



# The Dignity Digest

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

## DignityMA Zoom Sessions

**\*May require registration before accessing the article.**

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](mailto:info@DignityAllianceMA.org).

## Spotlight

Robert Field argues that private equity's impact on price competition among nursing homes is limited because prices are mostly determined by Medicaid. However, private equity does impact quality and labor outcomes, which deserve greater government scrutiny. This article is part of a series that explores how private equity reduces competition in the United States healthcare sector and the ways in which enforcers can respond. You can read the rest of the series as it is published [here](#).

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## [Does Private Equity Harm the Welfare of Residents in Nursing Homes?](#)

**Promarket.org**

By Robert Field

May 19, 2025

While the hospital and physician sectors tend to receive most of the public attention, nursing homes also represent a [sizable portion](#) of the overall health care industry. As such, they are a significant target for private equity investment. There are more than [15,000 nursing homes in in the United States serving more than 1.3 million residents](#). They were worth almost [three billion dollars in 2023](#). It is estimated that [70 percent are for-profit](#) with about [nine percent of these owned by private equity funds](#). The total may actually be higher, as the complexity of many private equity business arrangements makes it difficult to derive exact numbers.

Nursing homes offer several attractive features for private equity investment. Among the most important is the steady stream of income they can generate. Medicaid is the primary source of funding for long-term care in the U.S., covering [60 percent](#) of residents. Once a patient qualifies for coverage, its support is relatively stable. Some of the remaining residents have private long-term care insurance, which is another steady source of revenue. Nursing homes are also financially attractive because of the [real estate](#) they own, which can be quite valuable.

Beyond direct financial benefits, [regulation of nursing homes tends to be uneven](#) and therefore less intrusive than that of hospitals and physician practices. Oversight is fragmented across federal and state authorities, and state authorities are often under-resourced. This can limit scrutiny of aggressive financial restructuring arrangements implemented by acquiring firms, in particular, scrutiny of cost-cutting efforts that can lead to quality lapses.

Post-acquisition, private equity funds commonly maximize their financial returns by implementing substantial [changes to the corporate structure](#) that can lead to financial stress for the

	<p>acquired nursing home. A common strategy is a <a href="#">sale-leaseback</a>, in which the nursing home sells its real estate to an affiliated management company. The fund then uses proceeds from the sale to pay off the debt it incurred for the original purchase.</p> <p>Stripped of its own building and grounds, the nursing home must then make lease payments to the management company as its landlord. The amount of the lease can increase annually, while the nursing home continues to be responsible for maintenance, taxes and insurance. The landlord may also charge a management fee. This leaves the facility with fewer resources to maintain the quality of its services. Fewer resources can also <a href="#">strain the long-term financial viability of acquired providers</a>, although this is usually of little concern to private equity owners, who commonly aim to <a href="#">exit the business</a> in as little as five to eight years. Once debt from the acquisition has been repaid and valuable assets such as real estate have been moved to an affiliated entity, there is little incentive to maintain the operation.</p> <p>In addition to paying management fees to the landlord, the nursing home may also be required to obtain services from other affiliated companies that are <a href="#">part of a vertically integrated structure</a>. These can include rehabilitation services, staffing help, pharmacy, hospice, facility management, payroll, and medical devices such as ventilators. Supporters of private equity <a href="#">point to the efficiency</a> of obtaining services within a vertically integrated system, but it also blocks the facility from price shopping.</p> <p>Similar financial practices of private equity acquirers are also used in other health care sectors, in some cases leading to the <a href="#">financial ruin of facilities</a> that have been stripped of key assets. Private equity-owned health care companies enter bankruptcy at a much higher rate than public companies, accounting for <a href="#">20 percent of health care bankruptcies in 2023</a>. They are also more likely to be prosecuted for <a href="#">billing fraud</a>. <a href="#">Acquired hospitals also tend to have fewer</a> full-time equivalent employees, worse patient satisfaction scores, and lower performance on quality metrics. Among other effects of acquisitions are <a href="#">higher rates of adverse medical events</a>, including falls, central line-associated bloodstream infections, and surgical-site infections.</p> <p>The complicated corporate arrangements implemented by private equity acquirers <a href="#">makes enforcement of quality standards difficult</a>. In addition to being complex, the arrangements are designed to be opaque, making it <a href="#">difficult for regulators to identify</a> the entity within a private equity structure responsible for quality <a href="#">lapses</a>. They can also obscure the flow of funds, so assets and profits are difficult, or impossible, to trace. If the task of following the flow of funds is daunting for</p>
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regulators, it can be overwhelming for private attorneys suing in tort for compensation for harm.

**Two common practices of private equity acquirers can be especially harmful for the safety and wellbeing of residents. The first is reduction in [nurse-staffing levels](#).**

Laying off staff is an easy way to cut costs quickly after acquisition, and research has shown that for-profit nursing homes have fewer staff than nonprofit ones and rely more heavily on lesser-trained personnel. Facilities owned by private equity funds also typically pay lower wages.

**To control noncompliant residents with smaller staffs, nursing homes often use a second practice of [administering antipsychotic medications](#) as a form of chemical restraint.** These drugs make residents more docile, but they can cause serious adverse side effects. [One analysis](#) estimated that at least 20 percent of nursing home residents nationwide are administered these medicines and 80 percent are administered some form of psychotropic medication. Other research has found an [association between lower staffing levels](#) and greater medication use. **Private equity ownership is associated with a [greater increase](#) in antipsychotic medication use than more traditional forms of for-profit ownership.** Antipsychotic drugs [can cause](#) a number of serious adverse effects, [including](#) movement disorders, falls with injury, strokes, and heart attacks, resulting in [higher mortality](#) rates among residents who are taking them.

Practices such as lower nursing-staffing levels and greater antipsychotic drug use compound [harmful practices that have been found to already be prevalent](#) throughout the nursing home industry. Residents may be subject to physical abuse in the form of hitting or slapping, neglect of basic needs such as food and medical care, and emotional abuse. The effects of such abuses can include untreated infections, medication errors, malnutrition, falls, and bedsores. In acquiring nursing homes, therefore, private equity takes an industry already riddled with quality lapses and exacerbates them.

Defenders of private equity [argue](#) that it can inject much-needed capital into underperforming facilities and often improve care. The business literature contains [many reports](#) of such success stories. However, these instances do not diminish the widespread danger of acquisitions that have the opposite effect.

While regulators have tools for addressing the financial and quality abuses rampant in nursing homes, antitrust enforcement is not prominent among them. It can be effective in other sectors of health care, [such as physician practices](#), in which private equity has consolidated ownership in markets to gain bargaining power with private insurers and caused price increases. However, nursing homes rely heavily on a

	<p>government program for reimbursement, Medicaid, which determines reimbursement largely based on costs, not negotiation. Payments may increase because of increased costs after an acquisition but rarely because of decreased competition. Therefore, recent federal efforts to address health care dealmaking more generally, such as a joint <a href="#">initiative</a> from the Federal Trade Commission, the Department of Justice, and the Department of Health and Human Services, are unlikely to be effective in addressing abuses involving nursing homes.</p> <p>The primary facilitators of substandard nursing home care after private equity acquisition are the corporate structure and business practices the funds employ. Different regulatory approaches are needed to address them, and they can be most effectively implemented at the state level. Several states have <a href="#">already enacted laws</a> to curtail private equity acquisitions or to block them entirely, but they only help nursing home residents within their borders.</p> <p><b>For states that have not already taken action, and for some that have, emphasis should be placed on three strategies for enhancing oversight. The first would require greater transparency of ownership and corporate structures to help regulators identify the entities responsible for quality lapses and the location of funds within a private equity fund's corporate structure.</b> Nursing homes tend to be smaller entities than hospitals, so acquisitions are less likely to trigger federal scrutiny, however states could require more extensive reporting and greater transparency before approving transfers of ownership. Greater transparency would also assist a <b>second strategy of helping state Medicaid programs analyze facility <a href="#">cost reports</a> to better determine the proportion of spending that is actually devoted to resident care and the proportion that goes to administrative expenses.</b> Such scrutiny should start with an examination of rent, facility maintenance fees, and management fees paid by facilities to affiliated management companies under sale-leaseback arrangements. It should also assess prices charged for services obtained from other entities within a private equity fund's vertically integrated structure.</p> <p><b>Information obtained by state Medicaid programs on nursing home operations would facilitate a third strategy of more closely monitoring quality indicators.</b> This can build on <a href="#">regulatory reforms of the Centers for Medicare and Medicaid Services</a> (CMS), the federal agency that oversees Medicaid, that require reporting of nursing home quality measures as a condition for receiving reimbursement. CMS regulations also implement a <a href="#">star rating</a> system for grading nursing home quality. However, the effectiveness of these</p>
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	<p>efforts on their own is <a href="#">questionable</a>. State regulators are closer to the facilities and to the residents and therefore in a stronger position to monitor and enforce compliance. They are also less prone to dramatic political shifts that can alter federal policy. <b>Private equity investment has taken an industry rife with substandard care and <a href="#">compromised</a> much of <a href="#">it even further</a>. Enhanced oversight of its quality and financial practices should be a national priority. If all states were to engage in more aggressive oversight, the welfare of residents in many of the nation’s nursing homes could improve considerably, and private equity funding could be channeled more consistently into enhanced resources for care rather than just greater returns for investors.</b></p>
<p>Quotes</p>	<p><i>Two common practices of private equity acquirers can be especially harmful for the safety and wellbeing of residents. The first is reduction in <a href="#">nurse–staffing levels</a>. . . To control noncompliant residents with smaller staffs, nursing homes often use a second practice of <a href="#">administering antipsychotic medications</a> as a form of chemical restraint.</i></p> <p>Robert Field, <a href="#">Does Private Equity Harm the Welfare of Residents in Nursing Homes?</a>, Promarket.org, May 19, 2025</p> <p><i>Private equity investment has taken an industry rife with substandard care and <a href="#">compromised</a> much of <a href="#">it even further</a>. Enhanced oversight of its quality and financial practices should be a national priority. If all states were to engage in more aggressive oversight, the welfare of residents in many of the nation’s nursing homes could improve considerably, and private equity funding could be channeled more consistently into enhanced resources for care rather than just greater returns for investors.</i></p> <p>Robert Field, <a href="#">Does Private Equity Harm the Welfare of Residents in Nursing Homes?</a>, Promarket.org, May 19, 2025</p> <p><i>“They (Wisconsin Department of Health Services) say, ‘Oh, but we’re worried we could lose those bed licenses; they could just shut down.’ I said, ‘Well, if you’re that worried about it, you should be worried about selling it to some company with a dismal track record, who could close the doors at any time.’”</i></p>

