



The Dignity Digest

Issue # 234

May 2, 2025

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

	*May require registration before accessing the article.
DignityMA Zoom Sessions	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 .
Spotlight	<p><u>Trump Cuts Threaten Agency Running Meals on Wheels</u> New York Times (free access) By Reed Abelson April 24, 2025</p> <p><i>A tiny division responsible for overseeing services for people with disabilities and older Americans is being dismantled as part of an overhaul by Robert F. Kennedy Jr., the health secretary.</i></p> <p>Every Monday, Maurine Gentis, a retired teacher, waits for a delivery from Meals on Wheels South Texas.</p> <p>"The meals help stretch my budget," Ms. Gentis, 77, said. Living alone and in a wheelchair, she appreciates having someone look in on her regularly. The same group, a nonprofit, delivers books from the library and dry food for her cat.</p> <p>But Ms. Gentis is anxious about what lies ahead. The small government agency responsible for overseeing programs like Meals on Wheels is being dismantled as part of the Trump administration's overhaul of the U.S. Department of Health and Human Services. Roughly half its staff has been let go in recent layoffs and all of its 10 regional offices are closed, according to several employees who lost their jobs.</p> <p>"I'm just kind of worried that the whole thing might go down the drain, too," Ms. Gentis said.</p> <p>In President Trump's quest to end what he termed "illegal and immoral discrimination programs," one of his executive orders promoted cracking down on federal efforts to improve accessibility and representation for those with disabilities, with agencies flagging words like "accessible" and "disability" as potentially problematic. Certain research studies are no longer being funded, and many government health employees specializing in disability issues have been fired.</p> <p>The downsizing of the agency, the Administration for Community Living, is part of far-reaching cuts planned at the H.H.S. under the Trump administration's proposed budget. While some federal funding may continue through September, the end of the government's fiscal year, and some workers</p>

	<p>have been called back temporarily, there is significant uncertainty about the future. And some groups are reporting delays in receiving expected federal funds.</p> <p>Maurine Gentis of Victoria, Texas, who receives Meals on Wheels deliveries. “I’m just kind of worried that the whole thing might go down the drain, too,” Ms. Gentis said.</p> <p>“There’s a lot of confusion,” said Becky Yanni, the executive director of the Council on Aging in St. Johns County in Florida. She said she has been told that the most recent funding for its Meals on Wheels program and other services might be late. If the funding does not arrive, “in a lot of communities, you will be looking at cuts in services,” said Sandy Markwood, the chief executive officer for USAging, which represents the network of area agencies of aging.</p> <p>The community living division helps coordinate services and provide funding for older and disabled Americans so they can stay at home rather than live in a nursing home. With a budget of \$2.6 billion, the unit represents a minuscule fraction of total H.H.S. spending.</p> <p>Under the reorganization introduced by Health Secretary Robert F. Kennedy Jr., the community unit’s responsibilities will be divided among other agencies, including the Centers for Medicare and Medicaid Services and the Administration for Children and Families.</p> <p>“This consolidation allows the department to better meet the current health needs of vulnerable populations across the country,” a spokeswoman for H.H.S. said in a statement. “This does not impact the important work of these critical programs as it will continue elsewhere within H.H.S.”</p> <p>So far, several programs under the unit will be eliminated under the proposed budget, including one that provides ombudsmen in nursing homes, to help ensure the safety and welfare of residents, and respite care programs, to provide a break for those caring for an older person or person with disabilities. States would also have more latitude in determining where funds should be allocated.</p> <p>In addition to meal deliveries, the community living agency supports numerous programs, including the nonprofit Centers for Independent Living, which are staffed by people with disabilities, who help older adults and others with disabilities move out of nursing homes and back into the community, and find services, like transportation and legal assistance.</p> <p>Theo W. Braddy, the executive director for the National Council on Independent Living, which represents the centers and people with disabilities, said the uncertainty has upended planning.</p> <p>“Everybody is on edge. We can’t tell them anything because we don’t know anything yet,” he said, adding that no one from the</p>
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	<p>Trump administration or H.H.S. has attempted to contact the group with updates.</p> <p>Advocates say the recent cutbacks have further marginalized older Americans and those with disabilities. “The bottom line is that people in charge simply don’t care about large swaths of the American people,” said Dr. Joanne Lynne, a clinical professor of geriatrics and palliative care at George Washington University.</p> <p>“We have made living with disability and old age exceedingly unpleasant,” she said. “We are on course to make it virtually intolerable.”</p> <p>Community groups like Meals on Wheels are bracing for significant cuts. In addition to the potential loss of funding from the Administration for Community Living, Republican lawmakers are proposing reducing grants to states that use another stream of federal funding. The Trump administration and Republicans are also pushing for significant cuts to the Medicaid program, which provides health care coverage for low-income Americans.</p> <p>“We’re concerned about a number of potential threats happening all at once,” said Josh Protas, the chief advocacy and policy officer for Meals on Wheels America, an association of the local nonprofits. About a third of the association’s local units already have waiting lists, he said, and lower funding would result in fewer meals for fewer people.</p> <p>People who are 60 or older with low incomes, and who have difficulty preparing food for themselves, typically qualify for Meals on Wheels. The demand for services is increasing as food prices rise and more people need assistance. More than two million older Americans receive food deliveries each year, and many say they would have difficulty paying for meals without the program.</p> <p>“Meals on Wheels is a godsend for me,” said Richard Beatty, a 70-year-old with poor vision and limited mobility living in Baltimore. He receives deliveries four times a week and isn’t sure how he would manage without the program.</p> <p>If there are cuts in funding, the programs would have to make hard choices about who would be eligible for deliveries. “We would have to make drastic changes to who we were serving,” said Dan Capone, the chief executive of Meals on Wheels South Texas, which serves roughly 300 people a week, including Ms. Gentis. His group also receives private donations, with federal funds accounting for some 40 percent of the budget, he said.</p> <p>The federal community unit under the ax also plays a key role in supporting disabled Americans, including older individuals. “So much of the work we do is about giving people dignity in their lives,” said Karen Tamley, the chief executive of Access</p>
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	<p>Living, a Chicago-based center, one of 400 across the United States.</p> <p>The centers connect people with a variety of services and offer job and skills training to young adults with disabilities. They may teach someone to drive or help them find affordable housing. The Administration for Community Living has helped organizations navigate the state and local bureaucracies responsible for doling out federal funds. When Mr. Capone wanted more clarity as to how Texas was distributing the money, he got in touch with the unit's regional office in Dallas. "We just started building that relationship with the field office, and that field office is gone," he said.</p> <p>"It is frustrating on a practical level," said Fay Gordon, one of the regional administrators who was let go earlier this month. "These programs are live and need direction."</p> <p>Some groups are not waiting before starting to take steps to reduce costs. Brittany Boyd-Chisholm, the chief executive of the Center for Independent Living of Central Pennsylvania, said that more than half of her funding comes through the federal agency. She has asked all the managers, herself included, to take a cut in salary of between 5 and 10 percent and is weighing other actions. She said her center was already underfunded.</p> <p>No one has provided her with any information about future grants, and her emails have not been returned. "It makes you feel completely on your own," Ms. Boyd-Chisholm said. Created under the Obama administration, the agency was intended to unify the work of three other agencies: the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities.</p> <p>"These programs being together and working together was about efficiency and was about coordination," said Alison Barkoff, the former acting administrator under President Biden, who stepped down last fall.</p> <p>During the first Trump administration, at the height of the pandemic, the agency worked with the department's Office for Civil Rights to ensure hospitals and doctors had clear guidelines so that if staffing fell short they wouldn't deny care to those with disabilities.</p> <p>"We had found common ground and issues to work on together," said Daniel Davis, who worked for the agency's Center of Policy and Evaluation, whose entire staff was laid off, according to former employees.</p>
Spotlight	<p><u>New PESP report reveals private equity continues to acquire and bankrupt nursing homes</u></p> <p>Private Equity Stakeholder Project (PESP)</p> <p>April 23, 2025</p> <p>The Private Equity Stakeholder Project (PESP) has released a report, "<u>Private Equity Is Continuing to Acquire – and Bankrupt</u></p>

