



The Dignity Digest

Issue # 247

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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.

Spotlight

Editor's note: This statement is the personal expression of the author. It does not necessarily reflect the position of Dignity Alliance Massachusetts or any other DignityMA participant. DignityMA is a non-partisan organization and welcomes statements from all parties who support older adults, people with disabilities and caregivers.

ABOUT THE AUTHOR:
Richard T. Moore of Uxbridge served for many years as a Democratic member of both the Massachusetts House and Senate and as an elected member and past chair of both the Hopedale and Uxbridge Democratic Town Committees. He has been a delegate to most Massachusetts Democratic State Conventions since 1964. He is a co-founder of Dignity Alliance Massachusetts advocating for older adults, people with disabilities and caregivers.

A Commonwealth for All Ages: A Call to the Massachusetts Democratic Party

August 2025

By Richard T. Moore

The 2025 Draft Platform of the Massachusetts Democratic Party paints an inspiring and aspirational vision for the Commonwealth. It champions progress, justice, and opportunity. Yet, in this bold blueprint for our future, a crucial voice is missing. The platform is largely silent on the fastest-growing, most civically engaged demographic in our state: our older adults.

This is more than a missed opportunity; it is a strategic and moral blind spot. As party registrations decline and the ranks of unenrolled voters swell, we must ask ourselves: what are we offering the nearly one-quarter of our population who hold generations of experience, wisdom, and voting power? To leave them unaddressed is to risk their involvement in civic life and, more importantly, to ignore a powerhouse of talent and perspective. They are not a constituency to be managed, but a vital resource waiting to be unleashed.

The Massachusetts Democratic Party must not cede this ground. At a time when the national Republican party threatens to dismantle the very programs that offer dignity in aging, we have a duty to offer a bolder, more inclusive alternative. Let us build a platform that doesn't just protect our seniors but empowers them—a platform that ensures Massachusetts is the best place in the nation to live, work, and thrive at every stage of life.

Here is the vision we can champion together:

Unlocking a Lifetime of Experience: Dignity, Purpose, and Economic Security

We envision a Commonwealth where age is not a barrier to contribution, but a gateway to new forms of purpose. Massachusetts Democrats must:

- Champion pathways to meaningful paid work and volunteerism that harness the immense skills of our older adults.
- Defend economic security by including the soaring cost of home insurance in the senior citizen circuit-breaker tax credit.
- Remove penalties that force retired public employees to choose between their pensions and continued service to our communities.

A Place to Call Home: Safety, Accessibility, and Connection

A home should be a source of security, not stress. We believe in building communities where people can age in place with grace and support. Massachusetts Democrats must:

- Lead the charge for housing that is not only affordable but universally accessible for older adults and people with disabilities.
- Aggressively promote the construction of Accessory Dwelling Units (ADUs), fostering multi-generational living and independence.
- Expand innovative housing models that integrate essential services, keeping our neighbors connected and cared for within their communities.

World-Class Care at Every Age: Health, Well-being, and Respect

Massachusetts is a leader in healthcare, and that leadership must extend to every resident, regardless of age. We will fight for a system rooted in compassion and respect.

Massachusetts Democrats must:

- Strengthen and expand the home- and community-based services that allow our loved ones to age with dignity in the places they call home.

	<ul style="list-style-type: none"> • Raise the Personal Needs Allowance, restoring a measure of financial freedom to residents in nursing and rest homes. • Eliminate the corrupting influence of private equity in all aspects of our healthcare system—from nursing homes to hospice care—putting patients over profits. • Guarantee livable wages for our long-term care workers, honoring the heroic work they do every day. • Confront and eliminate age and disability discrimination in the provision of all health services. <p>Building Communities for Life: Access, Safety, and Climate Resilience</p> <p>A truly thriving commonwealth is one where every person can participate fully and safely in community life. Massachusetts Democrats must:</p> <ul style="list-style-type: none"> • Protect our most vulnerable from the climate crisis by expanding cooling assistance alongside heating aid. • Invest in our infrastructure by improving sidewalks, expanding accessible walking trails, and making our public spaces truly public for all. • Make our streets safer by extending traffic signal walk times and increasing penalties for harming pedestrians. • Expand free and discounted public transportation, ensuring that mobility is a right, not a privilege. • Wage a relentless fight against elder abuse, scams, and bullying that target and rob our seniors of their peace and security. <p>This is not merely a list of policies. It is a declaration that a person's value does not diminish with age—it deepens. It is a commitment to an intergenerational compact where wisdom is honored, experience is valued, and every resident is empowered to contribute.</p> <p>Let us amend this platform to reflect the full strength and diversity of our Commonwealth. Let us build a party and a state that truly leaves no one behind. It is time for the Massachusetts Democratic Party to lead.</p>
Remembering with Dignity	<p><i>Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></p>

To access the submission form scan



or click on:

<https://tinyurl.com/DignityRemembrance> or
<https://forms.gle/GbzP2H9RG1sWSzA3A>.

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To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched "Remembering with Dignity," a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.

The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.

"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA's website.

How to Submit a Remembrance:

- Visit www.dignityalliancema.org and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on <https://tinyurl.com/DignityRemembrance> or <https://forms.gle/GbzP2H9RG1sWSzA3A>. The QR code below can also be used.
- A remembrance should be no more than **175 words**.
- Rather than a formal obituary, each submission should describe the person's essence, values, and their story.
- Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker).

DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor

	<p>their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p>Commission Members Sought</p>	<p><i>Massachusetts Caucus of Women Legislators Seeks Diverse Applicants for the Massachusetts Commission on the Status of Women</i></p> <p>The Massachusetts Caucus of Women Legislators (MCWL) is pleased to announce it is seeking applicants for the Massachusetts Commission on the Status of Women (MCSW). The application deadline is Monday, September 15, 2025, at 5:00 PM.</p> <p>The MCWL is a bipartisan, bicameral caucus representing the women elected to the Massachusetts House of Representatives and Senate. As one of four appointing authorities for the MCSW, the Caucus appoints six of the Commission’s nineteen volunteer members. Commissioners serve staggered three-year terms and commit their time, expertise, and perspective to ensuring a permanent and effective voice for women and girls in the Commonwealth.</p> <p>Established in 1998, the MCSW is an independent state agency charged with reviewing the status of women and girls in Massachusetts and offering policy recommendations to improve equality and access to opportunity. MCSW Commissioners are responsible for advancing the Commission’s mission by studying and reporting on issues affecting women and girls, promoting collaboration among women’s organizations, serving as liaisons between government and the community, identifying, and recommending qualified women for appointed positions, and advising on the impact of legislation. The Commission stands for fundamental freedoms, basic human rights, and the full enjoyment of life for all women and girls throughout their lives. Commissioners attend regular meetings, public hearings, and events; serve on committees; participate in program planning and governance; and represent the Commission in their communities.</p> <p>The Commission holds four public hearings annually across the state to gather community input, recognizes “Commonwealth Heroines” from every municipality, and coordinates a biennial Legislative Advocacy Day at the State House. Commissioners are encouraged to participate in the Speakers Bureau and serve on committees including Program and Planning, Legislative and Public Policy, and Finance.</p> <p>The MCWL is seeking applicants who reflect the rich diversity of the Commonwealth in race, ethnicity, religion, age, sexual orientation, geography, socio-economic background, and lived experience. Applicants should have demonstrated experience—or a strong interest—in advancing the status of women and girls, and be committed to active participation in meetings, events, and collaborative initiatives.</p>