Judy Brey, who said she was pleased to have the home as an option for her mother before her death in 2021, [Wisconsin lets a company it criticized buy a public nursing home](#), **The Cap Post**, May 19, 2025

*“SNAP is a lifeline for so many families and businesses across our state and the nation. The proposals we’ve seen from Republicans in Congress would make this vital food program impossible for states to administer and impossible to understand for people who need it. It pulls the rug out from under states who have worked in good faith partnership with the federal government for decades.”*

Lieutenant Governor Kim Driscoll, [Governor Healey Calls on Congress to Reject Federal Cuts to Food Assistance for One Million Massachusetts Residents](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 15, 2025

*“As we navigate the close of FY25 and prepare for the start of the new fiscal year in July, the Governor’s action to implement a hiring freeze across the executive branch will give us added flexibility in the budget to respond and react to unforeseen program needs and other deficiencies that may arise.”*

Administration and Finance Secretary Matthew J. Gorzkowicz, [Governor Healey Announces Executive Branch Hiring Freeze](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 14, 2025

*[Nursing home] bankruptcies were also linked to measurable declines in care quality. Hospitalization rates increased by 1.44%, or 4% of the mean, while the use of physical restraints jumped by 77% of the mean, and incidence of bedsores rose by 14% of the mean.*

[Increasing Bedsores, Declining Care Post-Bankruptcy at Nursing Homes Due to High Turnover, Contract Labor](#), **Skilled Nursing News**, May 16, 2025

*Nearly [7 million people in the United States live with dementia](#). While many individuals with [dementia](#) still reside in nursing homes, institutional care is*

decreasing, and a growing number are opting to receive care in the community.

[Home Health Care Use Rose Among Medicare Beneficiaries With Dementia Until the Pandemic](#), Leonard Davis Institute of Health Economics (Penn LDI), May 16, 2025

*A plan to delay long-overdue minimum nursing home standards would cost lives and delay important protections needed for people living in nursing homes.*

[AARP Pushes Back on Effort to Delay New Federal Nursing Home Staffing Standards to 2035](#), AARP, May 14, 2025

*In some states, Medicaid pays more than MA, and that has “flipped the script” for a lot of operators who see a long-term care Medicaid resident as more financially viable than a short stay MA patient.*

[‘Scarcity Premium’ Creating Competition in Nursing Home Market, But Congressional Budget Risks Still Loom](#), Skilled Nursing News, May 14, 2025

*“Billions [in] research grants have been yanked without warning. Preventative health programs, those that keep people healthy and out of hospitals, are slashed to the bone. I’m particularly alarmed [that] Alzheimer’s, cancer, heart disease research has been stopped.”*

Congresswoman Lois Frankel (D-FL), [Kennedy Defends Medicare Advantage, Cuts to Research for Diseases Impacting Older Adults in Nursing Homes](#), McKnights Long-Term Care News, May 14, 2025

***Focusing** financial resources on competent and engaged medical directors, and assuring that physicians, nurse practitioners and physician associates are competent in the practice of post-acute and long-term care medicine and geriatrics comes at little cost to nursing homes.*


Michael Wasserman, MD, CMD, geriatrician and member of the Board of Directors for PALTmed (The Post-Acute and Long-Term Care Medical Association), [The ‘price’ of value-based care](#), McKnights Long-Term Care News, May 14, 2025

	<p><i>A nurse aide who was found by a state board to have sexually abused three nursing home residents at two different facilities never faced criminal charges.</i></p> <p><a href="#"><u>Nurse aide who reportedly sexually abused 3 nursing home residents never faced criminal charges</u></a>, WTVR, May14, 2025</p> <p><i>One might call 2024 the year that United States policymakers awoke to the dangers of private equity (PE) investment in health care markets. Like many moments when the policy world speaks—and, to be fair, this is true for many problems in health care markets beyond PE—the decibel level of the alarm far exceeded any corresponding investment in solutions. But it can be said that the issue captured the attention of Congress, the executive branch, and assorted policy bodies.</i></p> <p><a href="#"><u>The Curious Case of Private Equity in Health Care’s Market Failures</u></a>, Promarket.org, May 13, 2025</p> <p><i>Meaningful reform will require balancing the legitimate business interests of wheelchair providers with strong consumer protections and service standards that prioritize the mobility, independence, and health of wheelchair users. Without such balance, the crisis in wheelchair services will likely continue to worsen, leaving thousands of Americans with disabilities without reliable access to the equipment they need for basic mobility and independence.</i></p> <p>James A. Lomastro, PhD, <a href="#"><u>Private Equity and Wheelchair Services: How to Address a National Crisis</u></a>, Non-Profit Quarterly, May 19, 2025</p>
<b>Recruitment</b>	See: <a href="#"><u>Listings on MASsterList.com’s Job Board</u></a> for all current listings
<b>By DignityMA Participants</b>  Jim Lomastro is a member of DignityMA’s Coordinating Committee and is Chair of the	<a href="#"><u>Private Equity and Wheelchair Services: How to Address a National Crisis</u></a> <b>Non-Profit Quarterly</b> May 19, 2025 By James A. Lomastro, PhD The wheelchair and durable medical equipment industry has undergone a significant transformation in recent years, largely due