– [Nursing Homes](#),” which reveals that private equity firms continue to acquire nursing home facilities. This continues to pose significant risks to residents and workers due to profit-driven practices, high debt levels, and complex real estate transactions. Current estimates suggest that private equity firms own between 5% and 13% of U.S. nursing homes. The report, an update to PESP’s 2021 publication “[Pulling back the veil on today’s private equity ownership of nursing homes](#),” details the continued challenges in tracking private equity ownership due to complex ownership structures and a lack of transparency. It also examines recent private equity deals, bankruptcies, and the broader regulatory landscape impacting the industry.

“Private equity firms are continuing to buy up nursing homes and use profit-seeking strategies that can put residents at increased risk,” **said Michael Fenne, Senior Research & Campaign Coordinator, Healthcare for PESP**. “These buyouts often result in unnecessary debt and reduced operating budgets for the nursing homes, and a shift away from a focus on well-being for residents. But a lack of transparency, along with complex ownership structures, make it difficult for the public to know the true scope of the problem.”

Key findings include:

- **Continued Private Equity Activity:** Private equity firms continue to acquire nursing homes despite industry claims that downplay private equity’s role. PESP identified at least six private equity-backed nursing home deals in the past three years, though this number is likely an undercount.
- **Recent Bankruptcies:** At least two nursing home companies owned by private equity firms and a private equity firm that itself owned nursing homes have filed for bankruptcy in recent years: LaVie Care Centers/Consulate Health Care (Formation Capital) in 2024, Goldner Capital Management in 2024, and Gulf Coast Health Care (Barrow Street Capital) in 2022. Bankruptcy proceedings have also revealed harrowing conditions at multiple LaVie/Consulate facilities, with reports describing significant concerns about patient care.
- **Financial Risks:** Nursing homes are also facing financial risks due to owners taking on debt in the form of private credit issued by private equity-affiliated lenders, such as MidCap Financial (affiliated with Apollo Global Management).
- **Transparency Issues Persist:** Complex ownership structures and a lack of transparency make it difficult to track which firms are currently invested in skilled nursing facilities. Official data often undercounts private equity involvement.

	<ul style="list-style-type: none"> • Quality of Care Concerns: Nursing homes owned by private equity continue to face risks related to profit-seeking, use of debt, and monetization of real estate, which can negatively impact patient care and staffing levels. <p>“In nursing homes and healthcare more broadly, private equity firms often make risky financial decisions that put care quality at risk, and sometimes lead to bankruptcy,” continued Fenne. “It’s as important now as ever to highlight how private equity firms extract wealth from their nursing home holdings, and that limits be placed on their ability to make short-term profits at the expense of quality, long-term care.”</p> <p>The report concludes with several policy recommendations to address the challenges posed by private equity ownership of nursing homes. These include enhanced merger and acquisition review to consider impacts on care quality and market dynamics, alongside increased transparency in ownership reporting and mandatory audited financial reports for facilities.</p> <p>To prevent financial exploitation, the report suggests anti-looting measures, stricter limits on sale-leaseback transactions, and restrictions on dividend payouts. Joint liability for private equity owners is recommended to ensure accountability, and investors should be required to report management fees charged to their nursing home holdings. Furthermore, the report emphasizes the need for increased wages for direct care workers and the enforcement of minimum staffing standards.</p> <p>The full report is available here.</p>
<p>Quotes</p>	<p><i>“Private equity firms are continuing to buy up nursing homes and use profit-seeking strategies that can put residents at increased risk. These buyouts often result in unnecessary debt and reduced operating budgets for the nursing homes, and a shift away from a focus on well-being for residents. But a lack of transparency, along with complex ownership structures, make it difficult for the public to know the true scope of the problem.”</i></p> <p>Michael Fenne, Senior Research & Campaign Coordinator, Healthcare for PESP, New PESP report reveals private equity continues to acquire and bankrupt nursing homes, Private Equity Stakeholder Project (PESP), April 23, 2025</p> <p><i>The UN Convention on the Rights of Older Persons “is essential to ensure older persons’ equality, dignity, and societal inclusion—not just for today’s population</i></p>

but for the youth and children who will be the older persons of tomorrow.”

Alejandro Bonilla Garcia, chair of the NGO Committee on Ageing (Geneva) and representative to the United Nations Office at Geneva (UNOG) of the International Federation on Ageing, [UN Human Rights Council Launches Process to Draft International Convention on the Rights of Older Persons](#), **Global Ageing News**, April 22, 2025

April 3, 2025, was a landmark day for older persons around the world, as the United Nations Human Rights Council adopted a resolution to establish a new intergovernmental working group to draft an international, legally binding UN Convention on the Human Rights of Older Persons.

[UN Human Rights Council Launches Process to Draft International Convention on the Rights of Older Persons](#), **Global Ageing News**, April 22, 2025

The time for action is now. A UN convention on the rights of older persons is essential to address decades of neglect and systemic inequality. By upholding dignity, fostering inclusion, and addressing challenges such as ageism and the digital divide, a convention secures a future where older persons are celebrated as contributors to society. This legacy of equality and respect would benefit all generations.

[A UN Convention on the rights of older persons](#), **UNtoday**, April 1, 2025

“I hear him speaking boldly, without fear, urging us to become involved, to make a difference. I open my eyes and I feel unspeakably sad about what we lost.”

Phil Johnston, former MA Secretary of Health and Human Services who died in early April speaking about former Senator Robert F. Kennedy, [Remembering Phil Johnston and his legacy of hope and service](#), **Boston Globe**, April 7, 2025

“[Steward Healthcare] knew they were in trouble as they were expanding the opportunities for people to participate, which was just a way for them to create a bigger piggy bank — so that in the event of declaring

