



The Dignity Digest

Issue # 265

January 6, 2025

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

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

DignityMA Zoom Sessions

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

Quotes

"Why is it so hard to provide care in this country? Why is providing care so insanely complicated?"

U.S. Senator Andy Kim (D-NJ), [Policy relief for family caregivers seems stalled out. But there are signs of change](#) (NPR - What It Takes, December 30, 2025)

"We know that people in our rural communities face unique challenges when it comes to health care access."

Lieutenant Governor Kim Driscoll, [Governor Healey Secures \\$162 Million to Improve Rural Health Across Massachusetts](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, January 2, 2026)

"This agreement ensures that critical medical research projects are able to continue, paving the way for lifesaving medical advancements, driving job creation, and fostering academic competitiveness at Massachusetts's world class research institutions."

Attorney General Andrea Campbell, [AG Campbell Secures Agreement With Trump Administration Preventing Further Delays In Medical And Public Health Research](#) (Office of Attorney General Andrea Campbell, December 30, 2025)

"Honestly, I'm kind of puzzled by the whole thing, but I think 80 must sound really old to people. That's the only thing I can figure. I don't feel old. So to me, it just was a race."

Natalie Grabow, at 80, the oldest woman ever to finish the 140.6-mile competition Ironman World Championship triathlon, [The 80-year-old](#)

[Ironman triathlon finisher who isn't slowing down: 'This is my passion'](#) (NBC News, November 13, 2025)

Health care policy is often discussed in abstractions—budgets, subsidies, market dynamics. But at its core, it is about who gets care, when they get it, and at what cost. When Congress chooses delay over action, inequality fills the gap. A system this large, this expensive, and this unequal does not fail quietly. It fails in bodies, budgets, and lives. And every time lawmakers walk away, Americans are left to pay more—for less.

[Congress Went Home. Health Care Didn't Get Fixed. Americans Pay the Price.](#) (Milwaukee Courier, January 3, 2026)

And my mom is still going strong at 92. She still has her sense of humor and her political engagement but no “diseases that will kill her,” as she puts it.

Dr. Ezekiel J. Emanuel, the Co-Director of the Healthcare Transformation Institute and the Diane S. Levy and Robert M. Levy University Professor at the University of Pennsylvania Perelman School of Medicine, [My Parents' Secret for Living Well Into Their 90s: Embracing Strangers](#) (*Wall Street Journal, December 31, 2025)

“[T]he people who were happiest, stayed healthiest as they grew old, and who lived the longest were the people who had the warmest connections with other people.” By contrast, social isolation is as dangerous to longevity and cognitive decline as being obese.

Dr. Ezekiel J. Emanuel, the Co-Director of the Healthcare Transformation Institute and the Diane S. Levy and Robert M. Levy University Professor at the University of Pennsylvania Perelman School of Medicine, [My Parents' Secret for Living Well Into Their 90s: Embracing Strangers](#) (*Wall Street Journal, December 31, 2025)

Although senior citizens make up about 17 percent of the state's population, they accounted for nearly 55 percent of the fire deaths, Davine said. Two dozen

people who were 65 or older lost their lives in fires in 2025.

[Despite deadly Gabriel House blaze, fewer people died in fires in 2025, state officials say](#) (***Boston Globe**, January 2, 2026)

Death and dying aren't the same—the process of dying is still something to be lived.

Former U. S. Senator Ben Sasse (R-NE), [Sasse Raises the Bar—Again](#) (***Wall Street Journal**, December 29, 2025)

Health care costs too much in Massachusetts, leaving residents [increasingly unable to afford it](#). The situation is likely to worsen as baby boomers age. At a recent state hearing on health care costs, hospital CEOs warned that reducing health care costs will mean cutting services.

[Can health providers save money while improving care?](#) (***Boston Globe**, January 5, 2026)

The most important reason for older adults to be vaccinated against the respiratory infection R.S.V. is that their [risk of being hospitalized with it declines](#) by almost 70 percent in the year they get the shot, and by nearly 60 percent over two years.

[Vaccines Are Helping Older People More Than We Knew](#) (***New York Times**, January 3, 2026)

At least 1 in 10 community-dwelling older adults experience abuse annually, with rates significantly higher among those with cognitive concerns such as dementia or mild cognitive impairment. The true prevalence of elder abuse is underestimated, with research suggesting only 1 in 24 cases comes to the attention of authorities, making elder abuse one of the most underreported public health concerns affecting individuals in later life.

[Intimate Partner Violence and Elder Abuse in Later Life: Educational Brief](#) (**National Center for Equitable Care for Elders**, December 9, 2025)

**Commentary Offered
by DignityMA
Participants**



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.
[DignityMA's unofficial poet laureate.]

Where Dignity Lives On

By Richard T. Moore

Verse 1

*If we're lucky to live longer,
Even with some aches and pain,
Let us stay within our homes
Where access still remains.
We love our own community,
Where neighbors stand as one,
Joining hybrid town meetings,
Sharing wisdom with a smile hard-won.*

Verse 2.