<p>Facilities Workgroup and the Veterans' Affairs Workgroup.</p>	<p>to the <a href="#">growing influence of private equity ownership</a>. While this shift has brought about operational changes, it has also created a troubling landscape for wheelchair users across the United States who sometimes must wait up to three months for a single repair. As <i>NPQ</i> <a href="#">reported</a> two years ago, there are over five million wheelchair users in this country. Often, these wheelchairs require repair. A 2021 study published in the <i>Archives of Physical Medicine and Rehabilitation</i> journal <a href="#">found</a> that wheelchair repairs “affect more than 50% of wheelchair users with significant financial and personal cost.”</p> <p>The private equity [business]...tends to prioritize rapid returns on investment...typically through aggressive cost-cutting measures and debt leveraging.</p> <p>Nationally, two private equity-backed companies—Numotion (backed by AEA Investors) and National Seating &amp; Mobility (NSM, owned by Cinven)—<a href="#">have emerged as dominant forces</a> in this industry. In Massachusetts, these two companies control all seven wheelchair supply shops in the state, effectively eliminating local competition.</p> <p>The private equity business model driving this consolidation tends to prioritize rapid returns on investment—often within <a href="#">four to seven</a> years—typically through aggressive cost-cutting measures and debt leveraging. While such strategies can streamline operations, they may also result in reduced staffing, diminished local expertise, and longer repair wait times.</p> <p>Anecdotal reports and findings from advocacy groups suggest that wait times for repairs have increased and that users face greater challenges in obtaining customized equipment. Additionally, advocates nationwide, including prominent disability rights activist <a href="#">Christopher Hoeh</a>, have been speaking out on these issues and charting a course toward the right to repair.</p> <p><b>Private Equity’s Investment in the Wheelchair Industry</b></p> <p>Several key factors have made the industry attractive to private equity investors. For one, an aging population ensures steady demand for mobility equipment. Vertical integration—from manufacturing to retail—also allows private equity firms to maximize profits across the supply chain. Moreover, the historically fragmented nature of the industry has made it easy for investors to consolidate ownership through strategic acquisitions.</p> <p>It is also a large and growing market segment. A 2023 study, <a href="#">Private Equity in Durable Medical Equipment</a>, led by the Private Equity Stakeholder Project and the National Disability Rights Network, noted that durable medical equipment was a \$60 billion industry in 2022, with a projected compounded annual growth rate of 5.7 percent for the next decade. The report also showed that Medicare bidding rules tend to favor large suppliers, which may also be a driver of private equity consolidation.</p> <p><b>Deteriorating Service Standards</b></p> <p>The consequences of private equity ownership for wheelchair users have been severe and widespread. Reports from across the country indicate a troubling pattern of service deterioration.</p> <p>Hoeh has had personal experience of these trends in Massachusetts. An award-winning elementary educator integrating</p>
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	<p>social justice into the curriculum for 30 years, Hoeh suffered a spinal cord injury in 2017 that shifted his focus to disability rights. He now advocates for accessible workplaces, Medicaid transportation improvements, and dignified long-term care. Hoeh and I are both members of the coordinating committee of <a href="#">Dignity Alliance Massachusetts</a>, which advocates for disability rights statewide. In an interview with <i>NPQ</i>, Hoeh noted that private equity–owned firms will often quote two-to-three-month waits for in-home service versus under a month for shop repairs, “effectively forcing mobility-impaired individuals to find transportation to their facilities.” Most concerning, he added, is the common “refusal to take responsibility for ordering errors or substandard workmanship, forcing consumers like me to reenter lengthy queues for repairs that weren’t properly completed initially.”</p> <p>The consequences of private equity ownership for wheelchair users have been severe and widespread. In Connecticut, despite a <a href="#">2024 law</a> mandating a 10-business-day deadline and eliminating prior authorization for wheelchair repairs, many users continue to experience significant delays. The confusion about when the repair deadline countdown begins—whether from initial request or after insurance approval—has exacerbated these service issues.</p> <p>In California, one Berkeley disability woman endured a <a href="#">14-month wait</a> for a new wheelchair due to insurance issues and delays from her supplier, NSM. Ultimately, she had to resort to crowdfunding to obtain necessary equipment, highlighting the systemic challenges in the state’s durable medical equipment services.</p> <p>“The consequences,” Hoeh stated, “are profound: wheelchair users become trapped in our homes, suffer direct physical injuries or long-term physical and emotional damage, and Medicaid/Medicare fail to realize value for their equipment investments. This situation creates a costly cascade effect where wheelchair users cannot work or pay taxes and often require expensive hospitalizations for preventable conditions. I think of it like this—imagine a state building with a chronically broken elevator that endangers passengers, prevents employees from working, yet goes unrepaired for months.”</p> <p>Several private equity–backed durable medical equipment companies have also faced legal consequences for fraudulent practices. In March 2023, Numotion agreed to pay <a href="#">\$7 million</a> to settle claims of Medicaid fraud in Kentucky, Missouri, and Washington, DC. Similarly, AdaptHealth, another private equity–backed supplier, agreed to pay <a href="#">\$5.3 million</a> in April 2023 to settle allegations of defrauding federal healthcare programs in Illinois.</p> <p><b>Toward Meaningful Reform</b></p> <p>A growing number of advocates are calling for legislation that mandates the right to repair. In Connecticut, even though enforcement remains lax, advocates succeeded in getting legislation enacted into law in 2024. Colorado passed a similar law <a href="#">two years earlier</a>.</p> <p>Achieving the right to repair is important, but advancing disability justice requires more.</p> <p>But the durable medical equipment companies owned by private equity investors have actively opposed legislative efforts to expand</p>
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	<p>consumers' ability to repair their own equipment. By dominating the industry and restricting access to parts, tools, and repair information, these companies maintain control over the repair process, often exacerbating service delays and limiting wheelchair users' autonomy.</p> <p>Achieving the right to repair is important, but advancing disability justice requires more. Here are some of the other key actions that state policymakers can take:</p> <ul style="list-style-type: none"> <li> <p>• <b>Address industry consolidation.</b></p> <p>States should take steps to support local and independent durable medical equipment providers by creating grants or offering low-interest loans to help them establish and expand their services. In addition, state attorneys general should be directed to investigate potential anticompetitive practices under both state and federal antitrust laws, ensuring that wheelchair users are not trapped by monopolized service options. Public insurers must also be required to diversify their contracting practices, engaging a broader range of vendors—including nonprofit and community-based providers—to foster competition, improve service quality, and better meet the needs of people with disabilities.</p> </li> <li> <p>• <b>Implement service standards.</b></p> <p>To improve service standards for wheelchair users, states should implement and enforce not just minimum repair response times but also establish technician-to-patient ratios through licensure requirements or Medicaid conditions of participation. Reimbursement systems should be tied to performance, rewarding providers who deliver timely repairs, high patient satisfaction, and reliable equipment. Additionally, state health departments can be empowered to monitor and publicly report on key service delivery metrics specific to wheelchair users, ensuring greater accountability and continuous improvement across the system.</p> </li> <li> <p>• <b>Address technician shortages.</b></p> <p>To address the critical shortage of skilled technicians, states can invest in workforce development and create training and certification programs for digital medical equipment technicians through community colleges and vocational schools. In addition, setting state standards for technician-to-user ratios would help ensure adequate service capacity and reduce delays. States can also establish publicly funded emergency repair programs that offer temporary equipment or on-demand repairs during long wait times, safeguarding the health and mobility of wheelchair users when regular service is unavailable.</p> </li> <li> <p>• <b>Increase transparency and accountability.</b></p> <p>To enhance transparency and accountability, states can develop public online portals that allow consumers and advocates to track repair wait times, ownership disclosures, service complaints, and compliance issues. Additionally, any significant transaction or further consolidation within the durable medical equipment industry sector ought to be subject to public hearings, ensuring that community and stakeholder input is considered. To further promote accountability, comprehensive financial disclosures should be required from private equity–owned healthcare entities, detailing ownership structures, profit margins, and service performance metrics.</p> </li> </ul>
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	<p><b>A Win—and an Ongoing Struggle</b></p> <p>In response to mounting concerns about inadequate care for millions of wheelchair users, some states have begun to implement regulatory measures. My home state of Massachusetts, for instance, enacted <a href="#">House Bill 5159</a> in January 2025, which enhances oversight of private equity investments in healthcare through expanded financial reporting requirements, higher penalties for noncompliance, mandatory participation in state hearings on healthcare cost trends, and state review of significant transactions.</p> <p>As Massachusetts and other states begin to implement regulatory responses, closer attention must be paid to whether these measures effectively address service quality issues. The wheelchair service crisis serves as an important case study in the broader debate about the appropriate role of profit-driven investments in healthcare services, particularly those serving vulnerable populations with chronic needs.</p> <p>Meaningful reform will require balancing the legitimate business interests of wheelchair providers with strong consumer protections and service standards that prioritize the mobility, independence, and health of wheelchair users. Without such balance, the crisis in wheelchair services will likely continue to worsen, leaving thousands of Americans with disabilities without reliable access to the equipment they need for basic mobility and independence.</p>
<p><b>Life Well Lived</b></p>  <p>Norma Swenson 1932-2025</p> <p>Norma was a member of DignityMA's Coordinating Committee. May her advocacy continue on.</p> <p>Norma Swenson's Memorial Service Friday, May 23rd, 2025 11:00 a.m. To register to access the livestream, please <a href="#">select this link</a>. Following the conclusion of the livestream, a</p>	<p><b>Norma Meras Swenson (1932-2025)</b> Obituary by Her Peers</p> <p>Norma Meras Swenson was a passionate global feminist activist who never stopped working to improve the health of women and our communities.</p> <p>A co-author/editor of most editions of the ground-breaking book <i>Our Bodies, Ourselves</i>, Norma worked with colleagues throughout the United States and globally to help define and create the Women's Health Movement by asserting that women, not doctors, were the experts on their bodies. She was an internationally recognized leader and expert in reproductive and sexual health and rights, and in maternal and child health. An early leader in the maternity care reform and natural childbirth movement, Norma was a past president of both the International Childbirth Education Association and the Boston Association for Childbirth Education.</p> <p>Her rich childhood was shaped by her immigrant grandparents from Poland and Spain, and by her parents, a Catholic and a Christian Scientist. They gave her an appreciation of nature; a love of words, ideas, debates, the value of challenging authority; and the skills to immerse herself deeply in every experience. Norma excelled at the Girls' Latin School in Boston Class of 1949, at Tufts University as an undergraduate, at Brandeis University for post-graduate studies in medical sociology, and at the Harvard T.H. Chan School of Public Health where she earned her Master of Public Health and later became an adjunct lecturer of twenty years to medical and Ph.D. students.</p> <p>Norma was the first to say that she learned the most from listening to other women, first in the maternity care movement, then in the Boston Women's Health Book Collective as its eldest member. Its</p>

recording of the service will be available via this same web link.

To view or add remembrances on Norma's website:  
<https://normamswenson.weebly.com/memorial-page.html>

book, *Our Bodies Ourselves*, reached into the dorm rooms, bedrooms, and delivery rooms of millions of women worldwide. Norma was the first Director of International Programs of the *Our Bodies, Ourselves* (OBOS) organization birthed by the book, as well as being President for several years and a board member from 1972-1996 and 2015-2018. She traveled and made meaningful alliances around the world, particularly in Brazil and Italy among many other countries. Her work resulted in numerous translations/adaptations of *Our Bodies, Ourselves*.

Norma also consulted internationally for the World Health Organization and major foundations. As OBOS's oldest founder, Norma was always passionate about capturing and documenting its history. She was unwavering in her commitment to the central vision and feminist principles throughout changing times. Norma's eloquent spoken words enthralled people from Beijing to Nairobi, in small groups and huge conferences. She was a gifted raconteur and could expand perspectives to encompass the global and the intimate; she was open to all of womankind, every class and color, age and identity.

As an academic, Norma created and taught *Women, Health and Development from a Global Perspective* at the Harvard School of Public Health, the first and longest-running Women and Health course at Harvard University. In addition to her work on *Our Bodies, Ourselves*, Norma was also a contributing author to the popular guide *Ourselves Growing Older*, produced in collaboration with OBOS, as well as *Ourselves and Our Children*.

In her personal life, Norma married John Swenson in 1956, a decorated WWII hero from the 100th Bomb Group, and followed remembrance events for his military career until almost the very end of her life. Her last trip abroad was to the 100<sup>th</sup> Bomb Group Museum established on the original WWII air base in Diss, UK. After John's death in 2002, she re-met a college boyfriend, Leonard van Gaasbeek, and had fifteen rewarding years visiting his tranquil Greenpeace Farm in the corner of Maine she loved best, as well as traveling together internationally. Norma also always acknowledged her debt to Uwe Kitzinger, widower of her friend Sheila Kitzinger, the British natural childbirth pioneer who had a powerful influence on her life and perspective. She spoke at Uwe's memorial service at Oxford in 2024.


