



# The Dignity Digest

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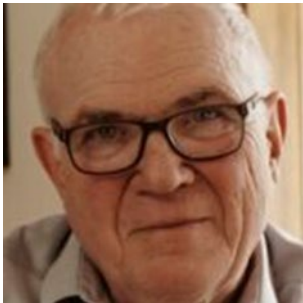
*The Dignity Digest* contains information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

## DignityMA Zoom Sessions

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

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via [info@DignityAllianceMA.org](mailto:info@DignityAllianceMA.org).

## Commentary by DignityMA participants



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia, beginning at the Boston University Medical Center, where he worked in rehabilitation and became introduced to algorithms. He continues to survey internationally for the Commission on the Accreditation of Rehabilitation Facilities.

### **[Buying and selling of nursing homes raises concern](#)**

By James Lomastro  
**Boston Globe**

September 14, 2025

Re “Nursing homes on trading block: As chains flip owners, worries rise on care level” (Page A1, Sept. 7): For years, private equity firms and for-profit companies have been buying up nursing homes. They often discuss making things more efficient, but their primary goal is to generate profits for investors, sometimes at the expense of providing good care for residents.

Many nursing homes don’t have enough staff, so caregivers have a hard time giving proper care. The workers who care for elders worry about their own health insurance.

Policy makers also play a role in these problems.

Massachusetts lawmakers often talk about hospitals, but it seems they rarely mention what’s happening in nursing homes in the face of weak

oversight. Neither of the two major political parties has addressed the impact of private equity on elder care.

Caring for older adults should be a shared responsibility, not just a means to make a buck. When nursing homes are treated mainly as investments, both residents and workers can end up neglected and insecure. Making money should never take precedence over basic human care.

Change can happen, but it takes effort. State lawmakers should be urged to enact stronger regulations, such as mandating nursing homes to allocate more funds to direct care and imposing limits on profits and overhead. Groups that advocate for improved elder care and help hold leaders accountable can use the reinforcement of more members. How we care for our elders reveals a great deal about us as a society. The current for-profit system is not meeting that standard.

## **[The limits of compliance: A wake-up call for long-term care facilities](#)**

By [James Lomastro](#)

**McKnights Long-Term Care News**

September 8, 2025

The long-term care industry operates within its own professional networks and regulatory frameworks, where operational challenges and compliance requirements often overshadow the fundamental moral imperative that families care about most: keeping vulnerable residents safe.

When facilities say, “We’re doing everything right,” but tragedies still occur, the gap between industry perspectives and family expectations becomes painfully clear. This outside advocacy voice represents what families are thinking but may lack the platform to express that regulatory compliance alone isn’t enough, and that the industry must embrace higher standards before they’re imposed by legislators responding to public outcry.

Forward-thinking facilities that lead this change rather than resist it will find competitive advantages in attracting families willing to pay premium rates for a genuine safety culture, while those that wait for mandates will find themselves playing catch-up in an environment where trust has been shattered.

The [Gabriel House fire](#) — in which 10 residents tragically perished — has raised preliminary questions about the relationship between regulatory compliance and safety outcomes across all long-term care facilities housing vulnerable populations. While the facility reportedly passed inspections and submitted the required regulatory paperwork, investigators are examining whether safety risks were inadequately identified, mitigated or prepared for.

This incident has prompted initial discussions about whether current inspection and compliance frameworks sufficiently ensure resident safety in nursing homes, assisted living facilities, memory care units and other long-term care settings, and whether there may be distinctions between meeting regulatory requirements and maintaining comprehensive safety practices.

These preliminary observations are being shared in an effort to address what may be systemic conditions affecting other similar facilities serving vulnerable populations, particularly in light of concerns raised in the HHS Office of Inspector General's 2024 report on nursing home compliance with federal requirements for life safety, emergency preparedness, and infection control, which identified gaps in regulatory oversight and compliance monitoring across multiple states.

**Preliminary areas under investigation:**

- Questions regarding the adequacy of safety measures and staffing levels
- Examination of fire preparedness protocols and emergency procedure currency
- Review of reporting systems and incident management processes

*Author's note: These are preliminary observations based on initial reports and are subject to change as the full investigation proceeds. Final determinations about the causes and contributing factors await completion of the comprehensive investigation.*

**Fostering safety culture: The critical link**

A true safety culture is created when every member of an organization — from leadership to frontline staff — understands, values and participates in risk reduction across all types of long-term care facilities. It demands open communication, continuous learning and collective accountability, whether serving elderly residents, individuals with disabilities, those requiring memory care or other vulnerable populations.

**Why safety culture matters**

- Empowers staff to proactively report risks and suggest improvements without fear
  - Promotes ongoing training, realistic drills and situational awareness
- Prioritizes “beyond minimum” staffing, resources and vigilance
- Ensures leadership models safe behavior and swift corrective action

Research from the National Academy of Medicine has shown that strong safety cultures in healthcare settings are associated with a reduction in adverse events, improved patient outcomes, and increased staff satisfaction.

The Joint Commission's sentinel event database shows that communication failures and inadequate safety culture contribute to approximately 70% of preventable adverse events in healthcare facilities serving vulnerable populations.

### **The role of continuous safety training**

Continuous safety training is the practical engine of a safety culture across all long-term care settings:

- Maintains staff readiness for emergencies and evolving risks, reducing the risk of knowledge decay
- Facilitates rapid onboarding for new and temporary staff to align with current protocols
- Encourages learning from past incidents, both within the facility and sector-wide
- Keeps safety procedures current as regulations, best practices, and resident needs change

Studies by the International Association of Fire Chiefs indicate that regular fire safety training can reduce response times by up to 40% and significantly improve evacuation success rates. The prevention emphasizes that continuous training programs in long-term care facilities are essential for maintaining infection control standards and emergency preparedness across all facility types serving vulnerable populations.


### **The central role of the state**

At the heart of systemwide safety is the state, the primary authority over long-term care operations serving vulnerable populations, with responsibilities including:

- **Licensing and certification:** States set the foundational requirements for facilities to operate legally, including physical, staffing and reporting standards across nursing homes, assisted living facilities, memory care units and specialized care facilities.
- **Setting and updating standards:** States regularly update regulations regarding infection control, emergency preparedness, administrator qualifications, staffing,

	<p>medication management and facility requirements. For example, 90% now require emergency preparedness protocols, and 86% have infection control requirements.</p> <ul style="list-style-type: none"> <li>• <b>Inspections and enforcement:</b> States carry out routine and unscheduled inspections, investigate complaints, impose sanctions and can revoke licenses of facilities that fail to comply or correct deficiencies.</li> <li>• <b>Transparency and accountability:</b> States keep records of inspections, violations and corrective actions, though the transparency and public accessibility of these records are variable across states.</li> <li>• <b>Scope of services and resident protection:</b> State regulations dictate the level of care that can be offered, resident rights, and mechanisms for reporting abuse and neglect across all facility types</li> </ul> <p>Despite their authority, many states have maintained minimal or outdated regulations, resulting in wide inconsistencies in staffing, training and safety standards across different types of long-term care facilities. As evidenced in Massachusetts and other states, the lack of robust, enforceable rules enabled unsafe practices and poor oversight, contributing to preventable tragedy.</p> <p>The Government Accountability Office has repeatedly highlighted inconsistencies in state oversight of long-term care facilities, noting in its 2019 report that “significant gaps exist in state oversight systems.”</p> <p>The National Consumer Voice for Quality Long-Term Care has documented how regulatory variations across states create a patchwork of protection levels for vulnerable residents across all types of facilities.</p> <p><b>Strengthening state action: Policy recommendations</b></p> <p>To make safety culture a reality and prevent future catastrophes across all long-term care facilities serving vulnerable populations, states must:</p> <ol style="list-style-type: none"> <li>1. <b>Modernize and strengthen regulations:</b> Adopt uniform minimum standards for staffing, training, emergency preparedness, and infection control across all facility types, as many states are beginning to do.</li> <li>2. <b>Increase inspection frequency and rigor:</b> Conduct both scheduled and unannounced inspections, especially</li> </ol>
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	<p>following reported violations, and make findings easily accessible to the public through online databases.</p> <ol style="list-style-type: none"><li>3. <b>Enforce robust licensing and certification:</b> Require comprehensive staff training, continuous education, and enforce credentialing for administrators and care staff across all facility types.</li><li>4. <b>Mandate continuous training:</b> Ensure frequent, scenario-based emergency and safety training, and define requirements for regular retraining beyond initial orientation.</li><li>5. <b>Promote transparency and accountability:</b> Maintain and publicize up-to-date records of inspections, violations and enforcement actions to build public trust and enable informed choices for families seeking care.</li><li>6. <b>Support reporting and whistleblowing:</b> Create safe, protected avenues for staff and residents to report risks, violations or unsafe conditions without fear of retaliation.</li></ol> <p>The National Fire Protection Association has developed comprehensive standards for life safety in healthcare facilities, including NFPA 101 (Life Safety Code), which provides detailed requirements for emergency egress, fire protection systems and staff training.</p> <p>The Centers for Medicare &amp; Medicaid Services has established minimum training requirements for nursing home staff that could serve as a model for all long-term care facilities.</p> <p><b>Conclusion</b></p> <p>The Gabriel House fire is a tragic reminder: States, facility leaders and staff must act decisively now to prevent future disasters. States should strengthen oversight and enforce higher standards; facility leaders must cultivate genuine safety cultures; staff at all levels must actively participate in safety initiatives and reporting. Moving beyond minimum compliance saves lives — commit to this today.</p> <p>As noted by the American Health Care Association, “The safety of our residents is our highest priority, and it requires a comprehensive approach that includes robust regulations, consistent enforcement, and a commitment to continuous improvement.”</p> <p>The Institute for Healthcare Improvement emphasizes that creating a culture of safety requires “systematic attention to the</p>
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	<p>underlying conditions that support safe care” across all healthcare settings serving vulnerable populations.</p> <p>The lives of our most vulnerable residents depend on a collective commitment to excellence. Now is the time for states to modernize and enforce higher standards, for providers to invest in a culture of safety, and for families and advocates to demand transparency and accountability. Let us act together to ensure that no other community experiences a preventable tragedy like the one at Gabriel House.</p>
<p><b>Remembering with Dignity</b></p> <p>To access the submission form scan</p>  <p>or click on:  <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or  <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>.</p> <p>For more information or questions, contact:  Deborah W. Coogan  Chair, DignityMA’s “Remembering with Dignity” initiative  <a href="mailto:dwc@cooganlaw.com">dwc@cooganlaw.com</a>  617-332-8828</p>	<p><b><i>Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></b></p> <p>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.</p> <p>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.</p> <p>“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.</p> <p><b>How to Submit a Remembrance:</b></p>