	<p><i>bankruptcy, they had a bigger pot that they could go to, to keep things going."</i></p> <p>Dr. Alan Hackford, a former interim chief medical officer at St. Elizabeth's Medical Center, Judge allows bankrupt Steward to keep employee retirement funds, WBUR, May 1, 2025</p> <p><i>"I just finally bought a book for myself and I haven't bought myself one for eight years. It's called 'Love Poems from God,' and it makes me so happy."</i></p> <p>Hale House resident Elizabeth Leavitt, a 67-year-old retired minister and preschool teacher, after describing the painstaking budgeting it took to afford that book, Mass. seniors fight to boost \$72.80 monthly allowance, *Boston Globe, April 28, 2025 (updated)</p>
Call for Presentations	<p>Massachusetts Councils on Aging (MCOA) 2025 Fall Conference Call for Presentations</p> <p>Planning for the MCOA 2025 Fall Conference is now underway. This year's theme is "Facing the Future Together". MCOA's call for presentations is officially open. The organizers are looking for engaging, innovative, and impactful sessions to make this year's conference the best one yet. If you have knowledge, insights, or creative solutions to share with the aging services network, you are encouraged to submit a proposal. Submissions are due by May 19, 2025. Learn More & Apply</p> <p>National Consumer Voice for Quality Long-Term Care Call for Presentations</p> <p><i>Session Proposals for the Consumer Voice Conference Due May 2</i> 2025 Consumer Voice Conference at the Renaissance Arlington Capital View Hotel in Arlington, Virginia, November 3-6, 2025.</p> <p>Consumer Voice's Annual Conference educates and empowers long-term care consumers and consumer advocates. The conference covers long-term care issues, including current trends, best practices, advocacy opportunities, and new research. Attendees have the opportunity to learn, network, and exchange ideas with advocates from all over the country. Submit a Proposal to Present a Session: Review the Call for Proposals and Presenter Requirements. Submit your proposal via SurveyMonkey. NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and print or save the PDF version of the proposal questions so you can plan your responses prior to starting the submission. Proposals are due by May 2, 2025. Late or incomplete proposals will not be considered.</p>
Life Well Lived	<p>Former Secretary of Health and Human Services Philip Johnston Remembering Phil Johnston and his legacy of hope and service Boston Globe April 7, 2025 By Joan Vennoch</p> <p><i>He was a fierce proponent of the principle that government is a force for good and should always act that way.</i></p>



Philip W. Johnston, former MA Secretary of Health and Human Services (1944-2025)

After working for Robert F. Kennedy's 1968 presidential campaign, Johnston remained starry-eyed about Camelot, especially in connection with RFK's legacy. As he wrote for the *Globe* in 2005, "I hear him speaking boldly, without fear, urging us to become involved, to make a difference. I open my eyes and I feel unspeakably sad about what we lost." But his first touchstone was Franklin D. Roosevelt and the New Deal, which focused on restoring the economy after the Great Depression through regulatory reforms and social programs that helped the poorest Americans.

"Phil's whole ethos was Bobby Kennedy and FDR," said Michael Goldman, the veteran political consultant and longtime friend of Johnston's who ran his unsuccessful campaign for Congress. "You are there when people have a need."

Between 1975 and 1984, Johnston served five terms as a state representative, including one that overlapped Markey's tenure on Beacon Hill. In 1976, when Markey won enough votes to pass a judicial reform bill, and then-House speaker Thomas McGee punished him by moving his desk out into the hallway, Johnston joined a cohort of other liberal lawmakers who opposed McGee's actions. "He stood up," Markey recalled. "He wanted government to reflect the best of the people it served."

Johnston went on to serve as secretary of health and human services in the administration of governor Michael Dukakis and as New England administrator for Health and Human Services under President Clinton. His 1996 congressional race was notable because of the recount that ultimately handed it to his primary opponent, William Delahunt.


It was a tough loss, one that left Johnston lamenting about "an indentation, little lines or squiggles" that led to his defeat. While he did not run for office again, he kept his passion for politics. He went on to serve as chairman of the state Democratic Party from 2000 to 2007. He also founded Philip W. Johnston Associates, a public affairs and consulting firm.

Johnston believed that people, not just government, should offer help. He was a friend to many, especially those who needed help navigating the complexities of the health care system, which was his area of expertise. "If you had one person to call in Massachusetts to get advice on health care and you did not call Phil Johnston, you already made your first mistake," Markey said.

Johnston's resume does not do full justice to his humor and personality, including the wry quips he delivered with an aristocratic, Brahmin air. Holding court at the Parker House or the UMass Club, he could tell you who was feuding with whom in each branch of the Kennedy family. He was devoted to Ethel Kennedy and sensitive about anything written about her. Like other Kennedy family members, he had no use for Robert F. Kennedy Jr., who now serves as President Trump's secretary of health and human services.

For all his idealism, Johnston was also a realist. After a week of giddiness at the Democratic National Convention in Chicago last year, [he told me](#), "Anyone who has been around politics for a long time knows that a sugar high can only last so long." He was right about that.

	<p>Johnston was liberal to his core and to the end. As some leading Massachusetts Democrats were walking away from the state’s “right to shelter” law, which was passed when Dukakis was governor, Johnston told me, “We should be proud of [it]. ... We were proud of it when we passed the law. Nothing has changed, except the political environment.”</p> <p>In the era of Trump and Elon Musk, the political environment is different, for sure. A philosophy of government feels like it’s dying, along with the generation that embraced and nurtured it. Still, as Markey noted, tens of thousands of people turned out on Saturday — the day Johnston died — to protest immigration raids, the mass firing of federal workers, and other Trump policies. Those protesters “are fighting for all those values and programs that the 1970s helped to put on the books,” he said.</p> <p>That fight will have to go on without Johnston.</p> <p>I will miss his stories, his hopefulness, and his helpfulness, no matter what I wrote.</p>
Recruitment	See: Listings on MASsterList.com’s Job Board for all current listings
Guide to news items in this week’s <i>Dignity Digest</i>	<p>FY 2026 State Budget</p> <p>Nursing Homes Mass. seniors fight to boost \$72.80 monthly allowance (*Boston Globe, April 28, 2025 (updated))</p> <p>Private Equity Judge allows bankrupt Steward to keep employee retirement funds (WBUR, May 1, 2025)</p> <p>Health Care Topics RFK Jr. will require shift in how new vaccines are tested, HHS says (*Washington Post, April 30, 2025) ‘It’s really unsafe’: Exodus of doctors, new for-profit deal shake Mercy Medical Center (Masslive.com, April 29, 2025)</p> <p>Disability Topics Wheelchair users say repair bill is about “restoring dignity” (*State House News, April 30, 2025) Michael J. Fox Shares His Secret for Staying Positive While Living with Parkinson’s (ET (video))</p> <p>Aging Topics UN Human Rights Council Launches Process to Draft International Convention on the Rights of Older Persons (Global Ageing News, April 22, 2025) 2025 Leadership Summit: A Catalyst for Progress in Aged Care (Global Ageing News, April 16, 2025) A UN Convention on the rights of older persons (UNtoday, April 1, 2025)</p> <p>From Around the Country After resident’s death, Iowa nursing home is being fined \$2,200 per day (Iowa Capital Dispatch, April 24, 2025)</p>

<p>DignityMA Study Sessions</p> <p><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation <p>See below for dates, times, details, and registration information.</p>
<p>DignityMA Study Session</p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p>DignityMA Study Session</p>	<p><i>Social Security: It's history, current issues, and advocacy options</i></p> <p>Thursday, May 22, 2025, 2:00 p.m.</p> <p>Presenter: James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</p> <p>Registration required: https://us02web.zoom.us/meeting/register/t5wRZ6KJTVKqmn-T6RIRhA</p> <p>Jim advises health care payers, providers, trade associations, and service providers on business matters, legislative and regulatory issues, governance, and personnel matters. He regularly represents</p>



James Roosevelt, former Associate Commissioner, U.S. Social Security Administration

medical device and medical process startups, including with respect to telehealth, artificial intelligence, and treatment utilizing legal psychedelics. He is also a national speaker and author on the Affordable Care Act, Medicare and Medicaid policy, and Social Security.

