an under-discussed challenge with going it alone: figuring out an exit strategy when you're ready to retire. Several factors play into this, but one is unmistakable: the legal sector might just be the only field where private equity has yet to stake a claim. Lacking access to the deep pockets, operational expertise (and to some extent, a cutthroat, profit-first mentality), the industry lags. Unlike say medicine or dentists' practices, law firms tend to be stubbornly set in their ways and, at the big firms at least, operated mostly for the benefit of partners whose concerns for the future may wane once they retire—if they ever do. . . American Bar Association Rule 5.4 serves a purpose. It's meant to preserve the sacred independence of the profession. Think of it as a guardrail, ensuring that lawyers keep their focus on justice and client interests, rather than being pressured into producing more profits or cash flow for folks who never sat for the bar exam. "Bringing in PE money could create a conflict of interest," Kevin Henderson, the cofounder of SMB Law Group, acknowledged. "I'd be remiss to say that concern is made up, but other professions have been able to make it work.</p>
<p>Covid / Long Covid</p>	<p>15. STAT News March 1, 2024 <u>CDC eases isolation guidance for Covid and other respiratory illnesses</u> By Helen Branswell The Centers for Disease Control and Prevention is "sunsetting" its advice that people sick with Covid-19 isolate themselves for five days. The agency published <u>new guidance</u> Friday for Covid and other respiratory illnesses, suggesting people who are sick should stay at home until they are fever-free for 24 hours and their symptoms have been improving for the same period of time. The new guidance recommends that in the five days that follow, recovering people should take measures such as masking and keeping a</p>

	<p>physical distance from others to try to reduce the risk that they will spread their illness. . .</p> <p>The guidance is for individuals. It does not change the CDC's advice to health care facilities or nursing homes about how to reduce the risk of disease transmission within their operations.</p> <p>16. NPR Health February 28, 2024 <u>Older U.S. adults should get another COVID-19 shot, health officials recommend</u> By The Associated Press Older U.S. adults should roll up their sleeves for another COVID-19 shot, even if they got a booster in the fall, U.S. health officials said Wednesday. The Centers for Disease Control and Prevention said Americans 65 and older should get another dose of the updated vaccine that became available in September — if at least four months has passed since their last shot. In making the recommendation, the agency endorsed guidance proposed by an expert advisory panel earlier in the day. "Most COVID-19 deaths and hospitalizations last year were among people 65 years and older. An additional vaccine dose can provide added protection ... for those at highest risk," CDC Director Dr. Mandy Cohen said in a statement. [T]he body's vaccine-induced defenses tend to fade over time, and that happens faster in seniors than in other adults. The committee had recommended COVID-19 booster doses for older adults in 2022 and 2023. COVID-19 remains a danger, especially to older people and those with underlying medical conditions. There are still more than 20,000 hospitalizations and more than 2,000 deaths each week due to the coronavirus, according to the CDC. And people 65 and older have the highest hospitalization and death rates. . . Most Americans haven't listened. According to the latest CDC data, 13% of U.S. children have gotten the shots and about 22% of U.S. adults have. The vaccination rate is higher for adults 65 and older, at nearly 42%. . . Agency officials say that among those who got the latest version of the COVID-19 vaccine, 50% fewer will get sick after they come into contact with the virus compared with those who didn't get the fall shot.</p>
Caregiving	<p>17. National Academy for State Health Policy October 2023 <u>Analysis of Public Comments on the National Strategy to Support Family Caregivers Perspectives and Priorities</u> By Pamela Nadash, PhD, Eileen J. Tell, MPH, Maryssa Pallis, Shan Qu And Marc A. Cohen, Ph.D. The publication represents the latest step in three years of work by researchers at the Leading Age LTSS Center @UMass Boston and their partners. The team listened to the needs of family caregivers and developed strategies for addressing those concerns and bringing them to the attention of national policymakers.</p>
Behavioral Health	<p>18. Salem News March 4, 2024 <u>State floats idea for \$60M waterborne hospital</u> By Christian Wade</p>