Norma took enormous pride in her daughter, choreographer Sarah Swenson, and travelled far and wide to see her performances, as well as delighting in visits to Italy when Sarah moved there to live with her husband.

Norma's ability to befriend everyone took her literally all around the world. Even those who met her relatively briefly remember her. The beam of her attention was intense and focused, evoking new understanding and insight into both the broadest policy and philosophical questions, and the everyday dilemmas of women's lives.

Norma used to say, "How do I know what I know if there is no one to hear it?" She freed up so much "knowing" in so many people. In addition, Norma's gift for creating memorable experiences was extraordinary, whether that meant taking an adopted granddaughter

	<p>to the ballet or showing a middle-aged plant lover a “silver bells” tree for the first time. She always had time and placed no value on being on time.</p> <p>Norma loved the ocean – eating the freshest fish or lobster or chowder beside it, sailing on it with her admirers, watching a melting sunset over it. An amateur botanist, she worshipped flowers, plants and trees, and knew many of their Latin names by heart. Her determination to save beautiful old buildings and trees in Newton Centre continued into her nineties. She was most recently involved with Dignity Alliance Massachusetts which works toward transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers.</p> <p>Norma will live on through so many whose lives she changed – both we who cherished her, and those who never had the good fortune to meet her.</p> <p>In lieu of flowers, donations may be made to the Sophia Smith Collection at Smith College, where Norma’s archives will be preserved. Please donate <a href="#">here</a>, and note the Norma Swenson Archive.</p> <p>Norma will be buried at Mount Auburn Cemetery in a private gathering. Remembrances can be submitted on Norma’s website <a href="#">here</a>.</p> <p>A larger memorial event is being planned for next year.</p> <p>With thanks to Joan Ditzion, Hannah Doress, Mary Fillmore, Miriam Hawley, Judy Luce, Elizabeth MacMahon-Herrera, Judy Norsigian, and Hilary Salk.</p> <p>For more information, see <a href="http://www.normamswenson.weebly.com">www.normamswenson.weebly.com</a>.</p>
<b>Reports</b>	<p><b><u><a href="#">Trends in Home Health Care Among Traditional Medicare Beneficiaries With or Without Dementia</a></u></b></p> <p><b>JAMA Network</b></p> <p>May 16, 2025</p> <p>By Rachel M. Werner, MD; Seiyoun Kim, PhD; R. Tamara Konetzka, PhD</p> <p><b>Key Points</b></p> <p><b>Question</b> Has the use of Medicare-funded home health care changed for individuals with a diagnosis of dementia?</p> <p><b>Findings</b> In this cross-sectional study of 13 604 086 traditional Medicare beneficiaries aged 68 years or older, use of home health care by individuals with a diagnosis of dementia increased between 2010 and 2019, by 16.8% for community-initiated care and by 21.4% for post-acute care. Between 2020 and 2022, the use of home health care decreased.</p> <p><b>Meaning</b> This study suggests that home health care is commonly used among individuals with dementia.</p>
<b>Guide to news items in this week’s Dignity Digest</b>	<p><b>Private Equity</b></p> <p><b><u><a href="#">The Curious Case of Private Equity in Health Care’s Market Failures</a></u></b> (Promarket.org, May 13, 2025)</p> <p><b>Home Health Care</b></p> <p><b><u><a href="#">Home Health Care Use Rose Among Medicare Beneficiaries With Dementia Until the Pandemic</a></u></b> (Leonard Davis Institute of Health Economics (Penn LDI), May 16, 2025)</p> <p><b>Public Policy</b></p>

	<p><a href="#"><u>Governor Healey Announces Executive Branch Hiring Freeze</u></a> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 14, 2025)</p> <p><b>Federal Policy</b></p> <p><a href="#"><u>Governor Healey Calls on Congress to Reject Federal Cuts to Food Assistance for One Million Massachusetts Residents</u></a> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 15, 2025)</p> <p><a href="#"><u>AARP Pushes Back on Effort to Delay New Federal Nursing Home Staffing Standards to 2035</u></a> (AARP, May 14, 2025)</p> <p><a href="#"><u>'Scarcity Premium' Creating Competition in Nursing Home Market, But Congressional Budget Risks Still Loom</u></a> (Skilled Nursing News, May 14, 2025)</p> <p><a href="#"><u>Major nursing home organizations make pleas for regulatory relief</u></a> (McKnights Long-Term Care News, May 14, 2025)</p> <p><a href="#"><u>Kennedy Defends Medicare Advantage, Cuts to Research for Diseases Impacting Older Adults in Nursing Homes</u></a> (McKnights Long-Term Care News, May 14, 2025)</p> <p><a href="#"><u>The 'price' of value-based care</u></a> (McKnights Long-Term Care News, May 14, 2025)</p> <p><b>From Around the Country</b></p> <p><a href="#"><u>Wisconsin lets a company it criticized buy a public nursing home</u></a> (The Cap Post, May 19, 2025)</p> <p><a href="#"><u>26 Colorado nursing homes managed by same company face lawsuits alleging millions in unpaid bills</u></a> (The Denver Post, May 19, 2025)</p> <p><a href="#"><u>Staff members planning to strike at 11 Western New York nursing homes next week</u></a> (WKBW-TV (YouTube report), May 16, 2025)</p> <p><a href="#"><u>All 107 patients at Trumbull nursing home evacuated for fire safety system issue, officials say</u></a> (The Wilton Bulletin, May 16, 2025)</p> <p><a href="#"><u>Nursing Home Giant PACS Delays 1Q earnings</u></a> (Skilled Nursing News, May 16, 2025)</p> <p><a href="#"><u>Increasing Bedsores, Declining Care Post-Bankruptcy at Nursing Homes Due to High Turnover, Contract Labor</u></a> (Skilled Nursing News, May 16, 2025)</p> <p><a href="#"><u>Nurse aide who reportedly sexually abused 3 nursing home residents never faced criminal charges</u></a> (WTVR, May 14, 2025)</p> <p><b>Public Sessions</b></p> <p><a href="#"><u>Workgroup Meeting</u></a> (Primary Care Access, Delivery and Payment Task Force, Tuesday, May 20, 2025, 1:00 p.m.)</p> <p><b>Community Based Services</b> (Thursday, May 22, 2025, 11:00 a.m., Room 428, State House, Boston)</p>
<p><b>DignityMA Study Sessions</b></p> <p><b><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></b></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"> <li>• Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</li> <li>• James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</li> <li>• Steven Schwartz, JD, Special Counsel, Center for Public Representation</li> </ul> <p>See below for dates, times, details, and registration information.</p>
<p><b>DignityMA Study Session</b></p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><b><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></b></p> <p><del>Wednesday, May 21, 2025, 2:00 p.m.</del></p> <p>Unfortunately, this session is being rescheduled. Date to be announced.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required:  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a></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><b>DignityMA Study Session</b></p>	<p><b><i>Social Security: It's history, current issues, and advocacy options</i></b></p> <p><b>Wednesday, May 28, 2025, 2:00 p.m. (NEW DATE)</b></p> <p>Presenter: James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</p> <p>Registration required:  <a href="https://us02web.zoom.us/meeting/register/t5wRZ6KJTVKqmn-T6RIRhA">https://us02web.zoom.us/meeting/register/t5wRZ6KJTVKqmn-T6RIRhA</a></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 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.</p>



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

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.

#### Personal Recognitions

Congratulations to:

**Margaret Morganroth Gullette** was the recipient of a Massachusetts Cultural Prize on May 19, 2025 at a State House event for her recently-published book about the impact of the Covid pandemic on nursing home residents, [\*American Eldercide. How It Happened, How to Prevent It.\*](#) Margaret is a scholar in residence at Brandeis University's Women's Studies Research Center and a member of DignityMA's Coordinating Committee.

## Older Adult Lobby Day



Rep. Thomas Stanley and Sen. Patricia Jehlen, Chairs, Joint Committee on Aging and Independence



DignityMA participants: Frank Baskin, Wynn Gerhardt, Dick Moore, Paul Lanzikos, Rick Glassman



Betsey Crimmins, Mass Aging Access



Sen. Elizabeth Jehlen



Former State Senator Dick Moore, Chair, DignityMA Legislative Workgroup

## More than 600 at State House Older Adult Lobby Day

The Great Hall in the State House was awash in a sea of blue Tuesday, May 13, 2025 when more than 600 older adults and their supporters, most wearing vivid blue tee shirts, held their annual “Older Adult Lobby Day”. State Representative Thomas Stanley (D-Waltham), House Chair of the Joint Committee on Aging and Independence, promised the gathering his “commitment to keeping programs strong for the Commonwealth’s older adults, even in the face of uncertainty. We are advancing legislation that makes a true impact for our older adults and caregivers, and protecting critical programs and services, requires all of us—lawmakers, providers, advocates, and older adults—to work together.”

Observing the increase in homelessness among older adults and the shortage of appropriate housing, Senator Patricia Jehlen (D-Somerville), Senate Chair of the Joint Committee on Aging and Independence stated, “I know there are people in my district living in the woods, in parking lots. We heard testimony from Somerville yesterday that there were over 200 people on the waiting list for senior housing in Somerville. Four got in last year.”

Betsey Crimmins, Mass Aging Access Executive Director, told the gathering, “We are here to make our voices heard and we are asking our legislators to listen and to act, to protect and to strengthen the programs which keep older adults safe, nourished, and at home. And to continue to invest in our non-profit system of care that has delivered value to the Commonwealth for decades and so that it can continue to do so for generations to come.”