	<p>“The Commission amplifies the voices of women and girls, with Commissioners shaping policy by studying key issues, advising on legislation, and fostering collaboration across the Commonwealth,” said Representative Hannah Kane, the House Vice Chair of the Massachusetts Caucus of Women Legislators. “We seek commissioners who reflect our Commonwealth’s diversity and bring passion, expertise, and collaboration to improve access to opportunities and equality for all.”</p> <p>More information about the Massachusetts Commission on the Status of Women can be found at: https://masscsww.org/.</p> <p>The application deadline is Monday, September 15, 2025, at 5:00 PM. Interested candidates should submit a resume and letter of intent to Seble Alemu, Executive Director of the Massachusetts Caucus of Women Legislators, at Seble.Alemu@malegislature.gov. Additional application details are available at: http://www.mawomenscaucus.com/.</p>
Quotes	<p><i>Calls for more transparency around ownership and financing have become <u>a common response</u> to private equity presence in the nursing home industry, but transparency alone is not enough. The private equity tactics that undermined Genesis were legal and disclosed – <u>announced</u> in press releases, reported in <u>industry</u> and <u>major</u> media, and met without serious concern. What’s needed is not just greater visibility but clear limits on private equity practices that prioritize investor return over keeping nursing homes running safely and sustainably.</i></p> <p>Genesis Healthcare files for bankruptcy (Private Equity Stakeholders’ Project, August 11, 2025). Emphasis added.</p> <p><i>“Genesis Healthcare’s bankruptcy was a predictable result of a financial strategy that extracted value through debt and real estate transactions while leaving the company with fewer resources to sustain care. Unless these tactics are addressed directly, more nursing home operators may follow the same path and leave more patients, workers, and public programs to absorb the costs.”</i></p> <p>Michael Fenne, Senior Research Coordinator at Private Equity Stakeholders’ Project, New PESP research analyzes Genesis</p>

[Healthcare bankruptcy](#) (Private Equity Stakeholders' Project, August 14, 2025)

Families like mine are struggling to make sense of this rapidly shifting landscape. Lack of clear and accessible information, fear of impending federal cuts and proactive state reductions in Medicaid have left me and others confused and angry. . . How we care for our most vulnerable reveals what we believe about ourselves.

Rachel Roth Aldhizer a North Carolina mother, who is a paid caregiver of her profoundly disabled 4-year old son, a Medicaid recipient, [I'm a Conservative. My Disabled Son Needs Medicaid to Live.](#) (New York Times (free access), August 21, 2025)

Researchers at the Massachusetts Institute of Technology "have developed their first prototype of an eldercare robot".

"EBAR,' or Elderly Bodily Assistance Robot, can help elderly and infirm individuals walk. It can help them get up from a chair or step out of a bath. It can even catch them if they fall, deploying air bags where needed."

What could go wrong?

And forget about human interaction and the dignity of patients trying to survive in this setup.

[For-profit nursing homes, cuts at VA pose social disaster](#) (The Militant, September 1, 2025)

"[When I use Amtrak,] it makes me feel like freight. I don't feel respected as a person."

Aubrie Lee, who has muscular dystrophy and uses a power wheelchair, [Disabled Amtrak Riders See Progress, but Still 'Feel Like Freight'](#) (*New York Times, August 14, 2025)

"Clinicians, patients, and caregivers need guidance not only on what therapies to avoid, but on alternative non-pharmacologic and pharmacologic treatment

strategies to consider in place of such potentially inappropriate medications.”

[New guidance highlights safer alternatives to risky drugs for older adults](#) (Center for Excellence in Health Care Journalism, August 22, 2025)

A STAT analysis of corporate filings found the people leading 275 of the most prominent health care companies made a combined \$3.6 billion in 2024 — surpassing the \$3.5 billion that a bigger group of CEOs made in 2023. In all, the average health care CEO made more than \$13 million, and the median took home \$5.5 million. Those were the highest figures since 2021.

Ninety-one CEOs earned at least \$10 million in 2024, the highest number of executives making at least eight figures since 2021.

[Health care CEOs harvest billions even as industry lags broader stock market](#) (*STAT+, August 18, 2025)

[W]e owe all vulnerable people in Massachusetts the same protection – whatever their personal means, and wherever they live.

[Editorial: August 22, 2025: Lessons from Fall River](#) (WCVB, August 22, 2025)

Since 2020, at least 774 nursing homes have closed, according to an August 2024 [report](#) from the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). About 20% of nursing homes have downsized since 2020 as well, reducing the number of nursing home beds by 62,567.

[‘Pool of Piranhas’: Nursing Home Closures, New Buyers and Medicaid Rates All Play into Seller’s Market](#) (Skilled Nursing News, July 7, 2025)

“It’s not hyperbole to say access to care is a national crisis. Nursing homes are closing at a rate much

faster than they are opening, and yet with each passing day, our nation grows older. . . Our nation's seniors shouldn't have to wait for days or weeks in a hospital bed for the skilled nursing care they need, and families shouldn't have to drive for hours to see their loved ones."

Mark Parkinson, president and CEO of American Health Care Association / National Center for Assisted Living, [Report: Access to Nursing Home Care is Worsening](#) (American Health Care Association, August 22, 2024)

"I never spend a whole day indoors . . . Sports have given me so much. I'd say it's been a lifesaver. I don't like getting by — just waiting for dusk to fall. I need action."

Emma Maria Mazzenga, 92-year-old competitive runner, [This 92-year-old sprinter has the muscle cells of someone in their 20s](#) (*Washington Post, August 24, 2025)

"A lot of the detrimental effects that you see with aging can be substantially reduced if we just keep those physical activity levels very high. . . It's never too late to get started. . . Exercise is a good base, but you need to do a lot more. You need to take care of your entire body."

Luigi Ferrucci, the scientific director at the National Institute on Aging, [This 92-year-old sprinter has the muscle cells of someone in their 20s](#) (*Washington Post, August 24, 2025)

[Kiki] is so happy. You can tell it. People saying she has no quality of life I don't understand because she clearly has an amazing life. She has adapted and having the resources they have given her and the amazing love they are all giving her. She has friends of all kinds of people and different animals. Plus, she is educating children and adults on having a disability and still living an amazing full happy life. She has a

purpose in life that she is fulfilling which must fulfill her.

Tricia MacDonald, a commentator about the YouTube video, [Sheep has learned to drive motorized wheelchair](#)

The housing shortage in Massachusetts is driving up prices and costs for everyone. At the same time, older and empty commercial properties across the state are ready for revitalization. These sites present an opportunity to be remodeled into new housing.

[Healey-Driscoll Administration Launches \\$10 Million Initiative to Transform Commercial Spaces into Homes](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 20, 2025)

“This is a targeted credit focused on jumpstarting commercial conversion to residential use. A little help for these projects can have a big impact in creating the housing we need and revitalizing downtowns.”

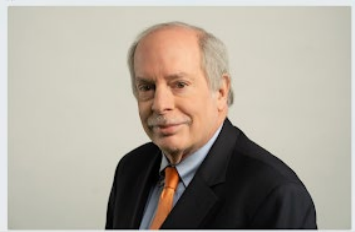
Secretary of Housing and Livable Communities Ed Augustus, [Healey-Driscoll Administration Launches \\$10 Million Initiative to Transform Commercial Spaces into Homes](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 20, 2025)

A Government Accountability Office report, “Homelessness: Actions to Help Better Address Older Adults’ Housing and Health Needs” includes data showing that about 138,000 older adults (55+) experienced homelessness on a single night in 2023. Of these, about 46% were unsheltered and about 54% were staying in emergency shelters, transitional housing programs, or safe havens.

Gathered as part of the Department of Housing and Urban Development (HUD) annual point-in-time count, the numbers show that of the 138,089 older adults experiencing homelessness on one night in January 2023, 98,393 were 55 – 64 and 39,696 were 65 and older.