	<p>State health officials are floating the idea of buying a cruise ship and converting it into a waterborne mental health and substance abuse facility to fill a shortage of available beds.</p> <p>A new report, based on a study conducted by a team at the Massachusetts Institute of Technology, recommends the state look into the conversion of a cruise ship “as a creative and feasible option” to provide the city of Boston a supplemental mental health and substance use recovery facility.</p> <p>The study, released by the state Department of Mental Health, found that a cruise ship is an option that is “immediately available” and that it would be “much faster than acquiring land and building a new facility from the ground up.”</p> <p>“The limited structural work required to convert a cruise ship to a mental health and substance use treatment facility makes a cruise ship well-suited for this conversion,” they wrote. “This also significantly reduces the required time and money required to complete the project.”</p> <p>But the plan would come with a hefty price tag, estimated at \$60 million for the purchase and conversion of the vessel, according to the report. Operating the floating hospital would cost more than \$37 million a year, the researchers estimated, with the majority of those costs going towards staffing. Annual maintenance on the ship would cost \$1 million, researchers said. . .</p> <p>As of last week, 434 individuals, including 58 children, were being boarded in 49 hospitals awaiting mental health services, according to a weekly tally. . .</p> <p>It’s not clear whether the Legislature will take up the proposal, given the hefty price tag and little enthusiasm for the plan by mental health advocates.</p>
<p>MassHealth</p>	<p>19. *Salem News March 2, 2024 <u>Decline in Rolls Eases</u> By Christian M. Wade</p> <p>Tens of thousands of Medicaid recipients lost their state-funded health care coverage recently amid an ongoing review of eligibility following the end of pandemic-related federal protections. Health officials, however, say the purge of insured is slowing.</p> <p>About 57,000 MassHealth members lost coverage in January as part of the so-called redetermination process, according to state data published Monday.</p> <p>That was offset by 21,000 new enrollees and 23,000 people who rejoined the taxpayer- funded health insurance program after previously losing coverage, according to the agency. That’s still a net decrease of 13,000 or more members. . .</p> <p>Under the COVID-19 public health emergency, the federal government required state Medicaid agencies to provide “continuous” health care coverage, even if an individual’s income eligibility changed.</p> <p>As a result, enrollment in MassHealth — the state’s Medicaid program — swelled by more than 31% since 2000, to an estimated 2.3 million recipients.</p> <p>But the federal emergency declaration expired last May and state health officials have been reviewing eligibility for enrollees to determine if they are still eligible for state-subsidized coverage.</p>

	<p>The review process could see up to 400,000 people dropped from the program, according to the state’s estimates.</p> <p>20. KFF February 28, 2024 Three Questions About Medicaid Unwinding: What We Know and What to Expect By Robin Rudowitz, Jennifer Tolbert, and Larry Levitt</p> <p>During the COVID public health emergency, states were prohibited from disenrolling people from Medicaid in exchange for a substantial increase in federal funding. When continuous enrollment ended in March, states began the process of reviewing eligibility for people enrolled in the program and disenrolling those who were no longer eligible or who did not complete the renewal process. Ten months into the unwinding of the Medicaid continuous enrollment provision, states have conducted renewals for roughly half of all enrollees in the program. This policy watch examines three key questions to monitor as the unwinding continues.</p> <p>1. What do we know about changes in Medicaid enrollment so far during unwinding? Overall, Medicaid enrollment has declined by nearly 10% across states since the start of unwinding, a decline of almost 10 million people; however, the national decline in Medicaid enrollment masks significant variation across states. . .</p> <p>2. Where will Medicaid enrollment wind up at the end of unwinding? It is highly uncertain what national Medicaid enrollment will be at the end of unwinding. . .</p> <p>3. What will happen to coverage more broadly? While changes in Medicaid enrollment are important, those numbers will matter less than what happens with the number of people who are uninsured.</p>
<p>Incarcerated Persons</p>	<p>21. *Boston Globe March 4, 2024 (updated) All eyes on the state’s next move on prison health care By The Editorial Board <i>With private equity firms dominating the field, the lawsuits just keep piling up.</i></p> <p>Rarely has there been a brighter spotlight on prison health care in Massachusetts — and rarely has there been a greater need for it. The Department of Correction remains under a four-year settlement agreement with the Justice Department to provide “adequate mental health care and supervision” to those in “mental health crisis,” following a scathing 2020 report for failing to provide “constitutionally adequate” care. An aging prison population poses new challenges for addressing both the physical frailties of the incarcerated and the cognitive issues the system has not adequately planned for. And complaints about the existing levels of care and staffing of prison medical facilities by the current provider, Wellpath, have been all too common.</p> <p>Today a contract worth well over \$100 million a year to provide health care services to all of the state’s prison facilities (except Bridgewater State Hospital, which is under a separate contract with Wellpath) is out to bid. DOC officials, who have not made public the names of bidders or the final number of firms vying for the contract, which includes care for some 6,000</p>

men and women in state custody, are expected to select the winning bid at the end of March for a contract that will begin July 1. . .