For more than 10 years, Jim was CEO of Tufts Health Plan, where he led a turnaround that nearly doubled the membership and achieved consistent profitability while attaining #1 ranking in the United States from the national accrediting organization. He was previously in-house General Counsel and was a former partner in the Health Care Practice Group of Choate, Hall and Stewart in Boston. Before joining Tufts Health Plan, he served as Associate Commissioner of the U.S. Social Security Administration.

In 2016, Jim was a visiting fellow at the Institute of Politics of the Harvard Kennedy School of Government. He continues as a clinical instructor in the Public Health and Community Medicine Department of Tufts University School of Medicine.

DignityMA Study Session



Steven Schwartz, JD, Special Counsel, Center for Public Representation

The New Legal Landscape: The Administration's Campaign to Erase Disability Rights, Protections, and Protectors

Thursday, June 5, 2025, 11:00 a.m.

Presenter: Steven Schwartz, JD, Special Counsel, Center for Public Representation

Registration required:

<https://us02web.zoom.us/meeting/register/WNnuimt0T3Sh64qXKJeZ2g>

This session will review the Trump Administration's coordinated attack on disability rights, through the issuance of executive orders that eliminate legal claims and disability rights, rescind disability regulations, and challenge important disability precedents. It will discuss strategies to oppose these efforts, particularly in light of the drastic reduction in civil rights enforcement by the Department of Justice.

Steve serves as special counsel, after founding the Center in 1976 and then serving as its executive director for 38 years and litigation director for 13. After graduating from Harvard Law School in 1971, he represented thousands of people with disabilities over the past fifty years. He has testified before Congress on numerous occasions, successfully resolved a number of damage cases for institutionalized individuals with disabilities, and litigated dozens of class action cases that challenge the unnecessary segregation of people with disabilities in psychiatric hospitals, developmental disability institutions, nursing facilities, and juvenile justice settings.

Events

1. [Massachusetts Senior Medicare Patrol Program's 11th Statewide Conference](#)

Tuesday, May 6, 2025, 9:00 a.m. to 4:00 p.m.

Best Western Royal Plaza Hotel & Trade Center

181 Boston Post Road West Marlborough, MA

This year's MA Senior Medicare Patrol (SMP) Program's Statewide Conference will highlight and explore the vital importance of engaging and including diverse perspectives and amplifying the voices of older

	<p>consumers, to address the primary care challenges in the Commonwealth.</p> <p>Speakers include a community health physician and leader, the MCPHS Pharmacy Outreach Program, SHINE, SMP, disability advocates, the IRS, Reps office staff, Postal Services, Consumer Affairs staff and others. The conference is free and includes social work CEs.</p> <p>Learn more & register</p> <p>2. Older Adult Behavioral Health Network, MAMH and MA Housing and Shelter Alliance</p> <p>Aging at Home: Advancing Supports for Older Adult Homelessness, Housing Stabilization and Community Living Annual Conference</p> <p>Tuesday, May 13, 2025, 8:00 to 4:00 p.m.</p> <p>The Hogan Center, College of the Holy Cross, 1 College Street, Worcester</p> <p>Older adults are the fastest growing segment of the homeless population not only in Massachusetts but nationwide. This year, the OABHN's annual conference will shed light on this issue, bringing together people from both the homeless/housing network and aging services to encourage greater collaboration and strengthen partnerships. It's a great networking event for all professional working with adults with behavioral health concern.</p> <p>Confirmed Speakers</p> <p>Secretary Robin Lipson, <i>MA Executive Office of Aging and Independence</i></p> <p>Secretary Ed Augustus, <i>MA Office of Housing and Livable Communities</i></p> <p>Beth Lucas, <i>MA Department of Mental Health</i></p> <p>Morning Keynote Panel - Collaborative Solutions: State Programs for Older Adult Homelessness and Housing Stabilization</p> <p>Emily Cooper, <i>MA Executive Office of Aging and Independence</i></p> <p>Josh Cuddy, <i>MA Office of Housing and Livable Communities</i></p> <p>Carmina Andrade, <i>MA Department of Mental Health</i></p> <p>Afternoon Keynote Panel - Older Adult Homelessness in MA: Insights from Data, Lived Experience, and Clinical Perspectives</p> <p>Efrain Gomez</p> <p>Samara Scheckler, PhD</p> <p>Meagan Hickey, LICSW</p> <p>Confirmed Workshops</p> <ul style="list-style-type: none"> • Community-Based Aging Supports in MA: Overview of Older Adult Protective Services, State Homecare, and Councils on Aging and PACE Programs • Navigating Homeless Shelter and Housing Resources in Massachusetts • Introduction to Hoarding Behavior and Interventions • Brain Injury and Behavioral Health: Critical Factors in the Housing Crisis for Older Adults • Using Reasonable Accommodations and Modifications to Preserve Tenancies • Elder Justice Shelter at the Center for the Prevention of Elder Abuse and Neglect (CPEAN) <p>Register Here.</p>
Webinars and Online Sessions	<p>3. Long Term Care Community Coalition</p> <p>Tuesday, May 20, 2025, 1:00 to 2:00 p.m.</p>

	<p><u>The Historic Impact of COVID-19 on Nursing Homes and the Failed Response</u></p> <p>Kenneth Levine will explore how long-standing, well-documented industry failures—flagged by pre-pandemic reports from the GAO, OIG, CMS, and researchers—set the stage for catastrophe. The discussion will also address the weak response five years later and the ongoing lack of enforcement against bad actors.</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: <u>https://dignityalliancema.org/webinars-and-online-sessions/</u></p>
Nursing Homes	<p>4. *Boston Globe</p> <p>April 28, 2025 (updated)</p> <p><u>Mass. seniors fight to boost \$72.80 monthly allowance</u></p> <p>By Kay Lazar</p> <p><i>Massachusetts has the second lowest ‘personal needs allowance’ for low-income nursing and rest home residents in New England but the highest cost of living.</i></p> <p>For nearly 20 years, thousands of low-income Massachusetts nursing home and rest home residents have had to figure that out because they have access to just \$72.80 per month from their own social security checks to cover personal needs. These are often small items, but residents say they can have a profound impact on their lives, like being able to buy a birthday gift for a grandchild, orthotic shoes not covered by insurance to help ease aching feet, or just to treat themselves to a haircut.</p> <p>The rest of their income goes toward their care, including meals and housing.</p> <p>Attempts over the years to convince state lawmakers to increase the \$72.80 ‘<u>Personal Needs Allowance</u>’ have fallen short, not because of any organized resistance against the matter, but a general consensus that other financial needs in Massachusetts were more pressing, advocates say.</p> <p>But this year, <u>Dignity Alliance</u>, a consortium of elder and disability rights advocates, says the issue is their top priority and is intensely lobbying for passage. A proposed <u>amendment to the state budget</u> to be debated this week aims to increase the monthly allowance to \$113.42, while proposed <u>legislation</u> would make the <u>increase permanent</u> and provide annual increases to account for inflation.</p> <p>Elizabeth Leavitt, a 67-year-old retired minister and preschool teacher, jokes she lived “like a church mouse” with low-paying positions that provided no pension but deeply satisfying work. She lives at Hale House, a rest home in Boston’s Back Bay neighborhood, and is eager to see the monthly allowance increased.</p> <p>“I just finally bought a book for myself and I haven’t bought myself one for eight years,” she said, after describing the painstaking budgeting it took to afford that book. “It’s called ‘Love Poems from God,’ and it makes me so happy.”</p> <p>Former minister Elizabeth Leavitt, 67, in Hale House where she lives. She recently saved up and bought herself her first book in years, called “Love Poems from God.” Suzanne Kreiter/Globe Staff</p> <p>Upward of 25,000 lower-income residents living in Massachusetts nursing homes and rest homes are dependent on the Personal Needs Allowance. (Rest homes are state-licensed facilities that provide housing,</p>