	<u>Homelessness: Actions to Help Better Address Older Adults' Housing and Health Needs</u> (U. S. Government Accountability Office, October 9, 2024)
Recruitment	See: <u>Listings on MASterList.com's Job Board</u> for all current listings
Guide to news items in this week's <i>Dignity Digest</i>	<p>Gabriel House Fire <u>Editorial: August 22, 2025: Lessons from Fall River</u> (WCVB, August 22, 2025) <u>7 survivors of Gabriel House fire suing owner and sprinkler company</u> (Boston 25 News, August 22, 2025)</p> <p>Nursing Homes <u>Study: Nursing home residents face multiple barriers to staying active</u> (McKnights Long-Term Care News, August 23, 2025) <u>New guidance highlights safer alternatives to risky drugs for older adults</u> (Center for Excellence in Health Care Journalism, August 22, 2025) <u>'Pool of Piranhas': Nursing Home Closures, New Buyers and Medicaid Rates All Play into Seller's Market</u> (Skilled Nursing News, July 7, 2025) <u>Report: Access to Nursing Home Care is Worsening</u> (American Health Care Association, August 22, 2024)</p> <p>Health Care <u>As Sarepta Therapeutics fights for Duchenne therapy, a group of patients gets left behind</u> (*STAT+, August 21, 2025) <u>When Drug Rehabs Prey on the Patients They Claim to Serve</u> (*New York Times, August 8, 2025)</p> <p>Housing <u>Healey-Driscoll Administration Launches \$10 Million Initiative to Transform Commercial Spaces into Homes</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 20, 2025)</p> <p>Caregiving <u>New Resources Available for Improving Respite Care Services for Caregivers</u> (ARCH National Respite Network, August 2025)</p> <p>Homelessness <u>Homelessness: Actions to Help Better Address Older Adults' Housing and Health Needs</u> (U. S. Government Accountability Office, October 9, 2024)</p> <p>Private Equity <u>For-profit nursing homes, cuts at VA pose social disaster</u> (The Militant, September 1, 2025) <u>Health care CEOs harvest billions even as industry lags broader stock market</u> (*STAT+, August 18, 2025) <u>New PESP research analyzes Genesis Healthcare bankruptcy</u> (Private Equity Stakeholders' Project, August 14, 2025) <u>Genesis Healthcare files for bankruptcy</u> (Private Equity Stakeholders' Project, August 11, 2025)</p> <p>Federal Policy <u>FEMA staff warn Trump officials' actions risk a Katrina-level disaster</u> (*Washington Post, August 25, 2025)</p>

	<p><u><i>I'm a Conservative. My Disabled Son Needs Medicaid to Live.</i></u> (New York Times (free access), August 21, 2025)</p> <p><u><i>Recent Executive Orders Threaten Climate Change Mitigation Efforts and Public Health Goals</i></u> (The Network for Public Health Law, June 27, 2025)</p> <p>Disability Topics</p> <p><u><i>Disabled Amtrak Riders See Progress, but Still 'Feel Like Freight'</i></u> (*New York Times, August 14, 2025)</p> <p><u><i>Disabled sheep gets custom-made cart, learns to drive it with her head</i></u> (*Washington Post, August 20, 2025)</p> <p><u><i>Sheep has learned to drive motorized wheelchair</i></u> (YouTube (video), Undated)</p> <p><u><i>Treatment and Health Expenditures among Children with Autism Spectrum Disorder, U.S. Civilian Noninstitutionalized Population, 2018-2022</i></u> (Agency for Healthcare Quality and Research, August 8, 2025)</p> <p>Aging Topics</p> <p><u><i>This 92-year-old sprinter has the muscle cells of someone in their 20s</i></u> (*Washington Post, August 24, 2025)</p> <p>Veterans Topics</p> <p><u><i>Santiago to leave post as veterans services secretary, citing focus on medical career</i></u> (*State House News, August 22, 2025)</p> <p>MassHealth</p> <p><u><i>Beneficiary Advisory Council Engagement Framework: A Guide to Strengthening Medicaid Member Collaboration</i></u> (Center for Health Care Strategies, August 2025)</p> <p>From Other States</p> <p><u><i>One of CT's longest nursing home takeovers comes to an end in Waterbury</i></u> (CT Insider, August 21, 2025)</p> <p>Public Sessions</p> <p>Workforce Supports Subcommittee of the Commission on the Status of Persons, Thursday, August 28, 2025, 11:00 a.m., <u>Agenda and Livestream</u></p>
<p>DignityMA Study Sessions</p> <p><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p>

	<ul style="list-style-type: none"> • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation <p>Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.</p>
DignityMA Study Session  Bob Blancato, National Coordinator, Elder Justice Coalition	<p><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p> <p>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: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
Webinars and Online Sessions	<p>1. Network for Public Health Law</p> <p>Thursday, August 28, 2025, 1:00 p.m.</p> <p><u><i>Federal and State Attacks on Vaccine Policy</i></u></p> <p>The federal government has made drastic changes to vaccine policy and funding in 2025, including weakening vaccine recommendations for children and adults, halting research funding for vaccine development, and slashing funding for federal, state, and local public health practitioners who work in immunization efforts. Some states are likewise implementing anti-vaccine policies through legislative and executive efforts.</p> <p>Attend this webinar to:</p> <ul style="list-style-type: none"> • Obtain the latest update on vaccine policy changes moving through the executive, legislative, and judiciary branches. • Hear an analysis of the implication of these changes on reducing the spread of vaccine-preventable diseases. <p>Presenters</p> <ul style="list-style-type: none"> • Allison N. Winnike, J.D, Director, Network for Public Health Law—Western Region

	<p>• Dorit R. Reiss, Professor of Law, James Edgar Hervey Chair in Litigation, UC Law San Francisco REGISTER</p> <p>2. HealthBegins Thursday, September 11, 2025, 1:00 p.m. Defending Institutional Integrity: Resources and Practices to Protect Health Equity Against Current Threats Our country is seeing an unprecedented level of attacks on institutions that underpin not only democracy but also civil society, including health. These institutions include Medicaid, which ensures that low-income families can access health care; the federal food and housing support that meets people’s basic health-related needs; and the courts, laws, and due process that protect essential human rights. The attacks, often coming from within the government itself, threaten both these institutions’ structures and their founding values. And they hold profound implications for the health of individuals and communities and the integrity of our healthcare and social-service organizations. In this webinar, a panel of experts equips you with resources and practices to defend institutional integrity and health equity in this critical time. The discussion will cover potential actions at the local, regional, institutional, state, and national levels and introduce the new Health Equity Policy Hub and mobilization network. Registrants will also receive a curated list of resources and practices by email after the webinar. Speakers: • Sadena Thevarajah, JD, Managing Director, HealthBegins • S. Monica Soni, MD, Chief Medical Officer, Covered California, Chief Deputy Executive Director, Equity and Quality Transformation Division • Giridhar Mallya, MD, MSHP, Senior Policy Officer, RWJF REGISTER HERE</p> <p>3. National Alzheimer’s and Dementia Resource Center Monday, September 22, 2025, 1:00 to 2:00 p.m. Caring Through Culture: End-of-Life Dementia Care Through Storytelling This webinar will explore how the third season of the innovative educational telenovela Recuerdos Perdidos (Lost Memories) is supporting Latino families and professionals in navigating late-stage dementia and end-of-life care. Participants will learn culturally responsive strategies for dementia education, how to lead group discussions using the facilitator guide, and ways to address common hospice misconceptions. Real-world examples will highlight how organizations across the country are using this tool to reduce stigma, build knowledge, and support caregiving at home. Dr. Lisa Gaytan Harper, associate vice president of programs & health equity at Alzheimer’s Los Angeles, will present. Register for the webinar</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Gabriel House Fire	<p>4. Boston 25 News August 22, 2025</p>

[7 survivors of Gabriel House fire suing owner and sprinkler company](#)

By Bryan Lambert

Seven survivors of the Gabriel House fire in Fall River, Massachusetts, are suing the building's owners and the company that installed its sprinkler system.

The lawsuit claims that the fire exposed "egregious violations," including a lack of emergency plans and a sprinkler system that failed to fully activate. The survivors say they were trapped in their rooms by smoke. The owners of Gabriel House maintain that the sprinklers were in working order five days before the fire. Investigators have stated that the fire was likely caused by either a malfunctioning oxygen purifier or improperly discarded smoking materials.