Wellpath, owned by a private equity firm, has been accused of [delaying needed care](#) to its incarcerated patients and failing to adequately staff the state’s facilities. . .

YesCare, according to the congressional report, was accused of manipulating “bankruptcy law with the aim of skirting accountability for the harms that incarcerated individuals have endured under Corizon’s care.” As of late 2021, the firm had been named as a defendant in more than 1,000 lawsuits alleging substandard care in the prisons it serves, according to a [2023 report by the Private Equity Stakeholder Project](#). The congressional oversight report noted that, “as a result of Corizon’s failures, many local agencies that hold contracts with Corizon have chosen not to renew those agreements.”

As of 2019, Correct Care Solutions — one of the two companies that were combined to form Wellpath — had amassed some [1,395 federal lawsuits](#) brought by prisoners or their families, according to a report in The Atlantic. Locally some 30 federal lawsuits have been filed involving Wellpath as a defendant by prisoners or their families in the past several years. . .

The next contract will include some modest improvements, such as specific performance measures, “pay-for-performance” incentives, and a provision for geriatric care. . .

The ongoing [Steward Health Care debacle](#) has shown what the wonderful world of private equity has done to health care here generally. The same thing has been happening for years in prison health care — an industry dominated by two private equity-backed firms — Wellpath and YesCare — both possible bidders for the state prison contract.

Is this really the best Massachusetts can do?

22. New York Times (free access)

March 3, 2024

[Living Slow Deaths Behind Bars](#)

By Barbara Hanson Treen

Scientists have found that most cells in our bodies regenerate every seven to 10 years, on average. This includes certain cells in the heart and brain. Can we assume, then, that our moral and emotional compasses are also capable of transforming over time?

As a New York State parole commissioner for 12 years, I evaluated the readiness for release and risk to public safety of more than 75,000 incarcerated people. I saw these changes in people every day.

Yet in spite of those transformations, the number of aging long-termers warehoused in prisons has only increased in recent years. . .

Many long-termers languish in cells or in substandard prison infirmaries or even in so-called long-term care units. With labored breathing, they limp to the mess hall and miss their chance to eat, sink deeper into dementia, fall and get seriously injured, and navigate hearing and vision impairment. At the same time, they are under the supervision of guards who lack the training and often the empathy to properly manage the diminished capacity of many older people to follow often senseless prison rules.

When I was a commissioner, from 1984 to 1996, it was unusual for me to meet a parole candidate over the age of 50. Now there are [more than 7,500 incarcerated](#) people age 50 or older in New York, or about 25 percent of the state prison population. In fact, from 2008 to 2021, the

overall prison population [declined by half](#), yet the population age 50 or older increased, with ballooning health care costs crowding out other budget priorities. The state spends \$100,000 to \$240,000 on incarcerated people who are 55 or older, according to one of [the reform measures](#) before the State Legislature; for others, the figure is [about \\$60,000](#). . . Why are so many older people who have served their minimum sentences still in prison? Because of the unwillingness of my former colleagues on the parole board to release people who have served their minimum sentences and often years and decades more. Sixty percent of those incarcerated are being denied parole, and in 90 percent of denial cases [studied](#) by the Vera Institute for Justice, the reason, at least in part, was the nature of the original crime.

Because many of these older adults received life terms as a maximum sentence (such as 15 years to life), commissioners who are unwilling to accept transformation in human behavior or are perhaps too cowardly to do their jobs in the face of public and political pressure can hide behind endless denials of release. The parole board can simply decide that a parole applicant's release would, as the state's parole rules and regulations put it, "so [deprecate the seriousness of his crime](#) as to undermine respect for the law." Thus we have long-termers languishing through the years even though their risk of reoffending [declines](#) sharply as they age.

For older people in prison, "life" becomes just another word for a slow death sentence.

Indeed, deaths behind bars in New York State [have mounted](#), with the average age of death by so-called natural causes in this wholly unnatural environment hovering [around 60.6 years](#). The mental and physical stress of prison life can lead to accelerated aging; as a result, old age in prison [typically begins](#) at 50 to 55. If the New York State Department of Corrections and Community Supervision were a country, life expectancy in its prisons would rank in the [bottom 20 worldwide](#). In 2021, 96 of the 137 deaths in New York's prisons were of people 55 or older. That's 70 percent. . .