	<p>meals, and some activities and personal care assistance to people who don't require medical or nursing care.)</p> <p>"The prices on everything have gone up: toothpaste, shampoo, Tylenol, everything," Leavitt said. "But the \$73 dollars has not."</p> <p>Today, Massachusetts provides the lowest Personal Needs Allowance of all New England states except Maine, Medicaid data show. Yet Massachusetts has the nation's second-highest cost of living, behind Hawaii, according to World Population Review data.</p> <p>Paul Shafer, an assistant professor at the Boston University School of Public Health and co-director of BU's Medicaid Policy Lab, said increasing the allowance would add a "tiny, tiny fraction" — or about \$11 million — to the state's roughly \$20 billion Medicaid budget.</p> <p>"This is about the dignity of seniors, and the fact that the allowance hasn't been raised since 2007," Shafer said.</p> <p>There hasn't been much research into the potential beneficial impacts for nursing home and rest home residents in states that have raised the personal needs allowance, Shafer said. But in recently researching the history of the allowances nationwide, Shafer said he heard a lot of troubling stories about the trade-offs nursing home and rest home residents, which he describes as "some of the most isolated, vulnerable folks among us," were making to stay within allowances that had not been raised in years.</p> <p>"I heard about how they can't afford their supplements, or their orthotics, and can't get the food they want," he said.</p> <p>"We don't have any evidence, and certainly the size of the {proposed} increase on a daily basis is very small," he said. "But if seniors had more resources to make sure they had the right footwear they need, it could reduce fall risks."</p> <p>State Senator Patricia Jehlen, who chairs the Joint Committee on Elder Affairs, is cosponsoring one of the pending proposals to increase the allowance. She recently spoke of her frustration repeatedly trying to win an increase and expressed hope that this time might be different.</p> <p>"We haven't been able to do it, despite the committee's interest over the years," she said. "It is just the general lack of prioritization of the needs of older people. And I continue to not understand that."</p> <p>Back at Hale House, resident Cathy Trawick talks about her 8-year-old winter coat that is fraying and how she is relying on a friend to repair it because she can't afford a new one. Trawick, 68, was a single mother who taught English as a second language for years before moving into Hale House — next door to her 92-year-old mother.</p> <p>"I feel inadequate," she said, about not being able to buy her three young grandsons the gifts they want.</p> <p>"They have other grandparents who send them really expensive toys from out of town," she said. "I am the one who gets to see them but always feel bad the only thing I can really afford to get is art supplies, and I like to encourage art, but it's always a challenge."</p> <p>Trawick and her fellow Hale House resident, Leavitt, both note how lucky they are their rest home is in such a charming neighborhood, but how that charm comes at a price; the stores there are expensive, which means spending precious allowance on public transportation to get to more affordable ones.</p> <p>"I am sitting at my desk with a yellow legal pad right now," Leavitt said. "I'm looking at May and seeing what I can afford."</p>
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Private Equity	<p>5. WBUR May 1, 2025 <u>Judge allows bankrupt Steward to keep employee retirement funds</u> By Deborah Becker</p> <p>This article details the potential loss of tens of millions of dollars in retirement savings for former employees of the bankrupt Steward Health Care system. Here's a summary of the key points:</p> <ul style="list-style-type: none"> • Bankruptcy Impact on Retirement Funds: Due to Steward Health Care's bankruptcy proceedings, a federal bankruptcy court has ordered the dissolution of the company's deferred compensation retirement programs, with nearly \$60 million to be transferred back to Steward to pay off creditors. • Deferred Compensation "Rabbi Trusts": Steward's retirement plans were "rabbi trusts," typically used for senior executives but expanded in 2019 to include nurses and physician assistants meeting certain income requirements (at least \$180,000 in 2022). These plans allowed high earners to set aside large pre-tax portions of their salary and bonuses, exceeding limits on other retirement accounts. • Lack of Bankruptcy Protection: Unlike 401(k) plans, funds in rabbi trusts are generally not protected if the company declares bankruptcy, making them accessible to creditors. • Employees' Legal Challenge: Plan participants argued in bankruptcy court that the invested funds belonged to them and should be protected under ERISA. However, the judge sided with Steward, deeming the plans exempt from ERISA and part of the company's assets. The employees are appealing this decision. • Significant Financial Loss for Employees: Retired Dr. Alan Hackford, a former Steward executive, stands to lose a significant portion of his \$500,000 in the deferred compensation account. This loss will impact numerous former employees who relied on these funds for their retirement. • Steward's Encouragement and Potential Motives: Former employees report that Steward actively encouraged participation in these plans, suggesting they would provide better retirement income than traditional options. Some now question if Steward expanded the plans knowing their financial troubles, effectively creating a "piggy bank" for bankruptcy. • Plan Disclosures: While plan documents did state the risk of losing investments in case of insolvency, former employees like Hackford believed the risk of bankruptcy was low. • Broader Context of Steward's Bankruptcy: Steward Health Care, once a major hospital network in Massachusetts, has been selling, transferring, or closing facilities as part of its Chapter 11 bankruptcy. • Executive Compensation Concerns: Former employees are critical of reports that some Steward leaders received substantial compensation and appear to be insulated from the financial repercussions of the bankruptcy.
Health Care Topics	<p>6. *Washington Post April 30, 2025 <u>RFK Jr. will require shift in how new vaccines are tested, HHS says</u> By Lauren Weber, Rachel Roubein, Lena H. Sun and Carolyn Y. Johnson</p>