	<ul style="list-style-type: none"> <li>• Visit <a href="http://www.dignityalliancema.org">www.dignityalliancema.org</a> and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>. The QR code below can also be used.</li> <li>• A remembrance should be no more than <b>175 words</b>.</li> <li>• Rather than a formal obituary, each submission should describe the person’s essence, values, and their story.</li> <li>• 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).</li> </ul> <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor 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><b>Quotes</b></p>	<p><i>“The way I think of health equity is the capacity of the system to spend more resources and more money on those who need it the most.”</i>  Dr. Kiame Mahaniah, <a href="#">Mass. HHS Secretary on protecting health equity and access</a> (<b>CommonWealth Beacon</b>, September 15, 2025)</p> <p><i>“I’m not asking for God. I’m just asking for people to just do their job, that’s all.”</i>  Tom Gilbert, a disability rights advocate who himself is visually impaired, commenting on the MBTA’s responsive to accessibility concerns, <a href="#">Announcements on MBTA trains can be wildly inconsistent. For some, it’s more than a minor inconvenience.</a> (<b>*Boston Globe</b>, September 10, 2025)</p> <p><i>“I’m a single parent, and one day I won’t be here. My kids are going to be adults soon, yet my son doesn’t know how to read and write. I’m like, ‘Wow.’ There really is no help here.”</i>  Emma Miller of Wake Forest, North Carolina, who is among tens of thousands of U.S. parents who have filed complaints with the federal Education Department alleging that schools sometimes mistreat children with disabilities and are breaking the law, <a href="#">Parents Fear Losing Disability Protections as Trump Slashes Civil Rights Office</a> (<b>KFF Health News</b>, September 15, 2025)</p>



*By several measures, the United States is the world's least healthy high-income country.*

*Trump's Policies Are Endangering Your Health (\*New York Times, September 12, 2025)*

*How we care for our elders reveals a great deal about us as a society. The current for-profit system is not meeting that standard.*

*James Lomastro, **Buying and selling of nursing homes raises concern** (Boston Globe, September 14, 2025)*

*Housing is health care, the foundation for recovery, stability, and dignity. Evidence shows that when veterans have a safe place to live, they are far more likely to access mental health care, recover from substance use disorders, and find stable employment.*

*'Housing First' saved veterans. Don't abandon it now. (\*Boston Globe, September 14, 2025)*

*"Without swift improvements in administrative readiness, [the new requirements] will deepen state challenges, increase costs, and leave millions of children and families at risk of losing health coverage."*

*States unprepared to implement Medicaid work requirements: report (Healthcare Dive, September 8, 2025)*

*'We could lose a generation of scientists in a very short time.'*

*Michael Collins, chancellor, UMass Chan Medical Center, Trump Is Shutting Down the War on Cancer (New York Times (free access), September 14, 2025)*

*'This is one of the most productive periods in the history of cancer research. At the same time, my colleagues are experiencing something between malaise and terror.'*

Norman Sharpless, former Director of the National Cancer Institute of the United States, [Trump Is Shutting Down the War on Cancer](#) (New York Times (free access), September 14, 2025)

*Some 90,000 cases of Parkinson's are now diagnosed each year in the United States, about one every six minutes, on average. It is the world's fastest-growing neurodegenerative disease, causing tremors, stiffness and balance problems. It is also the 13th-leading cause of death in the United States. One factor in its increase may be the way we have come to live, for there's growing evidence linking it to a range of pesticides and industrial chemicals, including paraquat and substances used in dry cleaning.*

[The Clue to Unlocking Parkinson's May Be All Around Us](#) (\*New York Times, September 15, 2025)

*"Chemicals in our food, water and air have created this largely man-made disease [Parkinson's]. These chemicals are all around us, and none are necessary."*


Dr. Ray Dorsey and Dr. Michael S. Okun, two Parkinson's experts who write in a new book, [The Parkinson's Plan](#), [The Clue to Unlocking Parkinson's May Be All Around Us](#) (\*New York Times, September 15, 2025)

*Public health experts have warned of the perils of falls for older people for decades. In 2023, the most recent year of data from the Centers for Disease Control and Prevention, more than 41,000 Americans over 65 died from falls, an [opinion article](#) in JAMA Health Forum pointed out last month.*

[Why Are More Older People Dying After Falls?](#) (KKF Health News, September 15, 2025)

*The senior housing and care sector is attracting investors from a range of new backgrounds,*


	<p><i>including family offices, foreign funds, and the real estate arms of financial firms that have traditionally sunk money into other asset classes.</i></p> <p><i>But as they offer new money and new models, are operators ready to put their best foot forward, educate potential partners with little knowledge of the industry, and fork over reams of data to make investors comfortable?</i></p> <p><u><a href="#">New investors are knocking — but can nursing homes land the deal?</a></u> (McKnights Long-Term Care News, September 14, 2025)</p>
<b>Aging and Independence Committee Hearing</b>	<p><u><a href="#">Joint Committee on Aging &amp; Independence</a></u>  Tuesday, September 16, 2025, 10:00 a.m.  State House Room <u><a href="#">A-2 and Virtual</a></u>  For list of bills scheduled to be heard see:  <u><a href="https://malegislature.gov/Events/Hearings/Detail/5355">https://malegislature.gov/Events/Hearings/Detail/5355</a></u>  Written testimony can be submitted via email to <u><a href="#">Joint Committee on Aging &amp; Independence</a></u> or physically mailed to:  Senate Chair Patricia Jehlen  Joint Committee on Aging &amp; Independence  ATTN: Tara Christian, Legislative Aide  24 Beacon St., Room 424  Boston, MA 02133</p> <p><b>To register to testify in-person or virtually, please complete <u><a href="#">this form</a></u> by September 14, 2025.</b> Those registering to testify virtually will receive further instructions by e-mail about how to participate. Same-day registration is only available to those testifying in person.</p> <p><b>For in-person and remote testimony please include:</b></p> <ol style="list-style-type: none"> <li>1. Name;</li> <li>2. Organization you represent;</li> <li>3. Whether on behalf of yourself or an organization;</li> <li>4. Mailing address;</li> <li>5. Email address;</li> <li>6. Telephone number;</li> <li>7. In-person or remote testimony;</li> <li>8. Bills testifying on;</li> <li>9. Whether support or oppose.</li> </ol> <p>Online <b>Testimony</b> will be accepted until <b>Wednesday, November 05 at 11:59 PM</b>.</p> <p>To submit testimony online you need to first create an account for MyLegislature and follow these <u><a href="#">instructions</a></u>.  If you already have an account <u><a href="#">click here</a></u>.</p> <p>This hearing will be chaired by Senator Patricia Jehlen. If you have any questions regarding the hearing, legislation, format of the</p>