Dignity Alliance Massachusetts’ Legislative Work Group Chair, former State Senator Richard T. Moore, called for support of legislation increasing the personal needs allowances for nursing and rest home residents noting that “for nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities such as clothing, hairdressing, and personal care items.’

The event was organized by a coalition of aging advocacy groups led by [Mass Aging Access](#). Other organizations included [AARP Massachusetts](#), [Action for Boston Community Development](#), [Alzheimer's Association of Massachusetts and New Hampshire](#), [Dignity Alliance Massachusetts](#), [Hearth, Inc.](#), [Massachusetts Association for Mental Health](#), [Massachusetts Councils on Aging](#), [Massachusetts Senior Action Council](#), and [Older Adults Behavioral Health Network](#).

1.7 million adults over the age of 60 call Massachusetts home, nearly a quarter of the population. This year, the youngest Baby Boomers in Massachusetts will reach the age of 60, marking a significant milestone. The older adult population now spans five decades, ranging from people in their 60’s to people who have reached 100 years and more. In line with higher life expectancies, residents aged 80 and over represent the fastest-growing segment of Massachusetts’ older adult population.



Betsy Connell, MassCOA

Photo credits: Sue Rorke

## May Recognitions



### **Mental Health Awareness Month**

Since 1949, Mental Health Awareness Month has been a driving force in addressing the challenges faced by millions of Americans living with mental health conditions.

### **Older Americans Month 2025**

Every May, the Administration for Community Living (ACL) leads the nation's observance of Older Americans Month (OAM), a time to recognize older Americans' contributions, highlight aging trends, and reaffirm our commitment to serving older adults.

The 2025 theme, **Flip the Script on Aging**, focuses on transforming how society perceives, talks about, and approaches aging. It encourages individuals and communities to challenge stereotypes and dispel misconceptions. This year, join us in honoring older adults' contributions, exploring the many opportunities for staying active and engaged as we age, and highlighting the opportunities for purpose, exploration, and connection that come with aging.

On this site, find materials to help you celebrate, including this year's logo, poster, social media graphics, and activity ideas. Use #OlderAmericansMonth on social media to share your thoughts and activities and see what others are doing!

## Webinars and Online Sessions

### **1. American Association on Health & Disability**

Wednesday, May 28, 2025, 2:00 p.m.

#### **Sickle Cell, Disability & All of Us**

Sickle cell disease impacts over 100,000 individuals in the US. Learn about the everyday lives of these Americans with disabilities. Our upcoming conversation will highlight sickle cell research and questions from the disability community. Join us on May 28th from 2:00 to 3:30 PM ET for this next conversation in our Disability & Health Webinar series. This event will feature special guests focused on sickle cell:

- Talana Hughes, Sickle Cell Disease Association of Illinois (SCDAI)
- Robert I. Liem, MD, MS from Lurie Children's Hospital of Chicago

These speakers will share current research about sickle cell disease that can support people across the lifespan. ASL and CART will be provided. Reasonable accommodations are available upon request.

## Previously posted webinars and online sessions

Previously posted webinars and online sessions can be viewed at:

<https://dignityalliancema.org/webinars-and-online-sessions/>

## Private Equity

### **2. Promarket.org**

May 13, 2025

#### **The Curious Case of Private Equity in Health Care's Market Failures**

By Barak Richman and Richard Scheffler

It sounds like 2024 and early 2025 were pivotal in bringing the impact of private equity (PE) in healthcare to the forefront for US policymakers.

	<p>While the alarm bells were ringing loudly, the policy response seems to have been more of a murmur. This article does a good job of laying out the timeline of increased scrutiny, from congressional hearings and reports to executive actions and state-level initiatives.</p> <p>It's interesting to see the divide in perspective among academics, with some directly blaming PE for the issues while others point to the broader systemic problems in healthcare that PE firms are simply exploiting. This "blame the actor versus blame the system" debate seems central to the challenge of formulating an effective policy.</p> <p>The article makes a strong point about the need to differentiate between what we know and what we still need to understand. The evidence of price increases following PE acquisitions seems quite robust, and the concerns about quality, particularly in nursing homes, are certainly alarming. However, the nuances of how PE impacts quality across different healthcare settings and the specific mechanisms driving these changes require further investigation.</p> <p>The call for a deeper dive into the organizational strategies of PE firms, rather than just focusing on market effects, makes a lot of sense. Understanding how PE firms operate and extract value could be key to developing targeted and effective policy interventions. This could also help bridge the gap between those who see PE as the core problem and those who view it as a symptom of larger market dysfunctions.</p> <p>It's a crucial point that the need for more research shouldn't paralyze action. The ethical concerns around exploiting existing vulnerabilities in the healthcare system are valid, even if the system itself needs fixing. The public outcry highlighted in the HHS report underscores the urgency of the issue.</p> <p>Ultimately, the article suggests that moving forward requires a two-pronged approach: continuing to build a solid evidence base on the specific impacts and operational strategies of PE in healthcare, while also being willing to take action to address the clearly identified harms, such as price gouging and quality degradation. It seems like policymakers have their work cut out for them in translating this heightened awareness into meaningful change.</p>
<p><b>Home Health Care</b></p>	<p><b>3. Leonard Davis Institute of Health Economics (Penn LDI)</b>  May 16, 2025  <a href="#"><u>Home Health Care Use Rose Among Medicare Beneficiaries With Dementia Until the Pandemic</u></a>  By Miles Meline  <i>The Decline Since 2020 May Signal Gaps in Service and Access</i>  A recent study by LDI Executive Director Rachel M. Werner and colleagues examined the trends in home-based care usage for traditional Medicare beneficiaries with and without dementia between 2010 and 2022. The study highlights the increasing importance of home care for individuals with dementia, who often find institutional settings stressful.</p> <p>The research, which analyzed data from 13.6 million beneficiaries (27% with dementia) and 30.5 million new home health care episodes, found that between 2010 and 2019, community-initiated and post-acute care home health spells increased for those with dementia by 17% and 21%, respectively. However, after 2020, both types of home health care saw a decline in this group, with community-initiated spells decreasing by 17% and post-acute care spells falling by nearly 20% by mid-2022.</p>

	<p>In contrast, home health care use was lower for beneficiaries without dementia throughout the study and also decreased after 2020. Community-initiated care dropped by about 20%, and post-acute care fell by about 21%.</p> <p>The researchers concluded that while home health care use for people with dementia increased in the decade prior to 2020, the subsequent decline suggests potential gaps in service availability and access. The reduction during the COVID-19 pandemic underscores the vulnerability of this population and emphasizes the need for ongoing monitoring and policy interventions to ensure access to appropriate home-based care options as demand is expected to rise with the aging population.</p>
Public Policy	<p><b>4. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b> May 14, 2025 <a href="#"><u>Governor Healey Announces Executive Branch Hiring Freeze</u></a> <i>Hiring controls put in place in response to federal economic uncertainty and disruption to protect critical state program funding and implement a final Fiscal Year 2026 budget</i></p> <p>Today, Governor Maura Healey announced that she would be implementing a hiring freeze across the Executive Branch in response to widespread economic uncertainty at the national level and a tightening budget outlook for Fiscal Year 2026.</p> <p>The hiring freeze, which will take effect May 27, is a proactive step being taken by the Healey-Driscoll Administration to manage spending as the state prepares for the start of the new fiscal year. With further anticipated federal funding cuts and spending pressures created by ongoing inflation and demand for services, hiring controls are one tool the administration plans to use to ensure the state can continue to invest in essential services and safety net programs for people and families.</p> <p>"The people of Massachusetts expect us to protect and maximize their tax dollars, and that's exactly what we're doing," said <b>Governor Healey</b>. "Tariffs and funding cuts from Washington are causing so much economic damage and instability. We are taking this step to prepare for more uncertain economic times, protect taxpayer dollars, and move our state forward while ensuring funding will be available for the vital services people need."</p> <p>"Challenging fiscal times require tough choices at all levels of government. I know this firsthand from my time as a mayor and now Lieutenant Governor," said <b>Lieutenant Governor Kim Driscoll</b>. "It's also important to be prepared when you see clouds gathering. Our administration deeply appreciates the work our public employees perform on a daily basis, and while we don't take this step lightly, we believe it's necessary to ensure we can all continue that critical work moving forward."</p> <p>"As we navigate the close of FY25 and prepare for the start of the new fiscal year in July, the Governor's action to implement a hiring freeze across the executive branch will give us added flexibility in the budget to respond and react to unforeseen program needs and other deficiencies that may arise. Our uncertain economic future in FY26 has been made less predictable by the threat of federal funding cuts and recent market upheaval. While we hope for the best, it is both prudent and responsible to be prepared and take control of what we can now," said <b>Administration and Finance Secretary Matthew J. Gorzkowicz</b>.</p>