	<p>This article details Health and Human Services (HHS) Secretary Robert F. Kennedy Jr.'s intention to alter vaccine testing protocols, requiring placebo-controlled trials for all new vaccines. This decision has sparked significant controversy and concern among medical and public health experts. Here's a summary of the key points:</p> <p>Proposed Policy Change:</p> <ul style="list-style-type: none"> • HHS plans to mandate placebo-controlled trials for all new vaccines, a departure from current practices for well-established vaccines. • The agency did not define "new vaccine" or clarify which vaccines would be affected, except to exclude the annual flu vaccine. <p>Concerns from Medical Experts:</p> <ul style="list-style-type: none"> • Experts argue that placebo-controlled trials for established vaccines like measles and polio are unethical, as they deny effective interventions to the placebo group. • They fear this change could lead to reduced vaccine availability, increased costs, and decreased public trust in vaccines. • There are concerns that this will be applied to the Covid-19 vaccines, causing unneeded costly trials. • Experts dispute the claim that current vaccine safety monitoring is inadequate, stating that existing systems are robust. <p>Kennedy's Stance:</p> <ul style="list-style-type: none"> • Kennedy emphasizes vaccine safety, transparency, and accountability, claiming he is "pro-safety." • He has previously expressed skepticism about vaccine safety and called for more rigorous testing. • Kennedy has appointed a vaccine skeptic to investigate the debunked link between vaccination and autism. <p>Potential Consequences:</p> <ul style="list-style-type: none"> • The proposed changes could undermine public trust in vaccines and exacerbate existing vaccine hesitancy. • It could also lead to delays in vaccine development and reduce access to essential immunizations. • There is a worry that this will cause a decrease in investment into vaccine creation from pharmaceutical companies. <p>Ethical Considerations:</p> <ul style="list-style-type: none"> • Experts highlight the ethical dilemma of withholding effective vaccines from a placebo group, especially for diseases with severe consequences. • The ethics of placebo testing when an effective treatment exists is a major concern. <p>Political Context:</p> <ul style="list-style-type: none"> • The Trump administration has also injected uncertainty into the annual Covid-19 vaccine update process. • Sen. Bill Cassidy has stated that Kennedy committed to working within the current vaccine approval systems. <p>7. Masslive.com April 29, 2025 <u>'It's really unsafe': Exodus of doctors, new for-profit deal shake Mercy Medical Center</u> By Heather Morrison This article reports on a potential crisis at Mercy Medical Center in Springfield, Massachusetts, where a large number of doctors, physician</p>
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	<p>assistants, and nurses in the emergency department are considering leaving due to concerns about the hospital's focus on finances over patient care. Here's a summary of the situation:</p> <ul style="list-style-type: none"> • Staff Concerns: Medical staff anonymously shared their worries that the hospital's priority has shifted from patient care to the "bottom line," leading to a "chaotic" and "unsafe" environment in the emergency department. They report being pressured to see more patients with fewer resources, putting patients in hallways, and being asked to sign off on patients they haven't evaluated. • Outsourcing to Vituity: The main catalyst for the potential exodus is Trinity Health's decision to outsource emergency department staff to Vituity, a for-profit physician-owned group from California. Mercy Medical Center and Vituity claim this partnership will improve patient care and ensure long-term sustainability. • Troubled Track Record: Medical professionals and lawmakers in Connecticut warn against Vituity, citing staff departures and negative impacts on patient care when the company moved into hospitals there. The Massachusetts Nurses Association (MNA) also expressed concerns based on the Connecticut experience. • Lack of Transparency: Staff report a lack of information and transparency regarding the transition to Vituity, including unclear contract details and inconsistent start dates. Some have resorted to online forums like Reddit for information. • Impact on Patient Care: Staff fear that the changes will negatively impact patient care, with long emergency room wait times already being an issue. They worry about the quality of care provided by outsourced staff and the potential loss of experienced colleagues. • Impact on Staff: Physician assistants are concerned about their licenses, which require a supervising physician, given the uncertainty. Nurses, while not directly employed by Vituity, anticipate significant changes to their daily work and worry about the support new staff will provide. • Connecticut Precedent: The article highlights the negative experience in Connecticut, where a similar partnership with Vituity led to the departure of around 30 physicians and a decline in the quality of life for those who stayed, who are now expected to see more patients. Connecticut lawmakers are trying to pass legislation to prevent such situations in the future. • Other Issues at Mercy: The hospital is already under investigation by OSHA for allegedly trying to reduce injury reports. Nurses have also been raising concerns about unsafe working conditions and staffing shortages for some time. • Community Impact: Staff members are worried about the negative impact on the Springfield community if experienced medical professionals leave, potentially reducing access to quality emergency care for vulnerable populations.
Disability Topics	<p>8. *State House News April 30, 2025 Wheelchair users say repair bill is about "restoring dignity" By Ella Adams <i>Response to "crisis of equity" cleared Senate last session, died in House</i> Wheelchair users are calling long wait times for wheelchair repairs an enduring "crisis of equity" as lawmakers ponder whether to take up bills</p>



Advocates gather at a State House hearing on April 29 to testify in support of wheelchair repair legislation. DignityMA participant Chris Hoeh is pictured in the center with a tan shirt. (State House News photo)

designed to make wheelchairs more reliable for those who depend on them for their livelihoods and health.

Wheelchair users crowded into a State House hearing room Tuesday to speak about the loss of independence extended wheelchair repairs cause, alongside their concerns about structural deficiencies in the repair system.

"At one point, my wheelchair went unrepaired for over nine weeks. I was completely bed bound. That delay didn't just inconvenience me, it led to me being hospitalized, placed on a ventilator, and fighting for my life," said Destiny Maxam, a community organizer at the Disability Policy Consortium.

"I want to be clear. This happened because I couldn't get the equipment I rely on every day," Maxam said.

A bill ([S 210](#)) filed by Sen. John Cronin would extend wheelchair warranties to two years and require that an assessment of broken wheelchairs be done -- and temporary replacements be provided -- within certain periods of time, depending on whether assessments are made remotely or in-person.

Senators passed a comparable bill 2024, but it died without a vote in the House.

A new House bill ([H 1278](#)) would put an exact timeline on wheelchair repairs, requiring that they be made no later than ten business days after the date of request. The Rep. Jim O'Day bill would also eliminate prior authorization requirements for repairs under \$1,000.

Both bills eliminate the prior authorization requirements for repairs under \$1,000, require there to be an inventory of wheelchair parts available and include varying enforcement provisions.

"This legislation isn't just about mechanical fixes. It's about restoring dignity, independence and basic rights. Because when our chairs don't work, our lives don't work," Maxam said. "This is a crisis of equity. People who walk don't have to wait nine weeks to use their legs again, and yet, wheelchair users are expected to live like this over and over again."

Assistant Attorney General Ann Lynch said the issue is commonly cited in complaints filed with the office.

"Our office consistently receives complaints from consumers about wheelchair repair delays. In recent complaints, consumers have reported that they have been waiting two, four, five, six, and even nine months to have their wheelchairs repaired," Lynch said.

Wayne Grau, executive director of the National Coalition for Assistive and Rehab Technology (NCART), voiced some of the only opposition to the bill. NCART is a national nonprofit that advocates for individuals who rely on complex rehab equipment.

"We understand that consumers are experiencing a lack of timely access to wheelchair repair services," Grau said. "In the last session, NCART was engaged with various stakeholders, including consumers, legislators and MassHealth to develop solutions to address the timeline of repairs." Grau said NCART is prepared to continue those conversations, and supports the elimination of prior authorization, which he said will speed up repairs by anywhere from seven to 21 days. Grau highlighted that complex rehabilitation equipment, which the bill refers to, is customized to specific needs, and centered his concern on the provision that would require a two-year warranty on wheelchairs.