	<p>hearing, or reasonable accommodations required to ensure people with disabilities can participate fully in the committee process, please email: <a href="#">Vicki Halal</a>. Chair Jehlen's office can be reached via telephone: (617) 722-1578.</p> <p>If you have Accessibility needs, <a href="#">click here</a>.</p>
<p><b>Consumer Voice on Capitol Hill</b></p> 	<p><a href="#">Join advocates from around the country on Capitol Hill at the Consumer Voice Conference</a></p> <p>Thursday, November 6, 2025</p> <p>Join advocates from around the country at the <a href="#">Consumer Voice Conference</a>, November 3-6, 2025, at the Renaissance Arlington Capital View Hotel in Arlington, Virginia. The closing plenary of the conference will be a briefing on Capitol Hill. Conference attendees will gather for a powerful program on the morning of Thursday, November 6, highlighting some of the top issues impacting quality care and services.</p> <p>Attendees can also choose to take this opportunity to schedule meetings with your Congressional offices and educate them about your experiences with long-term care. This is your chance to advocate for quality long-term care and make your voice heard on issues that matter most!</p> <p><a href="#">Register for the conference</a> in order to attend Hill Day</p> <p><a href="#">Attend the webinar</a> on Tuesday, September 23rd to learn more about how to prepare and what to expect on the Hill.</p>
<p><b>Recruitment</b></p>	<p>See: <a href="#">Listings on MASsterList.com's Job Board</a> for all current listings</p> <p><a href="#">Executive Director</a> of <a href="#">Metro West Collaborative Development</a> who will have the opportunity to lead a well-run, highly credible, and mission-driven nonprofit with an unwavering commitment to providing affordable housing and comprehensive services to all community residents, particularly individuals below the area median income. The Executive Director will lead a professional, highly knowledgeable, and sophisticated team that values trust, cohesiveness, and kindness both within the team and with residents and external partners.</p> <p><a href="#">Executive Director</a> of <a href="#">Partners for Youth with Disabilities</a> who will fulfill the vision of PYD's current strategic plan by strengthening organizational operations, increasing programmatic impact, and enhancing financial sustainability. The next ED will be ready to harness the energy of a passionate and talented team, a decades-long track record of impact, and the opportunity to improve and expand programming to ensure PYD continues to thrive and deliver life-changing services for years to come.</p> <p><a href="#">CEO and President</a> of <a href="#">Opportunities for Inclusion</a></p>
<p><b>Guide to news items in this week's Dignity Digest</b></p>	<p><b>Nursing Homes</b></p> <p><a href="#">Consumer Voice Strongly Condemns the CMS Plan to Rescind the Minimum Staffing Rule in Nursing Homes</a> (The Voice, September 9, 2025)</p>

	<p><b>Home and Community Based Services</b>  <a href="#"><u>AG Campbell Secures Guilty Plea From Ringleader Of Worcester-Based Home Health Fraud Scheme Exploiting Vulnerable Residents</u></a>  <b>(Office of Attorney General Andrea Campbell, September 15, 2025)</b>  <a href="#"><u>Randolph Personal Care Attendant Sentenced To 18 Months In Jail For Defrauding MassHealth</u></a> <b>(Office of Attorney General Andrea Campbell, September 8, 2025)</b></p> <p><b>Behavioral Health</b>  <a href="#"><u>Brian Kilmeade of Fox News apologizes for saying mentally ill homeless people should be executed</u></a> <b>(*Boston Globe, September 14, 2025)</b></p> <p><b>Healthcare</b>  <a href="#"><u>The Clue to Unlocking Parkinson's May Be All Around Us</u></a> <b>(*New York Times, September 15, 2025)</b></p> <p><b>Private Equity</b>  <a href="#"><u>New investors are knocking — but can nursing homes land the deal?</u></a> <b>(McKnights Long-Term Care News, September 14, 2025)</b></p> <p><b>Disability Topics</b>  <a href="#"><u>Parents Fear Losing Disability Protections as Trump Slashes Civil Rights Office</u></a> <b>(KFF Health News, September 15, 2025)</b>  <a href="#"><u>Announcements on MBTA trains can be wildly inconsistent. For some, it's more than a minor inconvenience.</u></a> <b>(*Boston Globe, September 10, 2025)</b>  <b>Birdability Week 2025 (October 20–26)</b>  <a href="https://www.birdability.org/"><u>(https://www.birdability.org/)</u></a></p> <p><b>Aging Topics</b>  <a href="#"><u>Why Are More Older People Dying After Falls?</u></a> <b>(KKF Health News, September 15, 2025)</b></p> <p><b>Veteran Topics</b>  <a href="#"><u>'Housing First' saved veterans. Don't abandon it now.</u></a> <b>(*Boston Globe, September 14, 2025)</b></p> <p><b>Medicaid</b>  <a href="#"><u>States unprepared to implement Medicaid work requirements: report</u></a>  <b>(Healthcare Dive, September 8, 2025)</b></p> <p><b>Federal Policy</b>  <a href="#"><u>Trump Is Shutting Down the War on Cancer</u></a> <b>(New York Times (free access), September 14, 2025)</b>  <a href="#"><u>Trump's Policies Are Endangering Your Health</u></a> <b>(*New York Times, September 12, 2025)</b>  <a href="#"><u>CMS Delays Requirement For MA Plans To Notify Enrollees of Unused Benefits</u></a> <b>(LeadingAge, September 9, 2025)</b></p> <p><b>Massachusetts State Policy</b>  <a href="#"><u>Mass. HHS Secretary on protecting health equity and access</u></a>  <b>(CommonWealth Beacon, September 15, 2025)</b></p> <p><b>Public Sessions</b>  <b><a href="#"><u>Joint Committee on Aging &amp; Independence</u></a></b>, Tuesday, September 16, 2025, 10:00 a.m., State House Room <a href="#"><u>A-2 and Virtual</u></a>, <a href="#"><u>Hearing</u></a>  <b>Joint Committee on Children, Families and Persons with Disabilities</b>, Tuesday, September 16, 2025, 1:00 p.m., State House Room A-2 and</p>
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	<p>virtual, <a href="#">Public hearing on 30 bills tied to the Department of Transitional Assistance, Agenda and Livestream</a></p> <p><b>Interagency Council on Housing and Homelessness' Committee for Supportive Housing Production and Services</b>, Tuesday, September 16, 2025, 1:00 p.m., <a href="#">Meeting</a></p> <p><b>Health Policy Commission Board</b>, Thursday, September 18, 2025, 12:30 p.m., <a href="#">Meeting</a></p>
<p><b>Falls Prevention Awareness Week</b> September 22 to 26, 2025</p>	<p><b>National Council on the Aging</b> <a href="#">Falls Prevention Awareness Week</a></p> <p>Falls Prevention Awareness Week is a national health campaign observed on the first day of fall to increase awareness around falls health and injury prevention.</p> <ul style="list-style-type: none"> <li>• <a href="#">Falls Prevention Awareness Week Toolkit</a></li> <li>• <a href="#">Falls Prevention Awareness Week Impact Report</a></li> <li>• <a href="#">The Falls Free® Initiative</a></li> <li>• <a href="#">State Falls Prevention Coalitions</a></li> <li>• <a href="#">Healthy Aging Programs Tools &amp; Resources</a></li> </ul>
<p><b>DignityMA Study Sessions</b></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"> <li>• Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</li> <li>• James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</li> <li>• Steven Schwartz, JD, Special Counsel, Center for Public Representation</li> </ul> <p>Recordings of Jim Roosevelt’s and Steve Schwartz’s presentations are available at <a href="https://dignityalliancema.org/videos/">https://dignityalliancema.org/videos/</a>. Bob Blancato’s presentation is being rescheduled.</p>
<p><b>DignityMA Study Session</b></p>	<p><b><i>Aging Policy Update: What We Know, What We Don’t Know, and What We Should Fear</i></b></p>