New York has a real chance to at least make progress in correcting such injustices. One bill before the State Legislature, the [Fair and Timely Parole Act](#), would establish a presumption that applicants would be granted parole once their minimum sentences are served unless the record demonstrates an unreasonable risk to public safety. Another bill, the [Elder Parole Act](#), would simply ensure that people in prison age 55 or older who have served at least 15 years of their sentences would be interviewed by the parole board. Neither bill guarantees release, but they would offer hope and a fairer chance.

By passing these bills, the lawmakers would be voting to replace a system of permanent punishment rooted in insatiable vengeance with a system that allows for the possibility of redemption and repair. They would also save [an estimated \\$522 million](#) per year, according to Columbia University's Center for Justice.

23. Private Equity Stakeholder Project

October 2023

[*YesCare Dodges Liability for Prison Conditions*](#)

Merger, Division, and Bankruptcy

By Michael Fenne

	<p>Key Findings</p> <ul style="list-style-type: none"> ○ As of late 2021, YesCare had faced more than 1,000 lawsuits alleging substandard care. ○ The company has been owned by private equity firms for at least 16 years— including BPOC, BlueMountain Capital, Flacks Group, and Perigrove Capital. ○ Most egregious was YesCare’s use of a convoluted bankruptcy scheme that allowed it to continue to operate while shedding liabilities and lawsuits against it into a different business entity. ○ YesCare was originally known as Corizon Health until May 2022, when its owners took a series of steps to restructure the company and divide it into two entities: YesCare and (a new) Corizon Health. ○ Coined the “Texas Two-step Bankruptcy,” this restructuring allowed private equity firms to profit off of YesCare’s operations while debt obligations were shuffled to the new Corizon Health and legal claims against the company could be paused.
<p>Guardianship</p>	<p>24. NPR Law March 1, 2024 Wendy Williams' guardianship is the subject of a new documentary. Here's how it works By Jonathan Franklin</p> <p>The premiere of a controversial Lifetime docuseries about the ongoing health and financial battles of former talk show host and shock jock Wendy Williams has sharpened the focus on her court-appointed financial guardianship.</p> <p>The two-part docuseries Where is Wendy Williams? — described as an "unfiltered look" at the 59-year-old's life after the end of her iconic syndicated show — takes place in the months following the start of her guardianship in May 2022. . .</p> <p>In 2022, the 59-year-old was placed under temporary financial guardianship after her bank, Wells Fargo, claimed in a New York court that she was an "incapacitated person" and the "victim of undue influence and financial exploitation," according to The Hollywood Reporter. . .</p> <p>New York, where Williams' guardianship is in place, has three different types of legal guardianships:</p> <ul style="list-style-type: none"> • Article 17-A Guardianship: for adults 18 years or older with an intellectual or developmental disability, whose guardians have the power to make most decisions for them. • Guardianship of a Child: a parent or individual can request a court to grant them guardianship of a child when there is concern that one or both parents are unable to care for the child; • Article 81 Guardianship: a type of guardianship where a judge gives a guardian only the power to meet the needs of the person who is deemed incapacitated – such as managing a person's finances, property, personal needs or both. . . <p>There are other decision-making options available to individuals outside of guardianship, including:</p> <ul style="list-style-type: none"> • Power of attorney — someone appointed by an individual to make financial or medical decisions. This is typically appointed by the individual themselves and not a judge or a court order.