	<p>"We are concerned that [with] just the wear and tear on items, which currently have a six-to-13-month warranty, [manufacturers] will not be able to expand their warranty limits to meet that two years," Grau said. Grau said manufacturers currently provide tiered warranties for certain components and buy pieces like batteries and tires from other companies -- parts he said have to be redesigned and expanded over time.</p> <p>9. ET (video) <u>Michael J. Fox Shares His Secret for Staying Positive While Living with Parkinson's</u></p>
Aging Topics	<p>10. Global Ageing News April 22, 2025 <u>UN Human Rights Council Launches Process to Draft International Convention on the Rights of Older Persons</u> By Global Ageing Network <i>UN Human Rights Council Launches Process to Draft International Convention on the Rights of Older Persons</i> <i>April 3, 2025, was a landmark day for older persons around the world, as the United Nations Human Rights Council adopted a resolution to establish a new intergovernmental working group to draft an international, legally binding UN Convention on the Human Rights of Older Persons.</i> As an organization with NGO consultative status, the Global Ageing Network has been actively engaged in advocating for a UN Convention on the Rights of Older Persons—for 15 years—through the Open-Ended Working Group on Ageing (OEWGA). Andrew Kavala, a global ageing network board member, <u>participated in the Human Rights Council</u> as the expert member for the southern African region for the African Commission on Human and People's Rights. Marcus Riley, a Global Ageing Network board member and Executive Chairman at Ballycara, shared <u>Global Ageing Network's written statement</u> for the 58th session of the Human Rights Council. Alejandro Bonilla Garcia, chair of the NGO Committee on Ageing (Geneva) and representative to the United Nations Office at Geneva (UNOG) of the International Federation on Ageing, says the April 3 resolution, driven by a core group of nations including Argentina, Brazil, The Gambia, the Philippines, and Slovenia, was supported by 68 cosponsoring countries, including thirty-three members of the Human Rights Council. The next step, he reports, is the creation of a working group that will negotiate and draft the instrument to enshrine older persons' rights into international law. In <u>the April 2025 issue of UN Today magazine</u>, Garcia discusses the significance of the UN Convention for the global population of people aged 65-plus, which will double to 1.6 billion by 2050. The Convention, Garcia says, "is essential to ensure older persons' equality, dignity, and societal inclusion—not just for today's population but for the youth and children who will be the older persons of tomorrow." He discusses the vital role of governments and civil society organizations in "transforming advocacy into actionable commitments," and outlines the threats to older adults from violence and neglect, ageism leading to exclusion from health services and care systems, climate change, conflicts and natural disasters, and more.</p>

For more on global issues surrounding the human rights of older people, see [this Human Rights Watch page](#) and the [NGO Committee on Ageing site](#).

11. Global Ageing News

April 16, 2025

[2025 Leadership Summit: A Catalyst for Progress in Aged Care](#)

By Global Ageing Network

As populations age around the world—from Africa to Ireland—aged care leaders face a shared challenge: how to prepare for and support growing older adult populations. This fall, the Global Ageing Network offers a unique opportunity for leaders across continents to unite as one global sector.

The recent [LeadingAge Leadership Summit](#) in the U.S. highlighted emerging solutions and priorities that resonate far beyond national borders. Over three days, ageing leaders, advocates, and policymakers gathered to explore innovative strategies and policy ideas to meet urgent sector challenges.

These themes will carry forward into this November's joint [Global Ageing Network Summit and LeadingAge Annual Meeting in Boston](#)—a global gathering designed to foster cross-border collaboration and shape the future of aged care worldwide.

1. Technology-Driven Transformation

Artificial intelligence (AI), data analytics, and virtual reality took center stage as tools revolutionizing care delivery. Sessions demonstrated how predictive analytics can improve resident health outcomes, how AI can streamline operations and reduce fall risks, and how data-driven insights are becoming indispensable for strategic planning and staff optimization.

2. Workforce Innovation and Culture

As staffing shortages persist, summit participants explored creative solutions for recruitment, engagement, and retention. Strategies included launching registered apprenticeships, fostering mentorship, and building cultures of trust and inclusion. Presenters also examined leadership development and succession planning to strengthen long-term organizational health.

3. U.S. Policy Engagement and Advocacy

A standout theme of the conference, which is noted for its final day—Lobby Day, when members go to visit members of Congress on Capitol Hill in Washington, DC—was the urgent call to advocacy. LeadingAge reinforced that your voice is the trusted voice on Capitol Hill.

The Summit's advocacy sessions prepared members to:

- Advance workforce recruitment and retention initiatives
- Push for increased affordable housing funding
- Reduce the regulatory burden on nursing home providers
- Improve access to care and services for older adults

Attendees left empowered to be advocacy champions, ready to engage with lawmakers and influence the future of aged care policy.

4. Governance, Strategy, and Inclusive Leadership

Organizations were challenged to think boldly about board transformation, resident representation, and strategic agility. Sessions unpacked how diverse perspectives enrich planning processes and emphasized that today's leadership must evolve to meet tomorrow's challenges with clarity, innovation, and inclusion.

5. Community Development and Financial Resilience

From expanding into affordable housing to navigating Medicaid restructuring and state policy impacts, providers were given a roadmap to strengthen financial solvency while staying true to mission. Real-world success stories from nonprofit communities showed how to innovate and resonate with modern consumers without compromising sustainability. A Global Call to Action from LeadingAge

The momentum doesn't end here. Each of you will carry it forward through the impactful work you do every day. At the same time, we must keep uniting our sector—continuing to learn from one another, share solutions, and strengthen our collective voice.

Join us on the global stage this fall. Come together with aged care professionals from around the world at the [2025 LeadingAge Annual Meeting and Global Ageing Network Conference](#) to share ideas, strategies, and innovations that transcend borders. [Learn more here](#); [non-US participants can register now](#).

12. UNtoday

April 1, 2025

[A UN Convention on the rights of older persons](#)

By Alejandro Bonilla Garcia

Emphasizing the universal importance of the rights and dignity of older persons, in the spirit of the United Nations

Thanks to advances in health and development, today's youth are likely to live longer, healthier lives than ever before. Yet, the demographic shift towards ageing populations brings challenges that must be addressed urgently. By 2050, the global population aged 65 and over will double to 1.6 billion, exposing systemic inequalities and vulnerabilities. A UN convention is essential to ensure older persons' equality, dignity, and societal inclusion—not just for today's population but for the youth and children who will be the older persons of tomorrow.

The role of OHCHR and the Independent Expert

The UN General Assembly's adoption of resolution A/RES/78/324 in 2024 was a historic milestone, marking the conclusion of deliberations on older persons' rights by the Open-Ended Working Group on Ageing. This agenda has transitioned to Geneva-based mechanisms, including the Human Rights Council, supported by the Office of the High Commissioner for Human Rights (OHCHR). Recognizing the urgency of this issue, OHCHR established a dedicated unit to advance older persons' rights. The Independent Expert's assessments further highlight gaps and offer actionable recommendations. Together, these efforts signify a global commitment to move from dialogue to implementation, underscoring the importance of a legally binding convention.

Government leadership

Governments have a pivotal role in transforming advocacy into actionable commitments. A UN convention would provide a harmonized framework to address ageism, ensure the inclusion of older persons, and align policies globally. By supporting a convention, governments demonstrate leadership in upholding human rights and fostering intergenerational solidarity. Older persons contribute as caregivers, workers, consumers, voters, workers, caregivers, and community references and leaders, strengthening societies. A convention would ensure they are visible, supported and empowered, and that intergenerational solidarity is recognized and valued, creating a legacy of dignity and inclusion for future generations.

Civil society advocacy

Civil society organizations, including NGOs, are at the forefront of advocating for older persons' rights. Their persistent efforts combat ageism, promote intergenerational solidarity, and ensure older persons' voices are heard in policymaking. Through engagement with states and international mechanisms, civil society amplifies the call for a UN convention, reflecting the collective determination to guarantee dignity, equality, and inclusion for all.