 <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><b>Wednesday, May 21, 2025, 2:00 p.m.</b>  Unfortunately, this session is being rescheduled. Date to be announced.</p> <p><b>Presenter:</b> Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p><b>Registration required:</b>  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a></p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p><b>Webinars and Online Sessions</b></p>	<p><b>1. Center for Medicare Advocacy</b>  Wednesday, October 1, 2025, 2:00 to 3:30 p.m.  <a href="#"><u><b>Navigating Medicare Open Enrollment: Insights for Patients &amp; Caregivers</b></u></a></p> <p>This webinar for anyone dealing with Medicare enrollment covers the basics surrounding Medicare's Open Enrollment Period, with an emphasis on considerations for people with longer-term and chronic conditions, including:</p> <ul style="list-style-type: none"> <li>• Overview of annual enrollment period and available options</li> <li>• Choosing between Medicare Advantage and Traditional Medicare</li> <li>• Policy updates for 2026</li> <li>• Practical tips for choosing your coverage</li> </ul> <p>The presentation concludes with a discussion on the important considerations for people with neurodegenerative disorders and other chronic conditions along with Q&amp;A.</p> <p>Presented by Center for Medicare Advocacy Co-Director David Lipschutz, Managing Policy Attorney Kata Kertesz and Supervising Attorney Eric Krupa, with an introduction by special guest Aditi Narayan Minkoff from I AM ALS and the Cures Collective.</p> <p><a href="#"><u><b>Register Now</b></u></a></p>
<p><b>Previously posted webinars and online sessions</b></p>	<p>Previously posted webinars and online sessions can be viewed at:  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p><b>Nursing Homes</b></p>	<p><b>2. The Voice</b>  September 9, 2025  <a href="#"><u><b>Consumer Voice Strongly Condemns the CMS Plan to Rescind the Minimum Staffing Rule in Nursing Homes</b></u></a></p> <p>On September 2, 2025, Consumer Voice <a href="#"><u>learned</u></a> that the Centers for Medicare &amp; Medicaid Services (CMS) is planning to issue a new interim final rule that would rescind the <a href="#"><u>minimum staffing rule</u></a> in nursing homes.</p>

	<p>As part of the regulatory process, the proposed interim rule is currently <a href="#">under review</a> at the Office of Management and Budget. When issued, there will be no opportunity for public comment. Because the proposed rule is under review, and has not been issued, it is unclear whether CMS plans to rescind all, or parts, of the minimum staffing rule. Consumer Voice strongly opposes any planned action to rescind the nursing home staffing rule, which is estimated to save <a href="#">13,000 lives each year</a>.</p> <p>The proposed rescission of the minimum staffing rule comes just weeks after Congress postponed its implementation for ten years, in order to pay for tax cuts for the wealthiest Americans. Importantly, Congress did not rescind any part of the rule but merely delayed its implementation. Now, despite this recent congressional action, CMS appears to be ignoring Congress and taking unilateral action. Further, CMS plans to take this action despite the Trump Administration's continued efforts to defend the rule in court. Two federal district courts have taken action to rescind parts of the rule. In both cases, the Department of Justice has appealed these decisions.</p> <p>Consumer Voice will continue to provide updates as this situation develops.</p>
Home and Community Based Services	<p><b>3. Office of Attorney General Andrea Campbell</b> September 15, 2025 <a href="#">AG Campbell Secures Guilty Plea From Ringleader Of Worcester-Based Home Health Fraud Scheme Exploiting Vulnerable Residents</a> <i>Defendant Sentenced to Up to 3 Years in Prison, Ordered to Pay \$500,000 in Restitution, Barred from Working with MassHealth Program</i> Summary:</p> <p><b>Guilty Plea in Worcester MassHealth Fraud Scheme</b></p> <ul style="list-style-type: none"> <li>• <b>Ringleader:</b> Felix Mercedes, 35, of Worcester, pleaded guilty to orchestrating a widespread MassHealth fraud scheme.</li> <li>• <b>Fraud Amount:</b> Mercedes and co-conspirators billed MassHealth over \$500,000 for services never provided.</li> <li>• <b>Date:</b> Mercedes pleaded guilty on September 11, 2025.</li> </ul> <p><b>Details of the Scheme</b></p> <ul style="list-style-type: none"> <li>• <b>Victims:</b> The scheme targeted vulnerable residents, including disabled, elderly, and unhoused individuals.</li> <li>• <b>Method:</b> Mercedes stole personal information to sign victims up for MassHealth services (like Personal Care Attendant, Home Health Aide, and Adult Foster Care) without their knowledge or consent.</li> <li>• <b>Impact:</b> At least seventeen MassHealth members were falsely billed for, preventing many from receiving medically necessary services.</li> <li>• <b>Misuse of Funds:</b> Stolen funds were used for personal expenses, including travel, luxury items (Gucci, Coach), and a home downpayment.</li> </ul> <p><b>Sentence and Penalties</b></p> <ul style="list-style-type: none"> <li>• <b>Charges:</b> Mercedes pleaded guilty to Medicaid False Claims, Larceny, Conspiracy, Identity Fraud, and Money Laundering.</li> <li>• <b>Sentence:</b> 1-3 years in state prison and 5 years of probation.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Restitution:</b> Ordered to pay \$500,000 to the Commonwealth.</li> <li>• <b>Restrictions:</b> Barred from any role in the MassHealth program and from working with the elderly or disabled.</li> </ul> <p><b>4. Office of Attorney General Andrea Campbell</b>  September 8, 2025  <a href="#"><u>Randolph Personal Care Attendant Sentenced To 18 Months In Jail For Defrauding MassHealth</u></a>  <i>Defendant Pleaded Guilty to Causing More than \$150,000 in False Claims, Ordered to Pay Restitution to MassHealth, Barred from Working in Healthcare</i>  Summary:  Randolph PCA Sentenced for MassHealth Fraud</p> <ul style="list-style-type: none"> <li>• Who: Kyisha Vargas Aaron, 45, of Randolph.</li> <li>• What: Pleaded guilty to orchestrating a scheme defrauding MassHealth's Personal Care Attendant (PCA) program of over \$150,000.</li> <li>• Scheme Details: Vargas, acting as a PCA, conspired with multiple individuals to submit false claims for PCA services that were never provided.</li> </ul> <p>Plea and Sentencing</p> <ul style="list-style-type: none"> <li>• Charges: On September 5, 2025, Vargas pleaded guilty to Medicaid False Claims, Larceny over \$1,200, Identity Fraud, Credit Card Fraud, and Conspiracy.</li> </ul> <p>Sentence:</p> <ul style="list-style-type: none"> <li>• 18 months in the House of Correction.</li> <li>• Ordered to pay \$153,454.80 in restitution.</li> </ul> <p>Additional Restrictions: Barred from contacting co-conspirators, engaging in fiduciary roles, and working in healthcare.</p> <p>Details of the Fraud</p> <ul style="list-style-type: none"> <li>• October 2020 Charges: Alleged fraudulent billing (April 2016 - August 2020) using another person's identity, including while Vargas was incarcerated.</li> </ul> <p>January 2025 Charges:</p> <ul style="list-style-type: none"> <li>• Alleged instructing co-conspirators to use her son's name for fraudulent timesheets while she was incarcerated (January 2019 - February 2021).</li> <li>• Alleged submitting false timesheets in her own name while incarcerated, in the hospital, or working elsewhere.</li> <li>• Alleged stealing the personal information of two other individuals to open accounts and accumulate debt.</li> </ul>
<b>Behavioral Health</b>	<p><b>5. *Boston Globe</b>  September 14, 2025  <a href="#"><u>Brian Kilmeade of Fox News apologizes for saying mentally ill homeless people should be executed</u></a>  By David Bauder, The Associated Press  A summary of the text:  <b>Kilmeade's Controversial Remark</b></p>