	<ul style="list-style-type: none"> • Supported decision-making agreements — a supportive community that designates specific individuals in a person's life that can help make big decisions. • Representative payee — a person or organization who is approved by the Social Security Administration to manage an individual's Social Security or Supplemental Security Income benefits.
<p>From Our Colleagues from around the Country</p>	<p>25. Tallgrass Economics February 28, 2024 Philanthropic Foundations, Quasi-governmental Science Organizations, and Universities Often Act as Corporate Shills: How the Industrial Complexes Work. By Dave Kingsley</p> <p>President Eisenhower’s Warning</p> <p>In his 1961 farewell speech, President Eisenhower recognized danger in the development and growth of a new phenomenon in U.S. economic and political history – a permanent, massively funded, and rapidly growing complex of government agencies, military-related industries, and universities.^[1] His prescient concern was that we would pay for and get more defense than we need; that the military establishment would grow beyond reason and purpose; and that the Pentagon would become a vehicle for special interest power and enrichment – which indeed it has.</p> <p>A decade after Eisenhower’s warning about a mushrooming defense network, Barbara and John Ehrenreich suggested that an emerging medical-industrial complex was to healthcare what the military-industrial complex was to defense.^[2] In 1980, the late Arnold Relman, M.D., editor of the <i>New England Journal of Medicine</i>, stated that “The most important development of the day is the recent, relatively unheralded rise of a huge new industry that supplies healthcare services for profit.”^[3]</p> <p>Industrial complexes like healthcare and defense have proliferated over the past few decades. We have witnessed the growth of financial services, fossil fuel, agricultural, and a host of other industrial complexes. These systems are not static. Rather, they are dynamic, steady state, adaptive, social systems in a constant process of elaboration and complexification.^[4] Consequently, in Washington, D.C., and state capitals these elaborate, special interest networks have become horrifyingly powerful and effective – like nothing seen before. Indeed, this unprecedented facet of U.S. history is a major threat to future generations. Unfortunately, it is hidden from the public and rarely discussed in the mainstream media.</p> <p>The Policy Planning Network^[5]: A Granular Understanding of “Industrial Complexes.”</p> <p>Politicians initiate legislation but not policy. Rather, they respond to policy proposals from institutions representing special interests. Agglomerations of these special interests working on policy are always complex systems of interactions between foundations, non-profit entities, e.g., think tanks, for-profit corporations, and powerful individuals. In general, organizations such as the Brookings Institute, the Cato Institute, the Johan A. Hartman Foundations, the Commonwealth Fund, the National Association of Realtors, the Chamber of Commerce, the Heritage Foundation, the American Enterprise Institute, and the National Bureau of</p>

Economic Research are major players in policy percolating through special interest channels at the national level.

Industries have their own self-serving propaganda organs and armies of lobbyists in the mix of interactions leading to policy proposals. For instance, the real estate industry is represented by the National Association of Realtors, the pharmaceutical industry by Big Pharma, Hospitals by the American Hospital Association, Wall Street by a hoard of financial-services associations, and so on and so forth – there are too many to count. When an issue is favorable to conservative causes or private enterprise (not necessarily capitalistic though), the Chamber of Commerce will weigh in with its immense financial resources.

Some of these powerful entities like the John A. Hartman Foundation and the Commonwealth Fund^[6] hold forth as “do gooder” organizations with no other mission than the public good. With vast amounts of wealth pouring into their foundations, they have piled up huge amounts of capital on their balance sheets. Since they are required to dispense only 5% of their revenue to individuals and organizations related to their ostensible missions, they have in fact become status quo maintenance organizations and investment firms looking for optimal returns. Furthermore, they serve the interests of private wealth by ensuring that policy remains from the center to the center right. Major foundations are intent on ensuring that policy is not transformative, will not threaten the status quo, and will not upset the current distribution of wealth and power.

In reality, these powerful players in Washington policy making are tax shelters for superrich individuals and their families who desire to keep their vast wealth out of the hands of the IRS and to maintain considerable control over public policy. The most influential foundations typically solicit financiers and corporate executives to sit on their boards. Representatives of labor, consumers, and the poor are not found on the boards of dominant special interest influencers in Washington, and the policy they induce reflects that fact.

A Case Study of the Policy Planning Network: Commissions, Think Tanks, and Trade Associations that Help Keep So Many Institutionalized Elderly and Disabled “Nursing Home Patients” in Dire Conditions.

How does a nation deal with the embarrassment of indecent and inhumane treatment of the elderly and disabled in government funded institutions run by private industry? Recent and ongoing history tells us that the Nation’s elected representatives and agency heads have passed the problem off to foundations, think tanks, trade associations, and quasi-governmental science entities (i.e., to industrial complexes).

For instance, the incredible incompetence and indifference to prevention and infection control in nursing homes before and during COVID was referred to the Mitre Corporation – a shadowy Washington entity with roots in military intelligence and other defense activities. The John A. Hartman Foundation initiated a commission by the National Academies of Science, Engineering & Medicine (NASEM)^[7] in 2020.