In response to the tragedy, Governor Maura Healey has mandated that all assisted living facilities in Massachusetts send residents and their families a letter outlining safety protocols, evacuation plans, and emergency procedures. The state will also require facilities to complete a new safety assessment. Additionally, the Fall River Fire Department will increase its staffing, following the fire union's claim that a lack of personnel hampered their response.

5. WCVB

August 22, 2025

[Editorial: August 22, 2025: Lessons from Fall River](#)

Accountability and actions to protect vulnerable residents in Massachusetts.

In the days and weeks following the Fall River assisted living facility fire — the deadliest fire in Massachusetts in decades — three distinct story lines emerged. The profound loss of life, the heroes that risked everything to save those who couldn't save themselves and the many safety issues uncovered by our investigative team.

The latest deficiency revealed by 5 Investigates: Sprinklers recalled decades ago. The team was first to report that the sprinkler in the room where the fire started didn't release water when the fire broke out and should have been replaced.

Low-income residents of an "affordable" assisted living residence deserve the same attention to life safety as those who can afford a luxury facility. Some immediate actions are needed to ensure that vulnerable older people are being cared for and protected, regardless of how much they pay in rent.

- Every assisted living facility in the Commonwealth should immediately inspect their fire prevention systems, and inspectors must ensure that any and all outstanding recalls have been addressed.
- Those assisted living facilities that aren't conducting safety drills, should start. It remains unclear whether Gabriel House had an emergency management plan in place at the time of the fire. Such plans are even more important for frail people forced to rely on staff to get them to safety.
- The state should inspect assisted living facilities for safety more frequently than once every other year. There's no guarantee that

	<p>such a visit would have caught a sprinkler issue. But you're guaranteed NOT to find one if you're not looking.</p> <p>It could be months before we have precise answers on how the Gabriel House fire resulted in such tragic injury and loss of life. In the meantime, we owe all vulnerable people in Massachusetts the same protection – whatever their personal means, and wherever they live.</p>
Nursing Homes	<p>6. McKnights Long-Term Care News August 23, 2025 Study: Nursing home residents face multiple barriers to staying active By Donna Shryer</p> <p>A qualitative study on physical inactivity in two nursing homes in China found that residents face several obstacles to staying active. These barriers exist on multiple levels, including:</p> <ul style="list-style-type: none"> • Individual: Residents' personal physical and mental limitations, such as low energy, mobility issues, and cognitive fluctuations, make it hard for them to stay active. Lower education levels also led to a lack of confidence in trying new activities. • Staff: Staff are often pressed for time, causing them to do tasks for residents that residents could do themselves, which reduces opportunities for movement. • Social: The influence of other residents can be both positive and negative. While some peer interactions can motivate participation, others can lead to feelings of inadequacy, discouraging residents from joining in. • Family: Family members' attitudes significantly impact residents' engagement. Some families believe physical activity is unnecessary, while others are highly encouraging, which boosts residents' motivation. • Institutional: Financial constraints limit the availability of activity programs. <p>The study suggests that community partnerships and volunteer programs could help address funding issues.</p> <p>7. Center for Excellence in Health Care Journalism August 22, 2025 New guidance highlights safer alternatives to risky drugs for older adults By Liz Seegert</p> <p>On Aug. 18, the American Geriatrics Society released a critical update to the 2023 AGS Beers Criteria list of alternatives to medications — the most widely adopted guidelines to help clinicians identify potentially inappropriate medications for older adults.</p> <p>The Beers Criteria focuses on drugs that can cause more harm than good for people 65 and older, leading to side effects like falls, delirium, and sedation. The new guidelines aim to help clinicians, patients, and caregivers not only identify which drugs to avoid, but also to suggest non-pharmacological and safer drug alternatives. This is especially important for addressing polypharmacy, the practice of taking multiple medications, which is very common among older adults with chronic conditions. According to the Centers for Disease Control and Prevention (CDC), nearly a third of adults in their 60s and 70s take five or more prescription drugs.</p>

Taking too many medications can lead to serious health issues, including misdiagnosis, where a drug's side effects are mistaken for a new medical condition, resulting in even more prescriptions. A study in *The Lancet* highlighted that this can lead to higher healthcare costs, preventable hospitalizations, and a lower quality of life. The updated criteria offers practical, evidence-based recommendations for common conditions, suggesting things like improved sleep hygiene techniques instead of a sleeping pill. The AGS panel, which includes a multidisciplinary group of national experts, believes this approach will help physicians, patients, and families find safer and more effective ways to manage health issues. The new guidelines also include patient and caregiver-friendly materials to help them with the process of "deprescribing," or safely reducing the number of medications.

8. Skilled Nursing News

July 7, 2025

['Pool of Piranhas': Nursing Home Closures, New Buyers, and Medicaid Rates All Play into Seller's Market](#)

By Amy Stulick

Summary:

According to finance experts, the nursing home market is currently experiencing a "scarcity premium" driven by a combination of factors. Nursing home closures, especially in rural areas, are outpacing new developments, leading to a limited supply of facilities. At the same time, demand has increased as new groups enter the industry, creating a competitive environment for acquisitions.

The value of these facilities is also being driven up by recent increases in state-level Medicaid reimbursement rates. Some states have implemented double-digit percentage increases, making nursing homes a more attractive investment. This has led to a "feeding frenzy" of deal flow, with a deep pool of buyers and multiple offers for well-performing facilities.

However, this market window could be at risk. The future of the scarcity premium trend is uncertain due to high interest rates and potential regulatory changes. There is concern that new federal legislation, such as the recently signed One Big, Beautiful Bill Act (OBBBA), could lead to Medicaid cuts that negatively impact nursing home margins and potentially force more closures.

The market remains highly dependent on a state-by-state basis, with states that offer strong Medicaid reimbursement and supplemental programs attracting the most competitive bids.

9. American Health Care Association

August 22, 2024

[Report: Access to Nursing Home Care is Worsening](#)

Federal staffing mandate would deepen crisis and displace nearly 300,000 residents

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL), representing more than 14,000 nursing homes and other long term care facilities across the country that provide care to approximately five million people each year, today released updated data demonstrating a worsening access to care crisis impacting seniors

and individuals with disabilities in need of long term and post-acute care.

The [2024 Access to Care report](#) highlights the intense economic and government pressures providers have faced since the pandemic, resulting in fewer care options and delays in care for our nation's most vulnerable. Specifically, the report looks at the cumulative effect of continued nationwide labor shortages, record inflation and increasing operational costs, and chronic government underfunding. These recent challenges have severely impacted seniors' ability to access skilled care as nursing homes are forced to limit admissions, downsize, or close altogether:

- **Limiting Admissions:**

- Forty-six (46) percent of nursing homes are currently having to limit new admissions.
- Fifty-seven (57) percent of nursing homes have a waiting list for new residents.

- **Downsizing:**

- Since 2020, there are 62,567 fewer nursing home beds.
- Twenty (20) percent of nursing homes have closed a unit, wing, or floor due to labor shortages.

- **Closures:**

- Since 2020, at least 774 nursing homes have closed.
- These closures have displaced 28,421 residents.

Across the country, despite a rapidly aging population and increased demand for long term and post-acute care, the annual number of new nursing homes continues to decline. In 2023, only 37 new facilities opened their doors. This is compared to 73 new facilities that opened in 2020; 71 in 2021; and 55 in 2022. **So far in 2024, only seven new facilities have opened.**

"It's not hyperbole to say access to care is a national crisis. Nursing homes are closing at a rate much faster than they are opening, and yet with each passing day, our nation grows older. Providers are doing everything they can to protect and expand access to care, but without support from policymakers, access to care remains under threat," **said Mark Parkinson, president and CEO of AHCA/NCAL.**

While closures in any community are difficult for residents, staff, and families, the report notes the devastating impact on seniors living in rural communities, where skilled nursing care options are already scarce due to high competition for qualified caregivers. Persistent closures have created a phenomenon of '**nursing home deserts**' in which there are **no skilled nursing care options** available for seniors:

- Forty (40) additional counties in the United States became nursing home deserts since February 2020.
- Thirty-four (34, or 85 percent) of these nursing home deserts are in rural communities.