	<ul style="list-style-type: none"> <li>On a "Fox &amp; Friends" episode, host Brian Kilmeade discussed the murder of Iryna Zarutka by Decarlos Brown Jr., a homeless and mentally ill man.</li> <li>In response to a co-host suggesting jail for homeless individuals who refuse services, Kilmeade said, "Or involuntary lethal injection, or something. Just kill 'em."</li> </ul> <p><b>Apology and Reaction</b></p> <ul style="list-style-type: none"> <li>Kilmeade later apologized on a "Fox &amp; Friends" weekend show, calling his comment an "extremely callous remark."</li> <li>He acknowledged that not all mentally ill, homeless people act as the perpetrator did and that many deserve empathy and compassion.</li> <li>Christine Quinn, an advocate for the homeless, condemned the remark as "completely devoid of all humanity" and invited Kilmeade to volunteer at a shelter.</li> </ul> <p><b>Related Context</b></p> <ul style="list-style-type: none"> <li>The summary also notes that an MSNBC analyst, Matthew Dowd, was fired for on-air comments suggesting hateful rhetoric can lead to hateful actions, following the assassination of activist Charlie Kirk.</li> </ul>
Healthcare	<p>6. <b>*New York Times</b> September 15, 2025 <a href="#"><i>The Clue to Unlocking Parkinson's May Be All Around Us</i></a> By Nicholas Kristof Summary:</p> <p><b>The Rise of Parkinson's and Chemical Links</b></p> <ul style="list-style-type: none"> <li><b>Growing Epidemic:</b> Parkinson's disease (PD), once rare, is now the world's fastest-growing neurodegenerative disease, with 90,000 cases diagnosed annually in the U.S.</li> <li><b>Environmental Factors:</b> Evidence increasingly links PD to environmental factors rather than genetics. Experts describe it as a "man-made disease" caused by pesticides, industrial solvents, and air pollution.</li> <li><b>Identified Chemicals:</b> Specific chemicals linked to PD include: <ul style="list-style-type: none"> <li><b>Paraquat:</b> A "blockbuster" herbicide.</li> <li><b>TCE (trichloroethylene) and PCE (perchloroethylene):</b> Solvents used in dry cleaning.</li> </ul> </li> </ul> <p><b>The Paraquat Controversy</b></p> <ul style="list-style-type: none"> <li><b>Early Warnings:</b> A chemical company knew its new herbicide, paraquat, was toxic to the human central nervous system in 1958 but kept its concerns private.</li> <li><b>Manufacturer's Stance:</b> Syngenta, a primary manufacturer, "vigorously defends" the product and rejects a causal link to PD, citing a lack of definitive scientific proof and pointing to studies that find no connection.</li> <li><b>"The Paraquat Papers":</b> Internal documents revealed the company fretted about legal liability as early as 1975 and worked to discredit scientists on EPA advisory panels.</li> <li><b>Scientific Counterpoint:</b> Researchers argue that while a single study doesn't prove causation, the "mountain of human and animal studies" linking pesticide exposure to PD is sobering and warrants caution.</li> </ul>

	<p><b>Personal Stories</b></p> <ul style="list-style-type: none"> <li>• <b>Steve Phillips:</b> Developed PD after spraying paraquat on a farm as a teenager. He is one of over 6,000 people with PD suing paraquat manufacturers.</li> <li>• <b>Brian Grant:</b> The former NBA player developed PD, which he suspects is linked to living on Camp Lejeune as a toddler, where the water supply was heavily contaminated with the dry-cleaning solvents TCE and PCE.</li> </ul> <p><b>Regulatory Failures in the U.S.</b></p> <ul style="list-style-type: none"> <li>• <b>U.S. vs. Other Nations:</b> The U.S. EPA continues to allow paraquat, even as dozens of other countries (including the EU, China, and Brazil) have banned it.</li> <li>• <b>Different Philosophies:</b> The U.S. tends to allow substances until solid proof of harm is established, whereas Europe often bans substances based on doubt (the precautionary principle).</li> <li>• <b>Industry Influence:</b> The author compares the chemical industry's tactics—hiring lobbyists and highlighting scientific uncertainty—to the "tobacco playbook" used to delay regulation.</li> </ul>
Private Equity	<p><b>7. McKnights Long-Term Care News</b> September 14, 2025 <a href="#"><i>New investors are knocking — but can nursing homes land the deal?</i></a> By Kimberly Marselas</p> <p><b>Summary:</b></p> <p><b>New Investor Interest in Senior Housing</b></p> <ul style="list-style-type: none"> <li>• The senior housing and care sector is attracting new types of investors, including family offices, foreign funds, and real estate arms of financial firms.</li> <li>• This interest is driven by a significant demographic wave and favorable demand-supply dynamics, presenting a major opportunity for the industry to secure essential capital for investment in existing communities.</li> <li>• The National Investment Center for Seniors Housing &amp; Care (NIC) is actively working to educate these new, potential capital sources to ensure they are the "right capital" for the long term.</li> </ul> <p><b>Challenges and Operator Readiness</b></p> <ul style="list-style-type: none"> <li>• New investors are often unfamiliar with the operations-intense costs and complexities of the senior care sector, requiring significant education from operators.</li> <li>• Operators must be knowledgeable about their business and operations and be prepared to provide extensive data and accounting to make investors comfortable.</li> <li>• Investors are looking for operators who can demonstrate how they will de-risk the investment and create value over time.</li> </ul> <p><b>Skilled Nursing Facility (SNF) Outlook</b></p> <ul style="list-style-type: none"> <li>• Despite past scrutiny and a decrease in private equity stakes, SNFs have an opportunity to attract new capital.</li> <li>• Durable demand for high-quality SNFs is growing due to an aging population and payer shifts, such as the rise of Medicare Advantage.</li> </ul>

	<ul style="list-style-type: none"> <li>To attract investors, SNF leaders must explain their plans for: <ul style="list-style-type: none"> <li>Engaging with payers and value-based care models.</li> <li>Investing in workforce and clinical capabilities.</li> <li>Making and reporting on quality improvements.</li> </ul> </li> </ul> <p><b>Investor Timelines and Expectations</b></p> <ul style="list-style-type: none"> <li>New investors require prudent capital structures and a clear focus on providing quality care, backed by strong governance and reporting.</li> <li>While some investors may want a "risk premium" for entering a new sector, many newcomers, like family offices and certain funds, offer longer-term, "patient" capital (e.g., seven-year timelines or longer).</li> <li>This longer-term mindset is considered a good match for the industry, potentially creating more stability for operators.</li> </ul>
<b>Disability Topics</b>	<p><b>8. KFF Health News</b> September 15, 2025 <a href="#"><u>Parents Fear Losing Disability Protections as Trump Slashes Civil Rights Office</u></a> By Fred Clasen-Kelly Summary:</p> <p><b>Parents' Struggle for Disability Rights</b></p> <ul style="list-style-type: none"> <li>Emma Miller, a North Carolina mother, alleges the Wake County school district failed to provide a "free appropriate public education" for her 15-year-old autistic twins, Devon and Danielle Price, as required by federal law.</li> <li>Despite being 10 years in the district, her son Devon cannot read or write. Her daughter Danielle was bullied to the point of self-harm.</li> <li>State investigations validated Miller's concerns, finding the school system failed to address bullying's effect on Danielle, did not provide Devon a licensed teacher, and failed to develop a proper education plan.</li> <li>Miller says the district continues to violate her children's rights and her pleas are being ignored.</li> </ul> <p><b>Dismantling of Federal Protections</b></p> <ul style="list-style-type: none"> <li>Miller's complaint to the U.S. Education Department's Office for Civil Rights (OCR) was dismissed in March 2024 for being filed on the 180-day deadline, which the office deemed too late.</li> <li>The same day, the agency announced it was firing nearly half its 4,133 employees as part of the Trump administration's plan to eliminate the Education Department.</li> <li>Seven of the 12 regional OCR offices were shuttered, leaving a "skeleton staff" to handle thousands of complaints.</li> </ul> <p><b>National Impact and Concerns</b></p> <ul style="list-style-type: none"> <li>Parents and advocates fear that eliminating the Education Department removes accountability for local school districts, which federal laws were created to oversee.</li> <li>The OCR received a record-high of nearly 23,000 complaints in fiscal 2024; 8,400 (37%) involved disability discrimination.</li> </ul>