Consequently, we’ve had two nursing home commissions in very recent history: the NASEM Commission and the Mitre Corporation Commission, both of which glossed over the nastier side of the industry, which is the dominant side. Neither commission covered any territory that would result in holding the industry accountable for substandard worker treatment and

pay, overall low quality of care, excess extraction of funds for shareholders, unsavory, unethical, far too often criminal owners, and problematic financial reports.

To the contrary, the commissions seemed sympathetic to the industry's false claims of financial hardship and lack of government support. Indeed, the Mitre Commission concluded that the industry needed more help in the form of personal protection equipment and other government assistance. The industry's excuses for the deaths of 200 employees and 2000 patients were never questioned by either commission.

Whitewashing & Window Dressing[8] the Inhumane Treatment of Disabled and Elderly Americans.

The NASEM Commission has been institutionalized as the Moving Forward Coalition – a think tank funded by the John A. Hartman Foundation. The two nursing home commissions and the subsequent MFC are basically “tweaking-organizations,” which propose changes at the margins without a serious threat to the status quo. Furthermore, The American Healthcare Association (AHCA) and LeadingAge (LA) – the well-funded and powerful nursing home trade associations – and other private industry representatives appear to have a dominant position in the organization. Special interests dominate the steering committee and are represented on all the other MFC committees.[9]

Advocates and scholars serving on the two major commissions and the MFC tend to be passive and compliant with the industry's self-serving wankery. The systemic problems of corruption and commoditizing of human beings for the sake of cash flow are ignored while the committee members engage in pretentious noodling over meaningless technical issues and “pie in the sky” ideas that will not be implemented.[10]

Like most major philanthropic corporations, the John A. Hartman Foundation is a vehicle for tax avoidance and superrich control over public policy.[11] The Mitre Corporation board is primarily a mix of current and former military intelligence officials and for-profit corporation managers and executives[12] with a displaced mission to grow their organization and enhance their power.

Interestingly, it is very easy to find the bios of the Mitre board members, which are on their website, but finding the bios of the John A. Hartman Foundation board takes some work. Although board members' names are listed on the JAH website, their bios are not. However, one can safely say that consumer, poverty, and labor representatives are notably absent from these types of foundation boards.

Summary

Important policy affecting the rights and welfare of the American people is generally generated in an interrelated system of foundations, special interest think tanks, trade associations, advocacy groups, and former high level government officials. The money and power behind this policy planning network is controlled by super-rich individuals/families and corporations for the purpose of protecting their wealth and maintaining control over government policy.

The power wielded by the American power elite through their lavishly funded network in Washington and state capitals is unrecognized by the media and hidden from public view. This system will not change without exposure initiated by scholars and honesty from those who willingly participate in it.

The corruption and deceit in the making of policy – including nursing home and healthcare policy – is pervasive and intensifying. Extensive system change begins with exposure. The *Tallgrass Economics* blog and the nonprofit *Center for Health Information and Policy* have a mission to expose policymaking on behalf of the rich and powerful at the expense of ordinary Americans. We will be discussing do gooder foundations, think tanks, trade associations, and advocates who assist them in policy contrary to the best interests of the public.

[1] <https://www.archives.gov/milestone-documents/president-dwight-d-eisenhowers-farewell-address>

[2] <https://www.nybooks.com/articles/1970/12/17/the-medical-industrial-complex/>

[3] <https://www.nejm.org/doi/full/10.1056/NEJM198010233031703>

[4] See Walter Buckley, (1960) *Sociology & Modern Systems Theory*

[5] Professor G. William Domhoff, an acolyte of C. Wright Mills described the major foundations, think tanks, trade associations, and other entities and individuals initiating policy on behalf of corporations and the wealthy as “the policy planning network.” See, G. William Domhoff (2010), *Who Rules America: Challenges to Corporate and Class Dominance*, pp. 85-115.

[6] The Commonwealth Fund board includes a representative from UnitedHealth and Margaret Hamburg, former FDA Commissioner in the Obama Administration among a bevy of board members from investment banks, private equity, and other for-profit businesses. Dr. Hamburg also serves on the board of a pharmaceutical company for which she receives compensation in the amount of \$500,000 per year.

[7] Seventy percent of NASEM funding is from government agencies while 30% is from private sources. The NASEM reputation has been sullied due to funding and influence from industries with a stake in the outcome of its commission studies. For instance, the Sackler’s donated \$19 million to the agency prior to a study on opiates. In 2011, Purdue Pharma and the Sackler’s were rewarded with a study that minimized the danger of opioid pharmaceuticals of the type manufactured and distributed by Purdue Pharma, see e.g.: <https://www.nytimes.com/2023/04/23/health/sacklers-opioids-national-academies-science.html> In contacting NASEM for the purpose of determining how individuals were selected for their nursing home commission, I found them to be removed from public purview and operating behind a veil of secrecy. I could find out absolutely nothing.