The 2024 Access to Care report also shows there is no single factor that determines whether a nursing home can withstand economic pressures, limited government support, and growing workforce challenges. Since 2020, closures have happened at facilities with 4- and 5-Star Rankings,

	<p>both at non-profits and proprietary centers, and across urban and rural communities.</p> <p>Despite providers' unified and persistent calls for solutions, the Biden Administration finalized this year an unfunded staffing mandate for nursing homes. In its analysis of the final rule, AHCA/NCAL found that nursing homes would need to hire 102,000 additional nurses and nurse aides needed to meet the requirements. However, with a growing nationwide caregiver shortage, the mandate will likely force nursing homes to further reduce their census or close their doors, putting nearly one-quarter of nursing home residents (more than 290,000 individuals) at risk for displacement.</p> <p>"Our nation's seniors shouldn't have to wait for days or weeks in a hospital bed for the skilled nursing care they need, and families shouldn't have to drive for hours to see their loved ones. We know that there is a way forward from here, and it doesn't include unrealistic government mandates," Parkinson continued. "Policymakers must work with stakeholders to implement supportive solutions that uphold, protect, and expand access to care for seniors and individuals with disabilities."</p> <p>View the full Access to Care Report HERE.</p>
<p>Health Care</p>	<p>10. *STAT+ August 21, 2025 As Sarepta Therapeutics fights for Duchenne therapy, a group of patients gets left behind By Jason Mast Summary: Rachel DeConti's son, Jacob, has an ultra-rare disease called limb-girdle muscular dystrophy (LGMD). After years of waiting, the family was informed that Sarepta Therapeutics, the company developing an experimental gene therapy for his condition, was pulling out of the program. This news devastated the LGMD community, as Sarepta had promised to develop therapies for over 30 LGMD subtypes. This withdrawal occurred while Sarepta was battling to keep its gene therapy for Duchenne muscular dystrophy on the market, despite two teenage deaths. The article explains that Sarepta has focused most of its resources on Duchenne, which is a more well-known form of muscular dystrophy.</p> <p>The article states that the LGMD community has long been overlooked, even though its subtypes affect an estimated 10,000 to 30,000 people in the U.S. It also points out that the disease is often underdiagnosed because its symptoms mimic other conditions. A Canadian study found that LGMD patients spend an average of four years seeking a diagnosis. While the disease is often perceived as less severe than Duchenne, it can still cause patients to lose the ability to walk and can shorten their lifespan.</p> <p>Sarepta's decision to drop the LGMD program is another example of a broader issue in rare disease drug development. Many patients have been left without options as companies abandon treatments that are deemed too dangerous, ineffective, or unprofitable. Despite these challenges, Sarepta says it intends to find partners to take over the</p>

	<p>LGMD programs. The article concludes by highlighting the difficult decision facing families: whether to pursue an "imperfect" drug that might be available sooner or to wait for a potentially safer but years-away treatment.</p> <p>11. *New York Times August 8, 2025 <i>When Drug Rehabs Prey on the Patients They Claim to Serve</i> By Evan Hughes <i>A new book by the journalist Shoshana Walter brings needed scrutiny to bear on America's drug treatment system.</i> A new book, Rehab: An American Scandal by Shoshana Walter, argues that the drug treatment and rehabilitation industry is a broken system that takes advantage of patients. While much of the attention on the opioid crisis has focused on pharmaceutical companies, who have paid billions in settlements, Walter's book shifts the focus to the often-shadowy rehab industry. Using the stories of four people—two patients, a grieving mother, and a surgeon—the book highlights the systemic failures and abuses within the rehab apparatus. For example, it exposes how a major rehab provider, Cenikor, allegedly used its patients as a source of free or low-cost labor, retaining their wages. While the book's broader policy suggestions are criticized as not being new or practical, the review praises Walter's in-depth reporting and her ability to bring to light the personal experiences of those harmed by this flawed system.</p>
Housing	<p>12. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 20, 2025 <i>Healey-Driscoll Administration Launches \$10 Million Initiative to Transform Commercial Spaces into Homes</i> The Healey-Driscoll Administration has launched the Commercial Conversion Tax Credit Initiative (CCTCI), a new program designed to transform underused commercial buildings in Massachusetts into residential and mixed-use housing. This initiative, funded with up to \$10 million in 2025, aims to address the state's housing shortage by revitalizing vacant properties and bringing more people back to downtown areas. The CCTCI provides funding awards to developers, with typical awards ranging from \$2.5 million to \$3 million per project. The program prioritizes larger projects with at least 50 units, those with existing zoning in place, and those that have local financial contributions. This initiative is a key part of the administration's broader efforts to increase housing supply, which also includes the \$5 billion Affordable Homes Act, new programs to build on state land, and increased housing tax credits.</p>
Homelessness	<p>13. U. S. Government Accountability Office October 9, 2024 <i>Homelessness: Actions to Help Better Address Older Adults' Housing and Health Needs</i> A Government Accountability Office report, "<i>Homelessness: Actions to Help Better Address Older Adults' Housing and Health Needs</i>," released October 9, 2024, includes data showing that about 138,000 older adults</p>

	<p>(55+) experienced homelessness on a single night in 2023. Of these, about 46% were unsheltered and about 54% were staying in emergency shelters, transitional housing programs, or safe havens.</p> <p>Gathered as part of the Department of Housing and Urban Development (HUD) annual point-in-time count, the numbers show that of the 138,089 older adults experiencing homelessness on one night in January 2023, 98,393 were 55 – 64 and 39,696 were 65 and older. This information from 2023 is the first year that HUD's point-in-time count explored in greater depth the age of those counted. (Historically, the data's been divided into those above and those under 24 years of age.) LeadingAge had advocated to HUD and the U.S. Interagency Council on Homelessness for years that these data be collected so adequate resources and policy solutions can be garnered to address needs. Read more on the report, which was requested in 2022 by House Committee on Financial Services Chair Maxine Waters (D-CA) and Senate Special Committee on Aging Chair Bob Casey (D-PA), to look at the number of older adults experiencing and at risk of homelessness, the housing needs prevalent amount older adults experiencing homelessness, and federal strategic planning and agency efforts to address homelessness among older adults, here.</p>
Caregiving	<p>14. ARCH National Respite Network August 2025 New Resources Available for Improving Respite Care Services for Caregivers</p> <p>The ARCH National Respite Network, through its ACL-funded grant to manage the Lifespan Respite Technical Assistance and Resource Center, has released new caregiver respite resources for lifespan respite grantees, partners, state and local agencies, and community and faith-based groups.</p> <ul style="list-style-type: none"> • Financing Strategies Matrix: Strategies to sustain respite care and caregiver supports for respite programs, state coalitions, and provider agencies • State Summaries of Lifespan Respite Grant Activities and Outcomes: Detailed information on the Lifespan Respite Care Program grantees, their activities, and accomplishments • Learning Collaborative Webinars and Materials: Information and resources from five topical collaboratives, including sustainability planning <p>ARCH receives funding from ACL to operate the Lifespan Respite Technical Assistance and Resource Center (TARC). Through the TARC, ARCH provides training and technical assistance to Lifespan Respite Care Program grantees and the Lifespan Respite Network. If you have questions, please email info@archrespite.org.</p>
Private Equity	<p>15. The Militant September 1, 2025 For-profit nursing homes, cuts at VA pose social disaster By Brian Williams</p> <p>According to the article, thousands of elderly patients in U.S. nursing homes and Veterans Administration (VA) facilities are suffering from neglect due to severe understaffing. The author claims this issue stems</p>

from a profit-driven healthcare system where corporate owners, including real estate trusts, refuse to hire enough skilled staff or offer competitive wages.