	<ul style="list-style-type: none"> <li>• Advocates worry the worst consequences will fall on Black children and those with disabilities, who disproportionately face harsh discipline like seclusion and physical restraint. <ul style="list-style-type: none"> <li>◦ Children with disabilities make up 14% of students but 81% of those physically restrained.</li> <li>◦ Black children make up 15% of students but 42% of those mechanically restrained.</li> </ul> </li> </ul> <p><b>9. *Boston Globe</b>  September 10, 2025  <a href="#"><u>Announcements on MBTA trains can be wildly inconsistent. For some, it's more than a minor inconvenience.</u></a>  By Jaime Moore-Carrillo  <b>Inconsistent Announcements Plague MBTA Trains</b>  Announcements on the MBTA are frequently inconsistent, unclear, or entirely absent, creating significant issues for many riders, especially those with visual impairments.  <b>Types of Failures:</b> <ul style="list-style-type: none"> <li>• Automated systems sometimes announce multiple, contradictory "next stops" at once.</li> <li>• Announcements can be faint, distorted, garbled, or nonexistent.</li> <li>• Some announcements are clear but incomplete, omitting details like which side doors will open.</li> <li>• Manual announcements by train operators are often unintelligible or not made at all.</li> </ul> <b>Impact on Riders</b>  While inconsistent announcements can be a minor annoyance for some, they are a critical accessibility issue for others. <ul style="list-style-type: none"> <li>• Visually Impaired: For the more than 15,000 Boston residents who are blind or have difficulty seeing, clear and accurate announcements are an essential tool for navigation.</li> <li>• General Riders: Tourists, distracted passengers, or even regular commuters can miss their stops, especially at night when station signs are not visible from the train.</li> </ul> <b>MBTA's Acknowledgment and Data</b>  The MBTA acknowledges the importance of reliable announcements but data highlights ongoing issues, particularly on certain lines. <ul style="list-style-type: none"> <li>• Official Stance: The agency stated that reliable announcements are "critical for many riders" and that they are "focused on addressing long-standing challenges."</li> <li>• System Data: In 2024, internal monitoring found that while over 90% of announcements were clear system-wide, the Red Line was the poorest performer, with clear announcements only about 80% of the time. The Green Line also lagged with 89% clarity.</li> <li>• Complaint Discrepancy: The MBTA reports receiving "relatively few 'official' individual complaints," though disability advocates state they report issues frequently.</li> </ul> <b>Advocacy and Legal Action</b>  Disability rights advocates have been pushing for improvements for years, including through legal action.</p>
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- 2006 Settlement: A lawsuit filed in the early 2000s resulted in a settlement that legally mandated the T to maintain functional announcement systems. The agreement requires operators to make manual announcements if the automated system fails.
- Ongoing Fight: Despite crediting the MBTA with making significant progress since the settlement, advocates say the system is still failing to meet the needs of all riders and the fight for full accessibility continues.

10. [www.Birdability.org](http://www.Birdability.org)

***Birdability Week 2025 (October 20–26)***

Dear Birdability Community,

I am so excited to share that the schedule for Birdability Week 2025 (October 20–26) is live, and registration is now open. This year's theme, You Belong Here, comes directly from our community: belonging is not about being invited, it's about being expected and welcomed intentionally. All of us belong in nature and the birding community.

Our lineup of events reflects the creativity, commitment, and leadership of Birdability Captains across the country, who helped dream and shape what this week could be. From leading researcher and expert Dr. Rachel Zoffness's conversation about pain and the brain, to panels on conservation and access, and reflections from the Blind Birders' Bird-a-Thon, every session is grounded in the lived experiences of disabled birders and allies who are changing what inclusion looks like in the outdoors.

And of course, we'll come together to bird! We will be hosting virtual birding every morning on Instagram Live and are excited for Bird(ability) Your Way! Weekend. The whole weekend and all of the accessible events and outings being held across the country (and beyond!) are an invitation to bird however it is accessible and joyful for you. We'll wrap up with a keynote about the joy and the community of birding by Dexter Patterson ( Let's Go!!) on Saturday, and our community celebration with the announcement of the Photo and Video Contest winners on Sunday.

Birdability Week is both a collection of events and a collective declaration that birding is for everybody and every mind, and that access and belonging are vital to the health of our communities and the future of bird conservation.

I hope you'll take a look at the schedule and register today at [www.birdability.org/birdability-week](http://www.birdability.org/birdability-week). I can't wait to celebrate together and honor the movement we are building, one bird and one community at a time.

With birdy joy,

Cat

P.S. Our Birdability Week Offbeat Photo and Video Contest is still open - and we want YOUR offbeat photo or feeder cam video gems. It's free, it's fun, and you could win prizes for those wonderfully weird bird moments you've captured.

	<p>P.P.S. We are still collecting your outings and events (click here to share) for Birdability Week so that we can add a map of all the fantastic opportunities to join accessible and inclusive outings being held in your communities to our Birdability Week website. Please share any accessible events happening in October!</p>
<b>Aging Topics</b>	<p><b>11. KKF Health News</b>  September 15, 2025  <a href="#">Why Are More Older People Dying After Falls?</a>  By Paula Span  <b>Summary:</b>  <b>Rising Fall-Related Deaths in Older Adults</b></p> <ul style="list-style-type: none"> <li>• Fall-related mortality among Americans aged 65 and older has more than tripled over the past 30 years.</li> <li>• In 2023, more than 41,000 Americans over 65 died from falls.</li> <li>• Among those over 85, the death rate from falls surged from 92 per 100,000 in 1990 to 339 per 100,000 in 2023.</li> <li>• This trend continues despite decades of research and public health interventions aimed at fall prevention.</li> </ul> <p><b>The Prescription Drug Debate</b></p> <ul style="list-style-type: none"> <li>• Epidemiologist Thomas Farley proposes that the primary cause is the increased use of prescription drugs, particularly those affecting the central nervous system (e.g., benzodiazepines, opioids, antidepressants, gabapentin).</li> <li>• These are known as "fall-risk-increasing drugs" (FRIDs) and can cause drowsiness or dizziness.</li> <li>• The article includes an anecdote from Earl Vickers, 69, whose frequent falls ceased after he stopped taking a cancer drug (enzalutamide) that listed falls as a side effect.</li> </ul> <p><b>Alternative Explanations</b></p> <ul style="list-style-type: none"> <li>• Reporting Changes: Geriatrician Thomas Gill suggests that death certificates today more accurately attribute fatalities to falls, whereas in the past, other ailments might have been listed as the cause.</li> <li>• Increased Frailty: Gill also posits that contemporary medicine keeps frailer, sicker people alive longer, making them more susceptible to dying after a fall.</li> <li>• Prescribing Awareness: Other experts argue that many doctors are now more aware of FRID dangers and have reduced prescriptions for drugs like opioids and benzodiazepines, though prescriptions for antidepressants and gabapentin have increased.</li> </ul> <p><b>Recommendations and Solutions</b></p> <ul style="list-style-type: none"> <li>• Experts agree that FRIDs are overused and contribute to the problem.</li> <li>• A key strategy is "deprescribing"—stopping or reducing medications whose potential harms outweigh their benefits.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Beers Criteria now recommends non-pharmacological alternatives for common issues, such as cognitive behavioral therapy for insomnia or physical therapy for pain.</li> <li>• Patients are urged to proactively ask their doctors if any of their medications increase fall risk and to inquire about safer alternatives.</li> </ul>
<b>Veteran Topics</b>	<p><b>12. *Boston Globe</b>  September 14, 2025  <a href="#">‘Housing First’ saved veterans. Don’t abandon it now.</a>  By Maura Healey and Jon Santiago  <i>If Trump dismantles the program, more veterans will be left on the streets.</i></p> <p><b>The "Housing First" Model for Veterans</b></p> <ul style="list-style-type: none"> <li>• <b>Core Principle:</b> The "Housing First" model provides permanent, stable housing to homeless veterans without preconditions, then offers wrap-around services like mental health care, substance use treatment, and employment support. The article argues that housing is a form of health care and the foundation for recovery.</li> <li>• <b>Proven Success:</b> This model has been a cornerstone of U.S. policy for over a decade and is credited with cutting veteran homelessness by more than half nationally since 2010.</li> <li>• <b>Case Study (David):</b> An injured veteran named David, who struggled with addiction and mental health issues, was able to get treatment, find a job, and rebuild his life after receiving a housing voucher from the HUD-VASH program.</li> </ul> <p><b>Proposed Changes and Opposition</b></p> <ul style="list-style-type: none"> <li>• <b>Policy Reversal:</b> The Trump administration is preparing to dismantle the "Housing First" model, replacing it with more rigid, "treatment-first" requirements for veterans to receive housing.</li> <li>• <b>Argument Against Changes:</b> The author contends this reversal is a politically driven decision that ignores evidence. Studies show "Housing First" is more effective and cost-efficient at keeping veterans housed than treatment-first approaches.</li> </ul> <p><b>Success in Massachusetts</b></p> <ul style="list-style-type: none"> <li>• <b>State-Level Commitment:</b> Massachusetts has made "Housing First" the center of its Ending Veteran Homelessness (EVH) initiative.</li> <li>• <b>Measurable Results:</b> <ul style="list-style-type: none"> <li>○ Almost 1,000 veterans have been placed in housing in less than 18 months.</li> <li>○ Unsheltered veteran homelessness in the state fell by 27% in the past year.</li> </ul> </li> <li>• <b>Conclusion:</b> The authors state that Massachusetts will continue to defend the "Housing First" strategy and urges Washington to follow its evidence-based example rather than abandon a successful program.</li> </ul>
<b>Medicaid</b>	<p><b>13. Healthcare Dive</b>  September 8, 2025  <a href="#">States unprepared to implement Medicaid work requirements: report</a></p>