The cost of inaction

Failure to adopt a UN convention would perpetuate systemic neglect and increase societal costs. Without unified protections, ageism, abuse, and exclusion will persist, widening inequalities. A convention provides an opportunity to eliminate gaps, enhance policies, and allocate resources more effectively, ensuring accountability and fostering collaboration among states. In economic terms, the cost of inaction is much higher than the cost of action and the benefit is monumental!

Addressing violence and neglect

Older persons face high levels of violence, abuse, and neglect, often exacerbated by ageism. These issues remain underreported and inadequately addressed, particularly among older women and those with disabilities. A convention would mandate robust legal frameworks, enforce accountability, and promote awareness campaigns to combat ageist attitudes. By ensuring protection from violence, societies uphold the dignity and rights of older persons.

Health and care

Access to quality healthcare and long-term care is critical for older persons. However, ageism often results in inadequate treatment and exclusion from healthcare services. A UN convention would prioritize equitable access to healthcare, promote healthy ageing, and establish sustainable care systems that support both paid and unpaid caregivers. These measures would empower older persons to live fulfilling, dignified lives.

Disability and ageing

As people age, many experience disabilities, facing compounded discrimination from ageism and ableism. A convention would ensure inclusive policies, access to support systems, and recognition of older persons with disabilities as active participants in society. Integrating ageing and disability policies is essential to uphold the dignity and rights of older persons.

Climate change and older persons

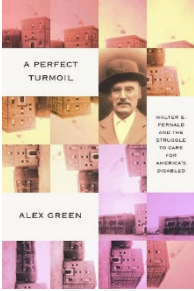
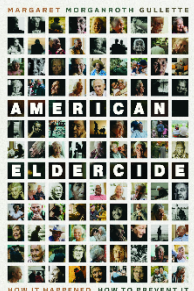
Older persons are disproportionately affected by climate change and often overlooked in disaster responses. A UN convention would require states to integrate age-sensitive measures into climate policies and disaster risk strategies. This includes ensuring access to evacuation plans, shelters, and tailored information while recognizing older persons as key contributors to climate resilience.

Older persons in crises

Disasters, conflicts, and emergencies expose older persons to heightened risks, including exclusion and neglect. A convention would mandate equitable access to resources, healthcare, and shelter, ensuring older persons are active participants in disaster preparedness and recovery.

Migrants and refugees

	<p>Older migrants and refugees face unique challenges, including limited access to essential services and heightened vulnerability to exclusion. A UN convention would compel states to provide equitable healthcare, housing, and legal protections, recognizing the contributions of older persons in rebuilding communities and fostering stability.</p> <p>Bridging the digital divide</p> <p>The digital divide disproportionately impacts older persons, excluding them from services and opportunities. A convention would ensure affordable access to digital infrastructure, promote tailored digital literacy programs, and encourage the development of age-inclusive technology. Bridging this gap is essential for older persons to participate fully in society.</p> <p>Gender equality</p> <p>Older women face compounded inequalities from lifelong discrimination. They are more likely to live in poverty, experience health disparities, and encounter abuse. A convention would promote gender-sensitive policies, ensuring equal access to healthcare, education, and economic opportunities. Empowering older women challenges stereotypes and advances sustainable development.</p> <p>The time for action is now. A UN convention on the rights of older persons is essential to address decades of neglect and systemic inequality. By upholding dignity, fostering inclusion, and addressing challenges such as ageism and the digital divide, a convention secures a future where older persons are celebrated as contributors to society. This legacy of equality and respect would benefit all generations.</p>
<p>From Around the Country</p>	<p>13. Iowa Capital Dispatch April 24, 2025 <u>After resident's death, Iowa nursing home is being fined \$2,200 per day</u> By Clark Kauffman <i>Penalties total \$139,000 so far, but could be heavily discounted by federal agency</i></p> <p>This article details the case of Sanford Senior Care in Sheldon, Iowa, a nursing home facing significant fines due to the death of a resident from an infected bed sore. Key points include:</p> <ul style="list-style-type: none"> • A male resident developed a bed sore that went unassessed and untreated by staff. His family and physician were not notified. • The bed sore became infected, leading to MRSA cellulitis, which was the immediate cause of the resident's death on March 6, 2025. • Federal regulators imposed an initial fine of \$12,130 per day for six days due to "immediate jeopardy," totaling \$72,780, which was later reduced to \$47,307. • The facility continues to accrue daily fines of \$2,220 starting March 12, 2025, for ongoing non-compliance until corrections are made. • As of Tuesday, April 22, 2025, the total federal fines amounted to \$139,707, with the daily fines still accumulating. The second set of fines is also eligible for a 35% reduction if the home doesn't appeal. • State inspectors documented a nurse aide's disturbing description of the resident's wound. The director of nursing stated that disciplinary actions were taken and efforts were underway to prevent future incidents. • Sanford Health, the affiliated medical center, declined to comment citing privacy laws.

	<ul style="list-style-type: none"> • The Centers for Medicare and Medicaid Services (CMS) initially referred inquiries about the fines back to the state. • Sanford Senior Care currently has a one-star overall rating, the lowest possible, on CMS' five-star quality scale.
<p>Books by DignityMA Participants</p>  <p>About the Author: Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p>	<p><u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, <i>A Perfect Turmoil</i> is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.</p> <p>In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.</p> <p><u>Buy the book here</u></p>
<p>Books by DignityMA Participants</p>  <p>About the Author: Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Hingham, Massachusetts.</p>	<p><u>American Eldercide: How It Happened, How to Prevent It</u> By <u>Margaret Morganroth Gullette</u></p> <p>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</p> <p>Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.</p> <p>Until now. In <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.</p>

	Buy the book here.	
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/	
Support Dignity Alliance Massachusetts Please Donate!	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
Dignity Alliance Massachusetts Legislative Endorsements	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 .	
Websites		
Blogs		
Podcasts		
YouTube Channels		
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	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
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</p> Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Pending: Town of Nantucket – Long Term Care Substantial Capital Expenditure	
List of Special Focus Facilities	Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>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</p>	

either graduates from the program or is terminated from Medicare and/or Medicaid.

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated)

Newly added to the listing

- Salem Rehab Center, Salem
<https://www.adviniacare.com/adviniacare-salem/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225644/>
- Fall River Healthcare
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>

Massachusetts facilities which have graduated from the program

- 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>
- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- Tremont Healthcare Center, Wareham
<https://thetremontrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225488/>

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

- AdviniaCare Newburyport (13)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
- Brandon Woods of New Bedford (1)
<https://brandonwoodsnewbedford.com/>
Nursing home inspect information:

	<p>https://projects.propublica.org/nursing-homes/homes/h-225264/</p> <ul style="list-style-type: none">• Cape Cod Post Acute, Brewster (9) https://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/• Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208• Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/• Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412• Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/• RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523• West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none">• South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram																				
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated April 23, 2025</p> <p>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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td>Tag B</td></tr><tr><td>C</td><td>106</td><td>82</td><td>Tag C</td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td>Tag D</td></tr><tr><td>E</td><td>2,133</td><td>767</td><td>Tag E</td></tr></table>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	Tag B	C	106	82	Tag C	D	7,445	1,401	Tag D	E	2,133	767	Tag E
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L	9	3	Tag L																										
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. 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>																												
DignityMA Call Action	<ul style="list-style-type: none">• 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>																												
	Workgroup	Workgroup lead	Email																										
	General Membership	Bill Henning	bhenning@bostoncil.org																										

Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.
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The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.