The nursing home industry, a \$200 billion business, is increasingly run by for-profit corporations. A documentary titled "No Country for Old People: A Nursing Home Exposé" highlights the suffering of patients, with one filmmaker claiming that some facilities warehouse residents for profit. The documentary suggests that some patients may be improperly placed in hospice care, which is more lucrative for the facilities. The high cost of nursing home care—a national median of over \$10,600 per month—is often covered by Medicaid, a program facing its own budget cuts. The article also states that some understaffed homes use sedatives and narcotics, like fentanyl, to "control" residents. Additionally, over 700 nursing homes have closed since 2020 because they were not profitable enough for their owners.

The VA's medical network is also experiencing a severe worker shortage, with its inspector general's office reporting a 50% increase in insufficient staffing from the previous year. The article notes that 86% of VA campuses reported severe shortages of medical officers and 82% reported severe shortages of nurses. The situation is expected to worsen as the VA plans to cut nearly 30,000 workers by October due to budget constraints, which will lead to longer wait times for veterans. The article concludes by mentioning the growing use of AI and robotics to address staff shortages, citing a prototype robot called "EBAR" designed to assist elderly individuals with mobility. The author raises a concern about the potential for loss of human interaction and dignity in such a setup.

16. *STAT+

August 18, 2025

[Health care CEOs harvest billions even as industry lags broader stock market](#)

By Bob Herman and J. Emory Parker

A STAT analysis of corporate filings found that the CEOs of 275 of the most prominent healthcare companies made a combined \$3.6 billion in 2024. The average CEO earned over \$13 million, and the median was \$5.5 million, marking the highest figures since 2021.

This significant compensation occurred despite a disappointing year for healthcare stocks. The S&P 500 healthcare index rose by less than 1%, and the Nasdaq biotechnology index fell by 1%, while the broader S&P 500 index saw a 24% increase.

The report highlights several examples of high-paid CEOs at companies with slumping stock prices:

- Regeneron Pharmaceuticals CEO Leonard Schleifer made over \$124 million despite the company's stock plummeting by nearly 20%.
- Thermo Fisher Scientific CEO Marc Casper earned \$94 million even though the company's stock dipped by 2%.
- Cigna CEO David Cordani made almost \$51 million as Cigna's stock fell by 9%.

The article notes that long tenure is a key factor in these large pay packages. All but one of the ten highest-paid CEOs have been with their companies for over a decade, and many of them received stock options and awards in previous years that have become substantially more valuable over time. The highest-paid CEO was Uğur Şahin of BioNTech, who earned over \$300 million, primarily by exercising stock options he received five years prior.

17. Private Equity Stakeholders' Project

August 14, 2025

[New PESP research analyzes Genesis Healthcare bankruptcy](#)

By Matt Parr

Highlights broader bankruptcy risks from private equity

The Private Equity Stakeholder Project (PESP) reaffirmed its commitment to closely monitoring the Chapter 11 bankruptcy of Genesis Healthcare, one of the nation's largest skilled nursing operators. A research update published August 11 examines how the company's collapse reflects a recurring pattern of financial fragility tied to private equity ownership ([pestakeholder.org](#)).

PESP's latest analysis also shows that Genesis is not alone—**70 percent of large U.S. bankruptcies in Q1 2025** were tied to private equity-backed companies, despite such firms comprising just **6.5 percent of the U.S. economy** ([pestakeholder.org](#)). Healthcare has been particularly hard hit, with private equity involved in more than half of large healthcare bankruptcies in 2024.

"Genesis Healthcare's bankruptcy was a predictable result of a financial strategy that extracted value through debt and real estate transactions while leaving the company with fewer resources to sustain care," **said Michael Fenne, Senior Research Coordinator at PESP**. "Unless these tactics are addressed directly, more nursing home operators may follow the same path and leave more patients, workers, and public programs to absorb the costs."

PESP's ongoing analysis of the Genesis case highlights:

- **Massive debt burden**—liabilities estimated between \$1 billion and \$10 billion—driven in part by leveraged buyouts, sale-leasebacks, and high-risk borrowing.
- **Industry-wide pattern**—private equity firms were behind 7 of the 8 largest healthcare-related bankruptcies in 2024.
- **Policy relevance**—Genesis exemplifies how private equity's business model can weaken critical healthcare providers.

PESP stands ready to provide context, data, and expert commentary to those covering the Genesis bankruptcy and the growing trend of private equity-driven healthcare failures.

18. Private Equity Stakeholders' Project

August 11, 2025

[Genesis Healthcare files for bankruptcy](#)

By Michael Fenne

Summary:

Genesis Healthcare, a major US skilled nursing operator, filed for Chapter 11 bankruptcy in July 2025 with over \$1 billion in debt. The company's collapse is a case study of how **private equity strategies**,

	<p>including leveraged buyouts, sale-leaseback deals, and excessive debt, have negatively impacted long-term care facilities. This financial engineering undermined the company's ability to maintain operations, leading to years of financial struggles and a pattern of recurring regulatory violations.</p> <p>The Role of Private Equity in Genesis's Decline</p> <ul style="list-style-type: none"> • Initial Buyout and Sale-Leaseback: In 2007, private equity firm Formation Capital acquired Genesis in a leveraged buyout, placing the debt on Genesis's books. In 2011, Formation arranged for Genesis to sell 147 of its properties for \$2.4 billion, which generated cash for investors but left the company burdened with expensive, long-term lease obligations. • Layered Debt and Control: More recently, affiliates of private equity firm Pinta Capital Partners issued debt to Genesis, providing them with increasing control over the company's board of directors. These notes were convertible to equity, allowing the firm to increase its ownership without providing new capital. Pinta's affiliates also provided a stalking-horse bid to acquire Genesis out of bankruptcy, giving them an advantage in the sale of the company's assets. • Widespread Impact: Genesis's bankruptcy is part of a broader trend. Other private equity-owned nursing home companies have also filed for bankruptcy, and private equity-backed firms were involved in 56% of large U.S. corporate bankruptcies in 2024. <p>Consequences of Financial Instability</p> <p>Genesis's financial struggles were paralleled by a decline in patient care and numerous regulatory violations. The company faced multiple lawsuits and settlements for issues like medically unnecessary services, substandard care, and neglect. Notable examples include a \$53.6 million False Claims Act settlement in 2017, a settlement with the Vermont Attorney General in 2020, and the emergency closure of facilities in Connecticut in 2022 and 2025 due to unsafe conditions. At the time of filing, Genesis was spending about \$8 million per month on legal defense and settlement costs.</p> <p>Looking Forward</p> <p>The article concludes that while the financial tactics used were legal and often disclosed, they created a predictable path to bankruptcy. To prevent similar outcomes for other nursing homes, the author suggests that policymakers should implement clear limits on private equity practices, including:</p> <ul style="list-style-type: none"> • Prohibiting sale-leaseback transactions that strip facilities of their real estate. • Limiting the use of excessive debt for acquisitions or investor payouts. • Strengthening ownership rules to require evidence of long-term financial and operational capacity.
Federal Policy	<p>19. *Washington Post August 25, 2025 <i>FEMA staff warn Trump officials' actions risk a Katrina-level disaster</i> By Brianna Sacks</p>

Summary:

More than 180 Federal Emergency Management Agency (FEMA) employees have signed a letter warning Congress that the current administration's leadership and policies are undermining the agency's mission. The employees argue that the Department of Homeland Security's (DHS) interference, budget cuts, and lack of qualified leadership are creating conditions that could lead to a disaster on the scale of Hurricane Katrina.