	<p>By Susanna Vogel  <i>Implementing work requirements should be a “multi-year project,” researchers said, but states have just until next year to prepare.</i></p> <p><b>Dive Brief:</b></p> <ul style="list-style-type: none"> <li>• More than half of states may be ill-prepared to enact Medicaid work requirements as required by the One Big Beautiful Bill Act, according to a new analysis published by the Georgetown McCourt School of Public Policy.</li> <li>• Researchers analyzed eight Medicaid performance indicators to assess how states are currently serving beneficiaries. They found lengthy call center waits and long processing timelines for applications, as well as low rates of automatic renewals — all signs that states may be <a href="#">administratively stretched thin</a> even prior to taking on the onerous task of checking enrollees’ work status every six months.</li> </ul>
Federal Policy	<p><b>14. New York Times (free access)</b>  September 14, 2025  <a href="#">Trump Is Shutting Down the War on Cancer</a>  By Jonathan Mahler  <i>America’s cancer research system, which has helped save millions of lives, is under threat in one of its most productive moments.</i>  This text argues that America’s highly successful cancer research ecosystem is being deliberately dismantled by the Trump administration, describing the actions as "collateral damage" in a partisan war against the scientific and academic establishment.  The article highlights the devastating impact these policies have had on frontline researchers like Dr. Rachael Sirianni of UMass Chan Medical School.</p> <p><b>Case Study: The Impact on Dr. Sirianni and UMass Chan</b>  The article centers on Dr. Sirianni, a researcher specializing in drug-delivery barriers for pediatric brain cancer, whose funding relies heavily on the federal government.</p> <ul style="list-style-type: none"> <li>• <b>The Freeze:</b> Entering 2025, Sirianni had two new, highly-scored grant applications pending review at the National Institutes of Health (NIH). Immediately after the inauguration, the Trump administration ordered the NIH to cancel review meetings and cease all external communications, stalling her proposals indefinitely.</li> <li>• <b>Institutional Chaos:</b> Simultaneously, the administration threatened to cap "indirect cost" reimbursements (which cover universities' operational costs for research) at 15% and froze existing grant payments.</li> <li>• <b>The Fallout:</b> Facing a potential \$50–\$60 million loss and an eventual research-budget shortfall of \$93 million (by July), UMass Chan Chancellor Michael Collins was forced to freeze all hiring and discretionary spending.</li> <li>• <b>Research Halted:</b> Because of the university freeze, Sirianni’s own startup funds—which she was using as a buffer—were locked. She was forced to shrink her lab, could not hire new staff, and had to</li> </ul>

**suspend one of her most promising pediatric brain cancer studies**, laying off the postdoctoral researcher running it.

### **A System-Wide Attack on Research**

The article describes the administration's actions as a "deliberate and targeted attack" designed to paralyze the research system, orchestrated by figures like OMB Director Russell Vought and HHS Secretary Robert F. Kennedy Jr.

Key actions taken in 2025 include:

- **Budget Cuts:** The administration's proposed budget calls for a **37% cut to the National Cancer Institute (NCI)**, reducing it from \$7.2 billion to \$4.5 billion—an inflation-adjusted level not seen in 30 years.
- **Grant Cancellations:** Hundreds of millions of dollars in cancer-related research grants were canceled, often under the justification of targeting "politically driven D.E.I. initiatives."
- **Operational Sabotage:** The administration "put sand in the gears" by:
  - Firing 1,200 NIH employees (including 140 at NCI).
  - Letting go of the NCI's entire communications and acquisitions departments.
  - Freezing funding for specific universities (like Harvard and Columbia) by claiming they violated the civil rights of Jewish students.
- **New Funding Rules:** The administration ordered the NIH to "forward-fund" half of all remaining funds (paying them fully upfront). This consumed the budget and ensured fewer new projects could be approved, causing the NCI grant approval rate to plummet from an already-low 9% to an expected **4%**.

### **The Stakes: A Productive System at Risk**

The text argues these cuts are happening during one of the most productive eras in cancer research, jeopardizing decades of progress.

- **Decades of Success:** The U.S. "War on Cancer," which began in 1971, has been extraordinarily successful. The 5-year cancer survival rate has risen from 49% in the 1970s to 68% today, and the overall cancer death rate fell 34% between 1991 and 2022, saving an estimated 4.5 million lives.
- **Return on Investment:** Research shows that every \$326 the government spends on cancer research extends a human life by one year.
- **Losing a Generation:** Experts warn the disruption will take decades to recover from, as highly trained researchers leave the field and momentum on promising studies (like new radiation treatments and cancer vaccines) is permanently lost.

### **15. \*New York Times**

September 12, 2025

[Trump's Policies Are Endangering Your Health](#)

By The Editorial Board

Based on the selected text, here is a summary of the New York Times Editorial Board opinion piece.



## **Trump Administration Policies Threaten Public Health**

The Editorial Board argues that while President Trump has identified a real problem with American health, his administration's policies are actively worsening the issue and reversing decades of public health progress. The administration is accused of rejecting basic medical knowledge and enacting five specific policies that endanger Americans.

### **1. Exposing Americans to Preventable Diseases**

- The administration, led by Health and Human Services Secretary Robert F. Kennedy Jr. (whom the board calls a "conspiracist"), is showing hostility to lifesaving vaccines.
- Kennedy has reportedly filled a key federal vaccine panel with other conspiracists, and Republican-led states like Florida are following suit by trying to repeal vaccine mandates for schoolchildren.
- The board states these changes have already contributed to measles outbreaks and will likely cause childhood vaccination rates to fall further, risking the loss of herd immunity against diseases like polio, smallpox, and measles.

### **2. Making a Future Pandemic More Deadly**

- The administration has allegedly dismantled U.S. pandemic preparedness by disbanding USAID (with Elon Musk's help), withdrawing from the World Health Organization (WHO), and emptying the White House Office of Pandemic Preparedness.
- This removes experts who previously monitored and restrained global outbreaks like SARS, Zika, and Ebola.
- Additionally, Trump has reportedly canceled \$500 million in contracts to develop future mRNA vaccines, which the board argues will slow treatments for a future pandemic.

### **3. Eliminating Future Cures**

- The administration has sharply cut medical research funding, justifying it by citing government efficiency and the "wokeness" of universities conducting the research.
- The editorial argues this threatens vital, basic science research into cancer, cardiovascular disease, dementia, and diabetes that is often unprofitable for private companies but crucial for society.
- As an example, the text cites the defunding of a glioblastoma (brain cancer) research project.

### **4. Dirtying the Air and Water**

- The administration is reportedly "hollowing out" the Environmental Protection Agency (EPA) by rolling back regulations and promoting "dirty energy" over clean energy.
- Specific examples cited include giving hundreds of industrial facilities a two-year pass on pollution rules and issuing an emergency order to keep the J.H. Campbell coal-fired power plant in Michigan open, producing pollution associated with cardiac and lung diseases.

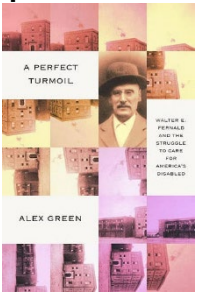
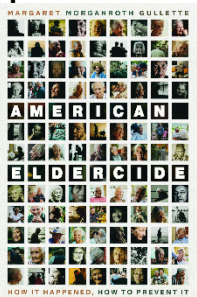
### **5. Taking Away Medical Care**

- A recently passed domestic policy law will reportedly leave 10 million Americans without health insurance due to Medicaid cuts.