	<p>The hiring controls will apply to all Executive Branch agencies and departments. While in effect, agencies and departments will not be able to hire new employees and there will be no formal waiver process. Consistent with common practice during past hiring freezes, exemptions will be made for certain positions, including public safety officers and direct care providers.</p> <p>The administration will reevaluate the effectiveness and need for ongoing hiring controls once the FY26 General Appropriations Act has been signed and implementation is underway.</p>
<b>Federal Policy</b>	<p><b>5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b> May 15, 2025 <a href="#"><u>Governor Healey Calls on Congress to Reject Federal Cuts to Food Assistance for One Million Massachusetts Residents</u></a> <i>Proposed changes to SNAP could cost Massachusetts \$710 million annually</i></p> <p>Governor Healey and other Massachusetts officials are strongly opposing proposed changes by Congressional Republicans to the federal SNAP program. They <a href="#"><u>argue</u></a> that these changes would cause significant hardship for over a million Massachusetts residents who rely on SNAP for food, including vulnerable populations like children, seniors, veterans, and people with disabilities.</p> <p>They also highlight the substantial economic impact of SNAP in Massachusetts, noting that it injects nearly \$3 billion into the state's economy and supports over 5,500 businesses, including local farmers. The officials contend that Massachusetts cannot afford to cover the estimated \$710 million annual cost shift resulting from the proposed federal cuts, which could lead to families losing access to essential food assistance and overwhelm the existing emergency food system. They emphasize the collaborative nature of the current SNAP program, where states already share administrative costs and adhere to strict standards. Furthermore, they point out the negative consequences for Massachusetts' agricultural sector, as SNAP provides a vital income stream for local farmers and related businesses.</p> <p><b>6. AARP</b> May 14, 2025 <a href="#"><u>AARP Pushes Back on Effort to Delay New Federal Nursing Home Staffing Standards to 2035</u></a> By Natalie Missakian and Nancy Kerr <i>Rule offers dignity and safety to our most vulnerable Americans</i></p> <p>Delaying the implementation of minimum nursing home staffing standards until 2035, as proposed, would have devastating consequences for the 1.2 million people living in these facilities. AARP is right to sound the alarm. These standards, which include requirements for a minimum number of registered nurse and nurse aide care hours per resident and 24/7 registered nurse presence, are not just about convenience – they are fundamental to ensuring the safety and dignity of vulnerable individuals.</p> <p>As AARP points out, these standards are estimated to save nearly 13,000 lives each year. Pushing them back by almost a decade would needlessly put countless residents at risk of neglect, inadequate care, and even death. The tragic loss of over 185,000 nursing home residents during the COVID-19 pandemic starkly highlighted the dangers of understaffing and the urgent need for these protections.</p>

	<p>The fact that this proposed delay is being considered as a way to offset tax breaks is deeply concerning. It suggests a prioritization of financial considerations over the well-being of a highly vulnerable population. It's crucial that lawmakers understand that these are "bare minimum standards" necessary to prevent unsafe conditions.</p> <p>AARP's call to action for people to become activists and fight for older Americans is vital. The voices of concerned citizens can play a significant role in ensuring that these life-saving standards are implemented without further delay.</p> <p>Read AARP's letter to the <a href="#">Committee on Energy &amp; Commerce</a></p> <p><b>7. Skilled Nursing News</b>  May 14, 2025  <a href="#">‘Scarcity Premium’ Creating Competition in Nursing Home Market, But Congressional Budget Risks Still Loom</a>  By Amy Stulick</p> <p>This is a nuanced picture of the nursing home market in mid-2025, showing both encouraging trends for operators and significant challenges on the horizon. It seems like the market is experiencing a bit of a rebound.</p> <p>On the positive side, the increase in Medicare and Medicaid reimbursement rates is welcome news, offering some financial relief to operators facing rising costs. The shrinking supply of facilities is also creating a seller's market, driving up acquisition prices and potentially benefiting existing owners. The possibility of a rollback of the federal staffing mandate is seen as another potential tailwind by operators, reducing regulatory burdens and easing concerns about wage inflation. However, there are considerable headwinds. The growth of managed care, particularly Medicare Advantage with its lower reimbursement rates, poses a significant threat to revenue. The ongoing discussions about the federal budget and potential cuts to Medicaid, especially concerning provider taxes and funding related to undocumented immigration, create substantial uncertainty. These potential cuts could directly impact the financial stability of nursing homes and access to care for residents.</p> <p>It's interesting to see how the payer mix is becoming increasingly important for buyers, with Medicaid in some cases being more financially attractive than Medicare Advantage. This shift highlights the evolving dynamics of the long-term care market.</p> <p>Overall, while the current market conditions offer some optimism for nursing home operators, the long-term financial sustainability of the sector hinges on federal budget decisions and the continued growth of managed care. The potential delay or elimination of the staffing mandate could provide short-term relief for operators but raises serious ethical questions about resident care, as we discussed in our previous conversation. It seems the industry is navigating a complex landscape with both opportunities and significant risks.</p> <p><b>8. McKnights Long-Term Care News</b>  May 14, 2025  <a href="#">Major nursing home organizations make pleas for regulatory relief</a>  By Zee Johnson</p> <p>LeadingAge and the AHCA are doubling down on their efforts to push back against the federal staffing mandate and the current civil money penalty system. Their letters to the Office of Management and Budget</p>
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signal a clear intent to leverage the political climate and recent court decisions to achieve regulatory relief. LeadingAge's call to eliminate the staffing mandate entirely, echoing concerns about limiting admissions and potential closures, aligns with the arguments we saw in the previous summary regarding the potential positive impacts for current operators if the mandate is rolled back. The reference to the Texas court ruling and the congressional committee's proposal to delay the mandate for a decade suggests that their arguments are gaining traction within certain political and judicial circles. Similarly, both organizations raising concerns about civil money penalties highlights a significant point of contention between providers and regulators. LeadingAge's argument that multiple penalties create an "undue financial burden" and hinder quality improvement by diverting funds from resident care is a compelling one. AHCA's proposals to make CMPs more directly tied to care improvement and to incentivize self-reporting offer a more constructive approach to the issue. It seems the provider groups are seizing the opportunity to reshape the regulatory landscape for nursing homes, framing their requests as measures to improve efficiency, reduce burdens, and ultimately benefit residents. However, it's important to remember the perspective of organizations like AARP, who view these regulations as crucial safeguards for the well-being of a vulnerable population. The debate over the appropriate level of regulation in nursing homes clearly remains a significant and ongoing issue.

#### **9. McKnights Long-Term Care News**

May 14, 2025

[Kennedy Defends Medicare Advantage, Cuts to Research for Diseases Impacting Older Adults in Nursing Homes](#)

By Zahida Siddiqi

This Congressional hearing with HHS Secretary Robert F. Kennedy Jr. reveals a complex and contentious landscape in healthcare policy, particularly concerning older adults and nursing home care. Several key points emerge:

Budget Cuts and Research:

- The proposed 26% budget reduction for HHS raises significant concerns, especially regarding cuts to the NIH and CDC.
- Lawmakers like Congresswoman Frankel expressed alarm over the impact on medical research, including studies on Alzheimer's, cancer, and heart disease, which are critical for the aging population.
- The "Make America Healthy Again" initiative, while aimed at improving public health, doesn't seem to offset the damage these cuts could cause.

Medicare Advantage (MA):

- The debate surrounding MA highlights the tension between cost-effectiveness and quality of care.
- Congressman Pocan's concerns about overpayments and the program's overall efficiency echo the criticisms we've seen in previous summaries.
- Kennedy's defense of MA, based on his personal experience, contrasts with the research indicating potential issues with service denials and network restrictions.

- The research indicates that the lower use of nursing home services by MA beneficiaries may not be due to better care, but due to denial of services.

Regulatory Oversight:

- Kennedy's responses regarding workforce reductions and research cost caps suggest a focus on aligning with industry standards but raise questions about the potential impact on public health initiatives.
- Kennedy's reluctance to comment on CDC reorganization adds to the concerns of a lack of transparency.

Impact on Older Adults:

- The cuts to medical research and potential changes to MA could disproportionately affect older adults, particularly those in nursing homes.
- The debate over MA's effectiveness in providing adequate long-term care services is crucial for this vulnerable population.

Overall, the hearing reveals a clash between competing priorities: budget constraints, the desire for efficient healthcare delivery, and the need to ensure quality care for older adults. The conflicting views on MA and the proposed HHS budget cuts underscore the challenges of balancing these competing interests.

## **10. McKnights Long-Term Care News**

May 14, 2025

[The 'price' of value-based care](#)

By Michael Wasserman

Highlighted is a critical and often overlooked aspect of value-based care, especially within the complex environment of nursing homes. It's clear that the simplistic, often financially driven metrics used to define "value" by policymakers frequently fail to align with the individual values and preferences of patients and their families.

The contrasting scenarios of Mrs. Smith and Mrs. Jones poignantly illustrate this disconnect. While a focus on reducing hospital readmissions might incentivize a nursing home to avoid sending either patient back to the hospital, the true "value" in each case is vastly different. For Mrs. Smith, aggressive treatment offers a high likelihood of returning to her previous active life – a value she undoubtedly holds dear. For Mrs. Jones, whose wishes and potential for meaningful recovery differ significantly, the greater value might lie in comfort care and a peaceful end-of-life journey, as determined in collaboration with her husband.

The point about the government's reliance on metrics like hospitalization rates and quality measures as proxies for value is well-taken. These measures, while seemingly objective, can inadvertently incentivize decisions that don't prioritize the individual's quality of life, personal goals, and wishes. As aptly asked, shouldn't the definition of value in healthcare, particularly in long-term care, be rooted in the perspectives of those most directly affected: the clinicians, the patients, and their families?