Key concerns raised in the letter include:

- **Inexperienced Leadership:** The agency has been operating without a Senate-confirmed administrator, and its current leaders lack experience in emergency management.
- **Budget Cuts:** The administration has cut or frozen funding for key programs, including hazard mitigation and community resilience initiatives, which employees say save lives and reduce future devastation.
- **Restrictive Expense Policy:** A new policy from DHS Secretary Kristi L. Noem requires her approval for thousands of FEMA contracts, slowing down critical disaster response efforts.
- **Misguided Priorities:** The letter also points to a recent decision to divert dozens of FEMA employees to assist ICE with the recruitment and deportation of immigrants, a move the employees argue violates a post-Katrina law that prevents transfers that would reduce FEMA's capabilities.

The employees' letter is part of a growing movement of federal workers speaking out against the Trump administration's policies, a trend that has already led to nearly 140 employees at the Environmental Protection Agency (EPA) being put on leave after they signed a similar letter of dissent.

20. New York Times (free access)

August 21, 2025

[*I'm a Conservative. My Disabled Son Needs Medicaid to Live.*](#)

By Rachel Roth Aldhizer

Mrs. Aldhizer wrote from North Carolina. Her profoundly disabled 4-year-old son is a Medicaid recipient.

Summary:

A registered Republican mother describes her support for Medicaid, a program her disabled son, David, relies on for his life. David, who is now four, was born with severe and rare anomalies, including a mid-line cleft lip and palate and missing portions of his brain. He is non-verbal, non-ambulatory, and visually and hearing impaired. He requires 24/7 care, which is made possible by North Carolina's Community Alternatives Program for Children (CAP/C), a Medicaid-funded program. The [White House insists](#) that the passage of [President Trump's domestic policy bill](#) won't affect programs like David's. The mother disagrees. North Carolina's CAP/C program is [majority-funded](#) by federal dollars. The program provides essential services that allow David to live at home instead of in an institution. These include doctors' appointments, surgeries, therapies, adaptive equipment, specialized food, medical

	<p>supplies, and respite care. The mother is also paid a living wage to care for her son through the program.</p> <p>She expresses her dismay over recent cuts to Medicaid at both the federal and state levels, arguing that they will have a devastating impact on families like hers. She specifically points to the recent domestic policy bill passed under President Trump's administration, which she believes will lead to significant reductions in federal funding for Medicaid, despite White House assurances to the contrary. She states that North Carolina's CAP/C program is majority-funded by federal dollars, and the new law will force the state to make up for anticipated budget shortfalls.</p> <p>The author also highlights that even before the federal cuts take effect, North Carolina's state legislature has chosen not to fully fund its existing Medicaid program for the upcoming fiscal year, resulting in a \$319 million gap. This has led to discussions about potential cuts to provider rates, with her own provider rate expected to be reduced by 8%. She explains that these state-level cuts, combined with the future federal reductions, will lead to a much larger overall loss of services. She estimates the total reduction in Medicaid services for North Carolina could reach \$1.1 billion.</p> <p>The mother concludes by framing the issue as a moral imperative. She says that how we care for our most vulnerable people reveals what we believe about ourselves as a society. She urges readers, whether in North Carolina or elsewhere, to contact their state representatives and advocate for the full funding of Medicaid programs, reminding them that one day, they too may be in need of such a support system.</p> <p>21. The Network for Public Health Law June 27, 2025 Recent Executive Orders Threaten Climate Change Mitigation Efforts and Public Health Goals By Jill Krueger Overview The president has issued numerous executive orders since taking office. The lawfulness of the executive orders and executive actions has been challenged in lawsuits across a range of topics, with success in a substantial majority of cases. Nevertheless, implementation of these executive orders, and related executive actions, is already having harmful effects on public health, and could cause irrevocable harm. This resource discusses the potential impact of recent executive orders on climate change and public health goals. Download</p>
Disability Topics	<p>22. *Washington Post August 20, 2025 Disabled sheep gets custom-made cart, learns to drive it with her head By Sydney Page <i>"She's like a crazy teenager; she wants to go very fast," said Deb Devlin, president of Don't Forget Us, Pet Us sanctuary.</i> Kiki, a sheep born with limited mobility due to a prenatal virus, is thriving at an animal sanctuary in North Dartmouth, Massachusetts, with the help of a custom-made motorized wheelchair. The 3-and-a-half-year-old</p>

sheep, who was rejected by her mother at birth, has a rare condition with fused joints and spinal issues that prevent her from walking. After other medical interventions failed, the sanctuary's president, Deb Devlin, focused on what Kiki could do and noticed she could control toys with her head. This led Devlin to create a custom cart by zip-tying a cargo stroller to a motorized wheelchair base and repositioning the joystick for Kiki to operate with her head. It took Kiki only seconds to learn how to drive the cart on her own, a moment that was filmed and went viral online.

The sanctuary says Kiki has a great quality of life. She socializes with other animals, engages in activities like sunbathing, listening to music, and watching TV, and even visits schools to help children with disabilities feel less alone. Her story has been called an inspiration and a testament to resilience and hope.

23. *New York Times

August 14, 2025

[Disabled Amtrak Riders See Progress, but Still 'Feel Like Freight'](#)

By Gabe Castro-Root

Passengers are facing blocked wheelchair space, getting stuck in doors, and suffering other indignities 35 years after the Americans with Disabilities Act became law.

This text is about the challenges that people with disabilities face when traveling on **Amtrak**.

Aubrie Lee, who uses a wheelchair, and Peter Saathoff-Harshfield, who has low vision, are a couple who frequently travel on Amtrak. They've experienced a number of issues, including:

- **Designated wheelchair spaces** being blocked by luggage and trash.
- **The Amtrak app** having glitches and being inaccessible to screen-reading software.
- **Incorrectly deployed boarding ramps** and inaccessible dining cars.

They feel that they constantly have to advocate for their rights to receive the services they are entitled to under the **Americans with Disabilities Act (A.D.A.)**. Ms. Lee describes feeling "like freight," not a respected person.

The A.D.A. prohibits discrimination against people with disabilities and requires businesses like Amtrak to provide equal opportunities for them to use their services. While Amtrak has a goal to be fully compliant with the A.D.A. by 2029, a recent report from their Office of Inspector General found that the company still lacks a comprehensive strategy to improve customer service for passengers with disabilities.

24. YouTube (video)

Undated

[Sheep has learned to drive motorized wheelchair](#)

25. Agency for Healthcare Quality and Research

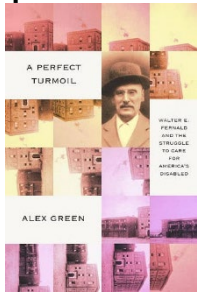
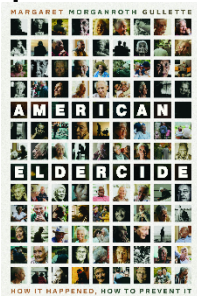
August 8, 2025

[Treatment and Health Expenditures among Children with Autism Spectrum Disorder, U.S. Civilian Noninstitutionalized Population, 2018-2022](#)