	<p>Another 4.2 million could lose coverage if Affordable Care Act (ACA) tax credits are not extended.</p> <ul style="list-style-type: none"> <li>• The board notes these Medicaid cuts are largely being used to finance tax cuts for affluent Americans.</li> <li>• The editorial emphasizes that lacking insurance prevents access to crucial care and leads to worse health outcomes, citing a study showing poor adults on Medicaid were 21 percent less likely to die than those not enrolled. The law also includes cuts to food stamps.</li> </ul> <p><b>Conclusion</b></p> <p>The Editorial Board acknowledges that the U.S. health system already struggled with high costs, inequity, and pollution concentrated in low-income areas. However, it concludes that the Trump administration is not fixing these issues but is instead taking the country backward to a time of greater health threats and "surrendering America to curable diseases.</p> <p><b>16. LeadingAge</b> September 9, 2025 <a href="#"><u>CMS Delays Requirement for MA Plans to Notify Enrollees of Unused Benefits</u></a> The Centers for Medicare and Medicaid Services (CMS) on September 8, 2025, announced a "temporary enforcement pause" of a requirement set to begin in 2026 that Medicare Advantage (MA) plans must send their enrollees an annual, mid-year notice detailing all supplemental benefits for which the individual is eligible but has not yet used. CMS took the action following receipt of "a barrage of questions and requests for technical guidance from MA plans." Therefore, plans will not need to comply in 2026, and the suspension of the requirement will remain in effect until further notice. LeadingAge is disappointed to see this delay, given the lack of transparency surrounding what proportion of MA supplemental benefits are being used by MA enrollees currently. We supported this provision as it has the potential to ensure enrollees can take full advantage of their plan benefits, which often are a key reason why they select a particular plan.</p>
<p><b>Massachusetts State Policy</b></p>	<p><b>17. Commonwealth Beacon</b> September 15, 2025 <a href="#"><u>Mass. HHS Secretary on protecting health equity and access</u></a> By Commonwealth Beacon staff HOST: Paul Hattis &amp; John McDonough GUEST: Dr. Kiame Mahaniah, Health and Human Services Secretary Massachusetts new Secretary of Health and Human Services has long had equity on his mind, even if national pressures now discourage using social justice language to describe it. "The way I think of health equity is the capacity of the system to spend more resources and more money on those who need it the most," Dr. Kiame Mahaniah said on the latest episode of <a href="#"><u>The Codcast</u></a>. "Even though 'Trump 2' tries to stay away from the word equity, when they talk about rural health, they're talking about equity. When they're</p>

	<p>talking about substance use disorder, they're talking about equity," he said. "When they're talking about bringing in a digital infrastructure and rural areas, that's digital equity. They're using different words, but the concepts – that the more pain that you're in, the more services you should receive – I think those are right. Those are accepted concepts. And I don't see us veering away from that in Massachusetts."</p> <p>This week, on the monthly Health or Consequences episode of The Codcast, John McDonough of the Harvard TH Chan School of Public Health and Paul Hattis of the Lown Institute spoke with Mahaniah as part of <i>CommonWealth Beacon's</i> health care access month and its special "<a href="#">Critical Condition</a>" coverage.</p> <p>Mahaniah served as undersecretary of health for most of Health and Human Services Secretary Kate Walsh's tenure. Upon Walsh's departure for personal reasons in July, Gov. Maura Healey <a href="#">appointed</a> Mahaniah as a permanent replacement.</p> <p>Massachusetts was already dealing with system stressors before the second Trump administration began, Hattis and Mahaniah noted. That included the primary care crisis, provider burnout, and difficulty for certain <a href="#">regions</a> and populations to reliably access the health care they need.</p> <p>"As the improvement engineers say, your system is designed to get the results that it's getting," he said. The current system is complex and built on "a financing system that is not favoring primary care," he said. Massachusetts, rather than a fee-for-service model, could consider payment systems that force a certain amount of primary care spending or work on a pre-paid prospective model.</p> <p>But when it comes to ensuring access to medical care like vaccines facing federal complications, the state is in a difficult position. While the Healey administration is <a href="#">crafting a process</a> for recommending vaccines separate from the federal government's position, there will likely still be issues securing those vaccines at an affordable rate, Mahaniah said.</p> <p>"I think the harder part is what's going to happen to the purchasing and the distribution of these vaccines, because that was really coordinated by the CDC, and it was predicated on the CDC covering the vaccines from its own committee," he said.</p> <p>The federal government was able to purchase tens of millions of doses for a negotiated rate that even a collaboration of states just cannot match, he said. "Will that whole infrastructure go away – meaning the ability to order vaccines and distribute them? ... We really do worry about the purchase, the distribution, and then of course, the impact that it could have on health coverage."</p>
<b>Public Sessions</b>	<p><b>18. <a href="#">Joint Committee on Aging &amp; Independence</a></b>  Tuesday, September 16, 2025, 10:00 a.m.  State House Room <a href="#">A-2 and Virtual Hearing</a></p> <p><b>19. Joint Committee on Children, Families and Persons with Disabilities</b>  Tuesday, September 16, 2025, 1:00 p.m.  State House Room A-2 and virtual</p>

	<p><a href="#">Public hearing on 30 bills tied to the Department of Transitional Assistance</a>  <a href="#">Agenda and Livestream</a></p> <p><b>20. Interagency Council on Housing and Homelessness' Committee for Supportive Housing Production and Services</b>  Tuesday, September 16, 2025, 1:00 p.m.  <a href="#">Meeting</a>  Agenda includes an update on the Affordable Homes Act. For access, contact <a href="mailto:pchan@cedac.org">pchan@cedac.org</a>  <a href="#">Agenda</a></p> <p><b>21. Health Policy Commission Board</b>  Thursday, September 18, 2025, 12:30 p.m.  <a href="#">Meeting</a>  Agenda includes a review of the proposed affiliation between CVS and Mass General Brigham, with the retail pharmacy chain expanding into the primary care space. HPC staff will also share new research on the "hospital at home" care model.  <a href="#">Agenda and Livestream</a></p>
<p><b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b>  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><a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. 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 <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), 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><b>Books by DignityMA Participants</b></p>  <p>About the Author: <b>Alex Green</b> teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p>	<p><b><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b> By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, <i>A Perfect Turmoil</i> is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.</p> <p>In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.</p> <p><a href="#">Buy the book here</a></p>
<p><b>Books by DignityMA Participants</b></p>  <p>About the Author: <b>Margaret Morganroth Gullette</b> is a cultural critic and anti-ageism</p>	<p><b><u><a href="#">American Eldercide: How It Happened, How to Prevent It</a></u></b> By <a href="#">Margaret Morganroth Gullette</a></p> <p><b>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</b></p> <p>Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.</p> <p>Until now. In <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led</p>



<p>pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.</p> <p><a href="#">Buy the book here.</a></p>
<p><b>Bringing People Home: The Marsters Settlement</b></p>	<p>Webpages:  <a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><a href="#"><b>Please Donate!</b></a></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p><b>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
<p><b>Websites</b></p>	
<p><b>Blogs</b></p>	



<b>Podcasts</b>			
<b>YouTube Channels</b>			
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .		
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .		
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>		
Contact information for reporting complaints and concerns	<table border="1"> <tr> <td><b>Nursing home</b></td><td> <a href="#">Department of Public Health</a>  1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a>  2. Fax completed form to (617) 753-8165  Or  Mail to 67 Forest Street, Marlborough, MA 01752  <a href="#">Ombudsman Program</a> </td></tr> </table>	<b>Nursing home</b>	<a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
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MassHealth Eligibility Information	<a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a> <b>Table of Contents</b> (Last updated: December 16, 2024) <a href="#">Massachusetts Medicaid Long-Term Care Definition</a> <a href="#">Income &amp; Asset Limits for Eligibility</a> <a href="#">Income Definition &amp; Exceptions</a> <a href="#">Asset Definition &amp; Exceptions</a> <a href="#">Home Exemption Rules</a> <a href="#">Medical / Functional Need Requirements</a> <a href="#">Qualifying When Over the Limits</a> <a href="#">Specific Massachusetts Medicaid Programs</a> <a href="#">How to Apply for Massachusetts Medicaid</a>		
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. <b>Statistics as of March 31, 2025:</b> 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a> <a href="#">MFP Demonstration Brochure - Accessible Version</a> <a href="#">MFP Demonstration Fact Sheet</a> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a>		
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a>		
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020:		

	<p><a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a></p> <p>Recent approval:  <b><u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u></b>  Approved May 5, 2025</p>
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a>  <b>Updated March 26, 2025</b></p> <p>CMS has published a new list of <a href="#">Special Focus Facilities</a> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>• Post the list on your program's/organization's website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> <li>• For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Salem Rehab Center, Salem  <a href="https://www.adviniacare.com/adviniacare-salem/">https://www.adviniacare.com/adviniacare-salem/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/">https://projects.propublica.org/nursing-homes/homes/h-225644/</a></li> <li>• Fall River Healthcare</li> </ul>

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

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

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group leaders for more information.	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a> Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a> Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a>		
<b>REV UP Massachusetts</b>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a> To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a> .		
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"><li>• Wynn Gerhardt</li><li>• James Lomastro</li></ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i>		
<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> <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a> <i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i>			