[8] “Window Dressing” is used as a verb transitive in this context rather than as a noun – as in “they are window dressing an injustice.”

[9] <https://movingforwardcoalition.org/committees/>

[10] For instance, the effects of replacing “resource utilization groups” (RUGs) with a “patient driven payment” (PDPM), a major issue in pervasive over billing practices, has been taken up by the JAH and MFC. This is a technical argument beyond the grasp of legislators, the lay public, and journalists that will do very little to stop the industry rip off and will certainly not improve the lives of patients.

[11] For an in-depth analysis of major charitable organizations and the superrich, see: David Wagner (2000), *What’s Love Got to Do with It? A Critical Look at American Charity*, pp. 89-115.

[12] <https://www.mitre.org/who-we-are/our-people/our-leadership>

<p>From Other States</p>	<p>26. *New York Times March 4, 2024 <u><i>Paid Family Caregivers in Indiana Face Steep Cutbacks</i></u> By Ted Alcorn <i>Now that federal pandemic-era funds are shrinking, states like Indiana are ending or curtailing programs that finance home care by relatives of seriously ill children and adults.</i> Kacey Poynter doesn't have to commute far to clock in for work. She's a paid caregiver and simply rolls out of bed to tend to her charge: her 2-year-old son, who sleeps in a portable playpen right beside her. Sonny was born with a congenital malformation that impaired his brain development and needs near continuous care simply to breathe and eat. Ms. Poynter left her job at a call center when she brought him home from the hospital and has nursed him ever since rather than relying on aides or institutions. Indiana's Medicaid program has paid her for this labor of love. . . . But her ability to keep looking after him is now in doubt. Indiana's social services agency has announced plans to end the caregiver program, citing a nearly \$1 billion shortfall in the state Medicaid budget. By July 1, parents and guardians caring for children and spouses caring for their partners would have to enroll in a different program for far less pay. . . <u><i>About four million Americans</i></u> with chronic illnesses or disabilities receive home and community-based services paid for by Medicaid, the government's health insurance program for lower-income people. Most are adults, but a growing share are children with serious medical conditions who may require both skilled services and help with daily living tasks like bathing and dressing. These services, which keep many people out of nursing homes or other institutions, may be provided by nurses or home health aides, but families have always been the backstop. In many states, relatives can be paid for providing some of that care, but Medicaid programs have typically been more restrictive about paying parents who — the thinking goes — are obligated to care for their children out of duty rather than for money.</p> <p>27. Office of the New York Attorney General March 4, 2024 <u><i>Attorney General James Secures \$8.6 Million and Significant Reforms to Long Island Nursing Home after Repeated Financial Fraud and Resident Mistreatment</i></u> <i>Fulton Commons Owners Pocketed Millions of Taxpayer Funds While Leaving Residents to Suffer AG James Secures Reforms to Improve Resident Care and Guilty Pleas on Criminal Charges After Fulton Commons Covered up Reports of Sexual Assault</i> New York Attorney General Letitia James today announced that her office has <u><i>secured a major settlement with Fulton Commons Care Center, Inc. (Fulton Commons)</i></u>, a nursing home in East Meadow, Nassau County that will require its owners and operator to pay up to \$8.6 million and install monitors to reform the nursing home's healthcare and financial operations after years of financial fraud and resident mistreatment. . . Fulton Commons' owners must pay for and appoint an Independent Healthcare Monitor (IHM) to oversee all healthcare operations at the facility and ensure the nursing home improves resident care. . .</p>
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	<p>The respondents will be responsible for up to \$8.6 million in financial penalties, including:</p> <ul style="list-style-type: none"> • \$1.5 million in restitution of Medicaid and Medicare funds • A minimum of \$6 million, and as much as \$7 million, to establish a Resident Care Fund to cover the costs of all improvements recommended by the IHM • \$100,000 to OAG to reimburse the costs of the investigation <p>28. Fox2Now March 4, 2024 <u>Northview Village nursing home owners continued paying themselves as funds decreased</u> By Reggie Lee There’s an update on the financial situation of ‘Northview Village Nursing Home.’ It abruptly closed in December and left almost two hundred people with nowhere to go. According to FOX 2’s Partners at the <u>St. Louis Post-Dispatch</u>, revenue had been dropping for years, but the owners were still paying themselves and their other companies. Financial documents from 2020 through 2022 show \$1.5 million annually going into the owners’ compensation, administrative services, and rent to their other businesses. Northview closed on December 15, only giving employees and residents a few hours’ notice. Residents were transported overnight to more than a dozen other facilities. The owners blamed dropping revenue and low reimbursement rates from Medicaid.</p> <p>29. McKnights Long-Term Care News March 4, 2024 <u>Bill that cuts nursing home red tape, kicks up collaboration with regulators advances</u> By Josh Henreckson An advancing Iowa bill could lead to fewer on-site complaint surveys and more collaborative training programs between nursing homes and state regulators. Currently, the Iowa Department of Inspections, Appeals & Licensing is required to make on-site inspections following all nursing home complaints unless they are determined to be without merit in an initial review. The new bill would give state regulators more discretion in cases where surveys can be conducted remotely or where a repeat complaint is made about the same issue multiple times within three months. Passed Feb. 26, <u>House File 2585</u> is <u>the latest effort</u> from the Republican-controlled House to address nursing home care quality complaints by increasing cooperation with the long-term care sector, rather than tightening regulatory oversight. The bill’s detractors in the Iowa House <u>expressed concerns</u>, particularly with the portion of the bill allowing discretion about repeated complaints within 90 days.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <u>https://tinyurl.com/DignityLegislativeEndorsements</u> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <u>moore8473@charter.net</u>.</p>