	<p>Just over 1 percent of children aged 3 to 17 were treated for autism spectrum disorder (ASD) annually between 2018 and 2022, and the percentage of boys who were treated was three times that of girls. A new statistical brief from AHRQ's Medical Expenditure Panel Survey explores healthcare spending and utilization for children who received treatment for ASD. Discover how spending varied across service categories, how spending changed as children got older, and how healthcare costs compare with those of children who did not utilize ASD services.</p>
Aging Topics	<p>26. *Washington Post August 24, 2025 This 92-year-old sprinter has the muscle cells of someone in their 20s By Teddy Amenabar and Stefano Pitrelli Summary: At 92, Italian sprinter Emma Maria Mazzenga is an elite runner with four age-group world records and very few competitors. A case study of Mazzenga by scientists in Italy and the U.S. found that she has the cardiorespiratory fitness of someone in their 50s and her muscle's mitochondria function as well as a healthy 20-year-old. Key findings from the study include:</p> <ul style="list-style-type: none"> • Muscle and Nerves: While her fast-twitch muscle fibers, which are related to speed, are like a typical 70-year-old's, her slow-twitch fibers and the nerve pathways to her muscles look like those of a 20-year-old. This suggests a unique ability to deliver oxygen to her muscles. • Performance: Mazzenga broke the outdoor 200-meter world record for women over 90 with a time of 51.47 seconds and then beat that record by a second a month later. <p>Mazzenga credits her success to consistency, training two to three times a week, walking on her off days, and "never spending a whole day indoors." Researchers note that while exceptional, Mazzenga's case highlights the importance of staying physically active to reduce the effects of aging.</p>
Veterans Topics	<p>27. *State House News August 22, 2025 Santiago to leave post as veterans services secretary, citing focus on medical career By Chris Lisinski Secretary Jon Santiago, Massachusetts's first Cabinet-level veterans services secretary, will be stepping down to focus on his work as a physician at Boston Medical Center. His departure marks the latest high-profile turnover in Governor Maura Healey's administration, following the recent departures of the economic development and health and human services secretaries. During his tenure, which began in 2023, Santiago oversaw significant reforms, including improving licensure and compliance at soldiers' homes and updating veteran benefits. The state also launched a campaign to combat veteran homelessness, which has placed over 500 veterans into permanent housing since July 2024. Deputy Secretary Andrea Gayle-Bennett will serve as the interim secretary.</p>

<p>MassHealth</p>	<p>28. Center for Health Care Strategies August 2025 <u>Beneficiary Advisory Council Engagement Framework: A Guide to Strengthening Medicaid Member Collaboration</u> By Disha Williams New federal requirements call for states to formalize how they engage Medicaid members in shaping policies and programs that better reflect member input by establishing or strengthening Beneficiary Advisory Councils (BACs). BACs offer state Medicaid agencies a valuable opportunity to more consistently embed member perspectives into policymaking and program design. To support states in launching their BACs and building trust with members, the Center for Health Care Strategies developed the BAC Engagement Framework. This practical resource details guiding principles, real-world examples, and actionable steps to promote meaningful Medicaid member engagement. State Medicaid agencies can use this framework to help meet Centers for Medicare & Medicaid Services requirements and foster collaborative, transparent, and effective member engagement. <u>DOWNLOAD THE TOOL</u></p> <p>29. MassHealth <u>MassHealth Member Advisory Committee</u> The MassHealth Member Advisory Committee (MAC) provides advice to MassHealth to improve member experience, quality of services, and access to care for MassHealth members. The MAC consists of 17 individuals who are all MassHealth members, former members, or guardians or family caretakers of MassHealth members. Members are chosen for a two-year term. The current term extends through December 2026. Next MAC Meeting: Tuesday, September 30, 2025, 12 p.m. to 2 p.m.</p>
<p>From Other States</p>	<p>30. CT Insider August 21, 2025 <u>One of CT's longest nursing home takeovers comes to an end in Waterbury</u> By Paul Hughes <i>A state judge issued an order Tuesday that terminated the receivership of the former Waterbury Gardens Nursing and Rehabilitation Center. This final court action concludes one of the longest nursing home receiverships on record.</i> A nearly six-year state receivership of the former Waterbury Gardens Nursing and Rehabilitation Center has concluded. The receivership, one of the longest on record for a nursing home, was prolonged by the COVID-19 pandemic and a \$15.6 million tax dispute with the IRS. The nursing home was placed in voluntary receivership in November 2019 due to financial difficulties. The state spent nearly \$31.8 million in Medicaid payments to keep it running. During the pandemic, the nursing home became critical because it was one of only two facilities in Connecticut with a specialized respiratory unit. The receiver, Katherine B. Sacks, reported that the nursing home had net losses of \$34.5 million</p>

	<p>and was not financially viable. A judge ordered its closure in September 2023.</p> <p>The receivership was expected to end sooner, but it was stalled for 13 months by a tax dispute. The IRS filed a claim for \$15.6 million, believing that the state's Medicaid advances were taxable earnings. Sacks successfully argued in federal court that the IRS claim was invalid, and the case was returned to state court for its final termination. In a separate development, the building was sold for \$1.96 million and reopened as a residential care home for the elderly. However, the new owners have faced a cease-and-desist order from the city of Waterbury for allegedly opening without the necessary zoning approvals. The owners are appealing the order, arguing they have state approvals and have already invested \$3 million in renovations.</p>
Public Sessions	<p>31. Workforce Supports Subcommittee of the Commission on the Status of Persons</p> <p>Thursday, August 28, 2025, 11:00 a.m.</p> <p>Agenda includes updates from Executive Office of Health and Human Services Workforce Development Manager Gina Frey, and a discussion on fiscal 2026 goals.</p> <p>Agenda and Livestream</p>
<i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>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. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. 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. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link:</p>

	<p>https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>  <p>About the Author: Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p>	<p><u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, <i>A Perfect Turmoil</i> is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.</p> <p>In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.</p> <p>Buy the book here</p>
<p>Books by DignityMA Participants</p>  <p>About the Author: Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning</p>	<p><u>American Eldercide: How It Happened, How to Prevent It</u> By Margaret Morganroth Gullette</p> <p>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</p> <p>Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.</p> <p>Until now. In <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how</p>

<p>work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.</p> <p>Buy the book here.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages:</p> <p>https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</p> <p>https://marsters.centerforpublicrep.org/</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</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>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmore8473@charter.net.</p>
<p>Websites</p>	<p>MassHealth Member Advisory Committee</p> <p>https://www.mass.gov/masshealth-member-advisory-committee</p>

	The MassHealth Member Advisory Committee (MAC) provides advice to MassHealth to improve member experience, quality of services, and access to care for MassHealth members.	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person 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. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	

Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</p> <p>Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it 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>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated) Newly added to the listing</p> <ul style="list-style-type: none"> • Salem Rehab Center, Salem https://www.adviniacare.com/adviniacare-salem/

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225644/</p> <ul style="list-style-type: none"> • Fall River Healthcare https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063 • Somerset Ridge Center, Somerset https://somersestridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • Tremont Healthcare Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488/ <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • AdviniaCare Newburyport (13) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 • Brandon Woods of New Bedford (1) https://brandonwoodsnewbedford.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225264/ • Cape Cod Post Acute, Brewster (9) https://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/ • Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ • Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information:
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	<p>https://projects.propublica.org/nursing-homes/homes/h-225049/</p> <ul style="list-style-type: none">RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none">South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram																																																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated April 23, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td>Tag B</td></tr><tr><td>C</td><td>106</td><td>82</td><td>Tag C</td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td>Tag D</td></tr><tr><td>E</td><td>2,133</td><td>767</td><td>Tag E</td></tr><tr><td>F</td><td>676</td><td>314</td><td>Tag F</td></tr><tr><td>G</td><td>517</td><td>339</td><td>Tag G</td></tr><tr><td>H</td><td>58</td><td>35</td><td>Tag H</td></tr><tr><td>I</td><td>3</td><td>2</td><td>Tag I</td></tr><tr><td>J</td><td>53</td><td>28</td><td>Tag J</td></tr><tr><td>K</td><td>27</td><td>9</td><td>Tag K</td></tr><tr><td>L</td><td>9</td><td>3</td><td>Tag L</td></tr></table> <p>Updated April 23, 2025</p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	Tag B	C	106	82	Tag C	D	7,445	1,401	Tag D	E	2,133	767	Tag E	F	676	314	Tag F	G	517	339	Tag G	H	58	35	Tag H	I	3	2	Tag I	J	53	28	Tag J	K	27	9	Tag K	L	9	3	Tag L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none">Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.																																																

	<ul style="list-style-type: none"> • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite 		
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
Bringing People Home: Implementing the Marsters class action settlement	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
REV UP Massachusetts	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: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none">• Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<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> <i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i> <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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/ <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>			