The financial misalignment you describe further complicates the issue. The potential loss of Part A revenue for a nursing home when a patient elects hospice, or the differing costs for the spouse depending on the care setting, create inherent conflicts that can overshadow what is truly in the patient's best interest. This underscores the need for a more

	<p>holistic and person-centered approach to defining and incentivizing value in nursing home care.</p> <p>The suggestion to prioritize investing in competent and engaged medical directors and ensuring the expertise of clinicians in geriatrics and long-term care seems like a sensible and potentially more effective strategy. As pointed out, clinicians with this specialized knowledge are better equipped to provide the high-quality, person-centered care that can lead to better outcomes and potentially lower costs, not as a primary target, but as a natural consequence of appropriate care. It's indeed puzzling that the findings of the Nursing Home Value-Based Purchasing Demonstration, which showed no significant positive impact, didn't lead to a re-evaluation of the approach. The continued implementation of such programs risks misaligned incentives and potentially harmful decisions driven by flawed metrics rather than the individual needs and values of nursing home residents.</p> <p>Ultimately, the value of care in nursing homes should be defined by the individual patient's perception, encompassing their wishes, potential for function, and overall quality of life. Creating a system that truly incentivizes "value" in this context requires a fundamental shift away from purely financial or easily quantifiable metrics towards a more nuanced and person-centered approach.</p>
<p><b>From Around the Country</b></p>	<p><b>11. The Cap Post</b>  May 19, 2025  <a href="#"><u>Wisconsin lets a company it criticized buy a public nursing home</u></a>  By Andrew Bahl</p> <p>This article details the controversial decision by Wisconsin state officials to approve the sale of the publicly owned Sauk County Health Care Center to Aria of Sauk County, a private group. This decision comes despite the state previously blocking the same owners from purchasing another nursing home due to a history of quality concerns at their other facilities.</p> <p>Residents and activists in Sauk County strongly opposed the sale, citing fears of declining care and gathering over 1,300 signatures against it. They pointed to the Sauk County facility's historically high ratings from the Centers for Medicare and Medicaid Services (CMS), although its rating recently dropped to one star due to serious care infractions. Despite this drop, the facility still rates highly in staffing and clinical data. The state's initial rejection of Aria's purchase of a different facility in Friendship, based on a history of noncompliance and financial concerns, makes the approval of the Sauk County sale perplexing to critics. Wisconsin law mandates consideration of an ownership group's track record when reviewing such sales. Adding to the confusion, the state now appears to have reversed its decision on the Friendship home as well.</p> <p>Sauk County officials argued the sale was necessary due to financial losses, a claim residents dispute. The sale mirrors a trend in Wisconsin, where several counties have explored or completed the sale of their publicly owned nursing homes. Critics in Sauk County have filed a lawsuit alleging procedural violations in the county's approval of the sale. They argue that maintaining public ownership is the best way to ensure quality care, especially given Aria's lower average ratings across its other nursing homes in Wisconsin and Illinois.</p> <p><b>12. The Denver Post</b></p>

	<p>May 19, 2025  <a href="#"><u>26 Colorado nursing homes managed by same company face lawsuits alleging millions in unpaid bills</u></a>  By Meg Wingerter  Over the past year, 26 Colorado nursing homes, all previously managed by Vivage-Beecan, have been sued for a total of \$5 million for allegedly failing to pay short-term staffing vendors. Experts find it unusual for facilities to neglect vendor payments and worry about the potential financial instability leading to sales or closures, which could negatively impact resident care and the broader healthcare system. Vivage, which was in the process of merging with Beecan, and Beecan state they are currently separate. Beecan claims the homes' owners hired them to improve care during staffing shortages exacerbated by the pandemic. Six of the sued homes have already been ordered to pay over \$500,000 after failing to secure legal representation. Nineteen of the homes now belong to Recover Care, whose involvement at the time of the alleged debt is unclear. Some administrators point to Vivage-Beecan's mismanagement of funds, while Beecan denies ever owning the facilities. The lawsuits primarily involve staffing agencies, highlighting the financial pressures and staffing challenges faced by nursing homes during the pandemic. Experts emphasize the critical importance of timely vendor payments, especially for staffing, to maintain quality resident care.</p> <p><b>13. WKBW-TV</b> (YouTube report)  May 16, 2025  <a href="#"><u>Staff members planning to strike at 11 Western New York nursing homes next week</u></a>  Thousands of staff members across 11 WNY nursing homes could be on strike starting Tuesday.</p> <p><b>14. The Wilton Bulletin</b>  May 16, 2025  <a href="#"><u>All 107 patients at Trumbull nursing home evacuated for fire safety system issue, officials say</u></a>  By Hana Ikramuddin  Town officials in Trumbull, Connecticut, announced the evacuation of all 107 patients from St. Joseph's Center nursing home due to "serious deficiencies" in its fire life safety systems, which were identified during a safety assessment and deemed "Immediately Dangerous to Life and Health." Officials stated these issues compromise the safety of residents and staff in case of a fire or emergency. The evacuation is being coordinated with state and local agencies, and other healthcare facilities are assisting with the relocation process. Families of the residents are being notified, and updates will be provided. This evacuation follows a previous one in March, where 200 residents were moved due to a water issue that occurred shortly after the discovery of Legionella bacteria in the facility's water system. Genesis HealthCare, the management company, has not yet commented on the situation.</p> <p><b>15. Skilled Nursing News</b>  May 16, 2025  <a href="#"><u>Nursing Home Giant PACS Delays 1Q earnings</u></a>  By Zahida Siddiqi  PACS Group (NYSE: PACS) has delayed the release of its first-quarter earnings, a mandatory filing for public companies, according to an SEC</p>
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filing. This marks the third consecutive quarter where the nursing home giant has failed to file its financial results. The delay is attributed to an ongoing federal investigation stemming from allegations by Hindenburg Research regarding PACS' referral and reimbursement practices. The company stated it will file the first-quarter report as soon as possible, either alongside or after its reports for the third and fourth quarters of 2024 and its annual results, citing "unreasonable effort or expense" as the reason for the delay. Additionally, PACS executives are facing a shareholder lawsuit alleging a scheme to submit false Medicare claims and for not informing investors that these claims were the primary source of the company's earnings between 2020 and 2023. The lawsuit also claims the company misused a COVID-era waiver to improperly access skilled nursing Medicare benefits. PACS stated that it and its personnel are cooperating with the federal investigation and that the Audit Committee is making significant progress.

#### **16. Skilled Nursing News**

May 16, 2025

[Increasing Bedsores, Declining Care Post-Bankruptcy at Nursing Homes Due to High Turnover, Contract Labor](#)

By Zahida Siddiqi

The National Bureau of Economic Research (NBER) released [a report](#) this week indicating that even when bankrupt nursing homes stay open, they often experience increased workforce disruptions and a decline in care quality. This is primarily due to higher staff turnover and a greater reliance on less experienced contract workers.

The researchers found that bankruptcy led to a 10% increase in weekly worker departures in the year following the filing, with replacements often being contract staff. Surprisingly, overall staffing levels and occupancy remained relatively stable. However, the increased turnover correlated with a 1.44% rise in hospitalization rates, a 77% jump in the use of physical restraints, and a 14% increase in bedsores.

A survey of nursing home staff confirmed that replacing experienced nurses was predicted to increase negative patient outcomes. Staff also anticipated significantly higher voluntary turnover at bankrupt facilities. The report suggests several policy changes to mitigate these negative impacts, including increased regulatory monitoring of all provider bankruptcies, reducing reliance on debt financing for nursing homes, providing struggling facilities more time to improve before bankruptcy, and potentially temporary government takeover of operations to ensure staffing continuity. Even measures like guaranteeing wages during bankruptcy could help reduce turnover. The researchers also propose making debt financing less attractive by cutting subsidies and excluding interest payments from reimbursement rates or even imposing limits on debt financing for healthcare firms, similar to regulations in other critical industries.

#### **17. WTVR**

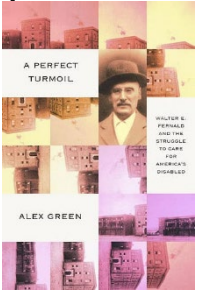
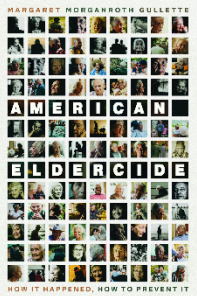
May 14, 2025

[Nurse aide who reportedly sexually abused 3 nursing home residents never faced criminal charges](#)

By Tyler Layne

This is a deeply disturbing account highlighting a significant failure in the system designed to protect vulnerable nursing home residents. The fact that a nurse aide was found by the state board to have committed such