Websites	<p>City Life Vida Urbana https://www.clvu.org/</p> <p>City Life/Vida Urbana is a grassroots community organization committed to fighting for racial, social and economic justice and gender equality by building working class power. They promote individual empowerment, develop community leaders and build collective power to effect systemic change and transform society.</p> <p>Massachusetts Right to Counsel Coalition https://www.massrtc.org/</p> <p>Legal help and access to the right resources before a court eviction can prevent families from homelessness, prevent illegal or unnecessary evictions, prevent displacement, and create a path to housing stability.</p>	
Blogs		
Previously recommended websites	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> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
Nursing Home Closures (pending)	<p>Massachusetts Department of Public Health</p> <p><i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 Public hearing: Tuesday, March 12, 2024, 6:00 p.m. Dial in Phone #: 800-857-5123 Participant Code: 8554964</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close and Draft Closure and Relocation Plan (PDF) (DOCX) <p><i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) 	

	For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .
Nursing Home Closures	<p>Massachusetts Department of Public Health <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 Chapin Center Springfield Closure date: June 6, 2023 Governors Center, Westfield Closure date: June 6, 2023 Stonehedge Rehabilitation and Skilled Care Center, West Roxbury Closure February 10, 2022 Heathwood Healthcare, Newton Closure date: January 5, 2022 Mt. Ida Rest Home, Newton Closure date: December 31, 2021 Wingate at Chestnut Hill, Newton, MA Closure date: October 1, 2021 Halcyon House, Methuen Closure date: July 16, 2021 Agawam HealthCare, Agawam Closure date: July 27, 2021 Wareham HealthCare, Wareham Closure date: July 28, 2021 Town & Country Health Care Center, Lowell Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>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</p>

	<p><u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<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.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersestridgerehab.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>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- 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>

Massachusetts facilities which have graduated from the program

- 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>

Massachusetts facilities that are candidates for listing (months on list)

- 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.geneshcc.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)

	<p>https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • 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 																								
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect 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 partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <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> </tbody> </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. 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>												
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</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 												
DignityMA Call Action	<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 												
Access to Dignity Alliance social media	<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>												
Participation opportunities with Dignity Alliance Massachusetts	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Farrow</td> <td>lfarrow@bidmc.harvard.edu</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Farrow	lfarrow@bidmc.harvard.edu
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Communications	Lachlan Farrow	lfarrow@bidmc.harvard.edu											

<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>	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Assisted Living	John Ford	jford@njc-ma.org
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
Incarcerated Persons	TBD	info@DignityAllianceMA.org	
<i>The Dignity Digest</i>	<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 MailChimp Specialist: Sue Rorke</p>		
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 • Chris Hoeh • 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 The Dignity Digest 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 The Tuesday Digest and The Dignity Digest 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>			