	<p>egregious acts of sexual abuse against multiple individuals and yet faced no criminal charges is unacceptable.</p> <p>The reasons cited by prosecutors – "evidentiary issues" – while perhaps legally valid, offer little comfort to the victims and their families. As the family member quoted in the summary expressed, there is a profound sense of injustice when such clear findings of abuse by a state board do not result in criminal prosecution. This situation can erode trust in the system and leave families feeling that their loved ones are not adequately protected.</p> <p>The details of the abuse described in the case file from the Virginia Board of Nursing are particularly horrifying. The violation of vulnerable individuals, including an 86-year-old woman with Alzheimer's and a 57-year-old man with significant cognitive and physical impairments, underscores the extreme power imbalance that can exist in nursing home settings and the urgent need for robust safeguards.</p> <p>The subsequent alleged act of force-feeding the male resident to the point of choking further demonstrates a pattern of disturbing and harmful behavior. The resident's tearful account and expressed fear highlight the profound impact these incidents had on his well-being.</p> <p>The fact that Henrico Health and Rehabilitation Center has been designated a Special Focus Facility due to a history of serious quality issues, including these very incidents of abuse, indicates a systemic problem at the facility. Increased oversight and potential penalties are necessary, but they do not address the lack of criminal accountability in this specific case.</p> <p>This situation raises critical questions about the standards of care in nursing homes, the effectiveness of reporting and investigation processes, and the accountability of individuals who harm vulnerable residents. It underscores the importance of:</p> <ul style="list-style-type: none"> <li>• Thorough criminal investigations: Even in cases with evidentiary challenges, every effort should be made to pursue justice for victims of abuse, especially those who are particularly vulnerable due to age and disability.</li> <li>• Stronger oversight and enforcement: Regulatory bodies must have the resources and authority to thoroughly investigate allegations of abuse and impose meaningful consequences on both individuals and facilities that fail to protect residents.</li> <li>• Increased transparency: Families need to be informed about incidents of abuse and the outcomes of investigations to make informed decisions about the care of their loved ones.</li> <li>• Staff training and accountability: Nursing homes must prioritize hiring qualified and compassionate staff, provide thorough training on resident rights and the prevention of abuse, and hold individuals accountable for any misconduct.</li> </ul> <p>The lack of criminal charges in this case serves as a stark reminder of the challenges in protecting vulnerable adults in long-term care settings and the need for continuous vigilance and improvement in our systems of oversight and justice.</p>
<b>Public Sessions</b>	<p><b>18. Primary Care Access, Delivery and Payment Task Force</b>  Tuesday, May 20, 2025, 1:00 p.m.  <a href="#">Workgroup Meeting</a>  Created in a hospital oversight law Gov. Healey signed in January, holds its first Data and Research workgroup meeting. The workgroup</p>

	<p>will discuss proposals to define and measure spending on primary care and utilization of primary care service. Beacon Hill instructed the broader task force with crafting recommendations to stabilize and strengthen the state's strained primary care system.</p> <p><a href="#">Agenda and Livestream</a></p> <p><b>19. Community Based Services</b>  Thursday, May 22, 2025, 11:00 a.m.  Room 428, State House, Boston  The Arc of Massachusetts, The Arc of Plymouth and Upper Cape Cod, Rep. LaNatra, Rep. Livingstone and Sen. R. Kennedy host a briefing and panel discussion on the importance of home- and community-based services to individuals with intellectual and developmental disabilities, autism, and brain injury, as well as "the monumental evolution from the dark days of institutionalization." Panelists include authors and experts Susan Senator and Alex Green.</p>
<p><b>Books by DignityMA Participants</b></p>  <p>About the Author:  <b>Alex Green</b> 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><a href="#"><u><b><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></b></u></a>  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><a href="#"><u><b>Buy the book here</b></u></a></p>
<p><b>Books by DignityMA Participants</b></p>  <p>About the Author:  <b>Margaret Morganroth Gullette</b> is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical</p>	<p><a href="#"><u><b><i>American Eldercide: How It Happened, How to Prevent It</i></b></u></a>  By <a href="#"><u>Margaret Morganroth Gullette</u></a></p> <p><b>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</b></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,</p>

<p>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 Newton, Massachusetts.</p>	<p>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> <p><a href="#">Buy the book here.</a></p>
<p><b>Bringing People Home: The Marsters Settlement</b></p>	<p>Webpages:</p> <p><a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a></p> <p><a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></p>	<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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:moore8473@charter.net">moore8473@charter.net</a>.</p>
<p><b>Websites</b></p>	
<p><b>Blogs</b></p>	
<p><b>Podcasts</b></p>	
<p><b>YouTube Channels</b></p>	
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>

Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .	
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
MassHealth Eligibility Information	<a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a> <b>Table of Contents</b> (Last updated: December 16, 2024) <a href="#">Massachusetts Medicaid Long-Term Care Definition</a> <a href="#">Income &amp; Asset Limits for Eligibility</a> <a href="#">Income Definition &amp; Exceptions</a> <a href="#">Asset Definition &amp; Exceptions</a> <a href="#">Home Exemption Rules</a> <a href="#">Medical / Functional Need Requirements</a> <a href="#">Qualifying When Over the Limits</a> <a href="#">Specific Massachusetts Medicaid Programs</a> <a href="#">How to Apply for Massachusetts Medicaid</a>	
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> 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. <b>Statistics as of March 31, 2025:</b> 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a> <a href="#">MFP Demonstration Brochure - Accessible Version</a> <a href="#">MFP Demonstration Fact Sheet</a> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a>	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a>	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a> Pending: <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a>	
List of Special Focus Facilities	<b>Centers for Medicare and Medicaid Services</b> <i>List of Special Focus Facilities and Candidates</i> <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a> <b>Updated March 26, 2025</b>	

	<p>CMS has published a new list of <a href="#">Special Focus Facilities</a> (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 either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program's/organization's website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b></p> <p><b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Salem Rehab Center, Salem  <a href="https://www.adviniacare.com/adviniacare-salem/">https://www.adviniacare.com/adviniacare-salem/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/">https://projects.propublica.org/nursing-homes/homes/h-225644/</a></li> <li>• Fall River Healthcare  <a href="https://www.nextstephc.com/fallriver">https://www.nextstephc.com/fallriver</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225723/">https://projects.propublica.org/nursing-homes/homes/h-225723/</a></li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough  <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225063">https://projects.propublica.org/nursing-homes/homes/h-225063</a></li> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridgerehab.com/">https://somersetridgerehab.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></li> <li>• Tremont Healthcare Center, Wareham  <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a>  Nursing home inspect information:</li> </ul>
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	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225488/">https://projects.propublica.org/nursing-homes/homes/h-225488/</a>  <b>Massachusetts facilities that are candidates for listing (months on list)</b></p> <ul style="list-style-type: none"> <li>• AdviniaCare Newburyport (13)  <a href="https://www.adviniacare.com/adviniacare-country-center/">https://www.adviniacare.com/adviniacare-country-center/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225332">https://projects.propublica.org/nursing-homes/homes/h-225332</a></li> <li>• Brandon Woods of New Bedford (1)  <a href="https://brandonwoodsnewbedford.com/">https://brandonwoodsnewbedford.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225264/">https://projects.propublica.org/nursing-homes/homes/h-225264/</a></li> <li>• Cape Cod Post Acute, Brewster (9)  <a href="https://capecodrehabhc.com/">https://capecodrehabhc.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225667/">https://projects.propublica.org/nursing-homes/homes/h-225667/</a></li> <li>• Charwell House Health and Rehabilitation, Norwood (37)  <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a></li> <li>• Life Care Center of Merrimack Valley, Billerica (2)  <a href="https://lcca.com/locations/ma/merrimack-valley/">https://lcca.com/locations/ma/merrimack-valley/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225546/">https://projects.propublica.org/nursing-homes/homes/h-225546/</a></li> <li>• Medway Country Manor Skilled Nursing &amp; Rehabilitation, Medway (1)  <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li> <li>• Pine Knoll Nursing Center, Lexington, (3)  <a href="https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab">https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225049/">https://projects.propublica.org/nursing-homes/homes/h-225049/</a></li> <li>• RegalCare at Glen Ridge (20)  <a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></li> <li>• West Newton Healthcare, West Newton (9)  <a href="https://www.nextstephc.com/westnewton">https://www.nextstephc.com/westnewton</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225324/">https://projects.propublica.org/nursing-homes/homes/h-225324/</a></li> </ul> <p><b>No longer operating</b></p> <ul style="list-style-type: none"> <li>• South Dennis Healthcare, South Dennis  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>
<i>Nursing Home Inspect</i>	<p><b>ProPublica</b>  <b>Nursing Home Inspect</b>  <b>Data updated April 23, 2025</b>  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</p>

	<p>information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></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><a href="#">Tag B</a></td></tr><tr><td>C</td><td>106</td><td>82</td><td><a href="#">Tag C</a></td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td><a href="#">Tag D</a></td></tr><tr><td>E</td><td>2,133</td><td>767</td><td><a href="#">Tag E</a></td></tr><tr><td>F</td><td>676</td><td>314</td><td><a href="#">Tag F</a></td></tr><tr><td>G</td><td>517</td><td>339</td><td><a href="#">Tag G</a></td></tr><tr><td>H</td><td>58</td><td>35</td><td><a href="#">Tag H</a></td></tr><tr><td>I</td><td>3</td><td>2</td><td><a href="#">Tag I</a></td></tr><tr><td>J</td><td>53</td><td>28</td><td><a href="#">Tag J</a></td></tr><tr><td>K</td><td>27</td><td>9</td><td><a href="#">Tag K</a></td></tr><tr><td>L</td><td>9</td><td>3</td><td><a href="#">Tag L</a></td></tr></table> <p><b>Updated April 23, 2025</b></p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	<a href="#">Tag B</a>	C	106	82	<a href="#">Tag C</a>	D	7,445	1,401	<a href="#">Tag D</a>	E	2,133	767	<a href="#">Tag E</a>	F	676	314	<a href="#">Tag F</a>	G	517	339	<a href="#">Tag G</a>	H	58	35	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	53	28	<a href="#">Tag J</a>	K	27	9	<a href="#">Tag K</a>	L	9	3	<a href="#">Tag L</a>
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Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"><li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li><li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li></ul> <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																																
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b> <i>Data on Ownership of Nursing Homes</i></p> <p>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 <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>																																																
DignityMA Call Action	<ul style="list-style-type: none"><li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li><li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li><li>• <b>Join</b> our <a href="#">Work Groups</a>.</li></ul>																																																

	<ul style="list-style-type: none"> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a> Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a> LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a> Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a> Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>		
<b>Participation opportunities with Dignity Alliance Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group lead for more information.	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a> <a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a> Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a> Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a>		
<b>REV UP Massachusetts</b>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a> To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a> .		
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> <li>• Wynn Gerhardt</li> </ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> .		

	<p><i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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>  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	