*As the storm clouds gather Over long-term care,
We look for gentle shelter, A place that treats us fair.
Where hands are not exhausted,
Where hearts are not worn thin,
Where those who give us comfort
Are safe to walk back in.*

Verse 3

*As we grow more fragile,
Let us stay at home,
With helpers who are valued
And we're never left alone.
With service that is steadfast
With care second to none,
Oh, let our aging journey
Be from one we do not run.*

Verse 4

*Or let us move to places
Where living comes with aid,
Where meals and gentle company
Are fairly, wisely paid.
Where cost won't crush our savings,
Where dignity stands tall.
Oh, let assisted living Be truly for us all.*

Verse 5

*And if our needs grow deeper,
Let skilled hands guide the way,
In homes where care is laudable
Through every fragile day.*

*Where workers are respected,
Where kindness fills the hall.
Oh, let our final chapters
Be honored most of all.*

*Closing Verse
So let us build a future
Where dignity lives on,
Where every age and ability
Is valued, never gone.
Where care is shared with purpose,
And justice lights the way,
So all of us may journey
Toward brighter, kinder days.*

Response to “Can health providers save money while improving care?”

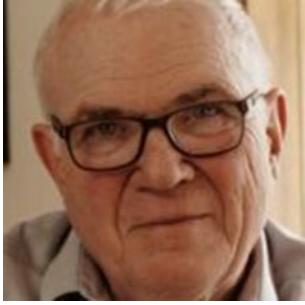
Shira Schoenberg’s January 5 op-ed, [“Can health providers save money while improving care?”](#), rightly highlights the need to rethink acute care spending. But the conversation is incomplete without addressing the other half of the equation: long-term care. Massachusetts continues to pour billions of taxpayer dollars into nursing homes even as safety, staffing, and quality indicators decline.

Each year, policymakers raise Medicaid nursing home payments by updating base years or increasing appropriations, yet these across-the-board increases do little to improve resident outcomes. They do not reduce preventable hospital readmissions, infections, or pressure ulcers that drive up medical costs and diminish quality of life. Instead, many of the lowest-performing facilities simply absorb the additional funding as profit rather than investing in staff, technology, or capital improvements such as reducing room occupancy to limit infection and enhance privacy and dignity.

Why not tie Medicaid payments directly to measurable improvements in care quality? Massachusetts already rates facilities, yet we continue to reward one-star and five-star homes at essentially the same rate. This approach undermines accountability and penalizes the high-performing facilities that actually invest in better care.

If we want to improve outcomes and control costs, we must stop treating long-term care as an afterthought. A payment system that rewards quality—not mediocrity—would be a far more

effective use of public dollars and a far better reflection of our commitment to the residents who depend on these facilities.



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.

What "Aging in Place" Erases: A View from Nursing Home Advocacy

By James A. Lomastro, PhD

Dr. Elissa Ely's recent reflection on aging in place ([Aging in Place, for Now](#), **Boston Globe**, December 31, 2025) captures something deeply real: the love we feel for homes filled with years of memories, the fear of losing them, and the hope that we can somehow keep our independence as we age. Her piece resonates because this attachment is real, even though not everyone has the same chance to experience it.

I spend a lot of time in Massachusetts nursing homes, doing surveys for the Commission on Accreditation of Rehabilitation Facilities (CARF) and working with Dignity Alliance Massachusetts to support dignity in eldercare. The places I visit don't have wine lists in the dining room or cozy sofas in the lobby. Instead, they have residents who never thought they'd live there, families who feel guilty about making tough decisions during a crisis, and staff who are overworked as they try to give good care in a system focused on profit.

The Invisible Majority

When we talk about "aging in place," we're usually referring to homeowners with some wealth—people who fixed up their homes years ago, can pay for repairs, and have the chance to look at care options before a crisis hits. This group accounts for only 10-15% of older Americans.

The other 85-90% of older adults have different challenges. Some rent and risk losing their homes, some own homes but can't afford to make them safer, and many don't have the money for help at home. When a crisis happens, like a fall or a hospital stay, they don't get to choose their next step. They go wherever there's a Medicaid bed open.

In Massachusetts, 31.3% of nursing homes don't meet minimum staffing rules. For-profit homes, many owned by private equity, are responsible for 92% of these cases. While some people think about aging in place, most end up in understaffed homes where making money takes precedence over good care.

The Economics We Don't Discuss

"Aging in place" sounds like a personal choice, but it's really about who can afford it.

Making a home safer can cost \$10,000 to \$50,000. Hiring a full-time home health aide costs over \$200,000 a year, which is more than most nursing homes charge. Long-term care insurance usually doesn't cover all the costs. Medicare doesn't pay for basic daily care, and Medicaid only helps after you've spent most of your money.

To age in place successfully, you need to own your home, have some savings, have adult children who can help, and connections to navigate the system. These benefits often accompany higher income, greater education, and membership in certain racial groups.

If we say that "aging in place" is the best option but ignore the cost, we're really saying that only people with enough resources get to age with dignity.

The Labor That Remains Invisible

Dr. Ely's article, like most discussions about "aging in place," leaves out the workers who make it possible. Home health aides, who are mostly immigrant women, earn very low wages—about \$13 to \$15 an hour in Massachusetts. They give personal care that lets wealthier people stay at home, often working several jobs and getting no benefits.

In nursing homes, certified nursing assistants (CNAs) have to care for too many people because private equity owners cut staff to increase profits. The difference in quality between fancy homes and understaffed Medicaid homes is clear—it comes down to whether money is taken out of care or put back into it.

The "aging in place" narrative treats this labor as invisible—as if care materializes without exploitation, as if elder comfort doesn't depend on worker poverty.

The Extraction Economy

Private equity firms have bought up nursing homes, put them in debt, cut staff, and taken out money while the quality of care has dropped. Recent studies show that when private equity owns a nursing home, death rates go up by 10% within a year.

Most people end up in these nursing homes when care at home is no longer possible. The fancy homes with wine lists serve the same group who can afford to age in place. Medicaid nursing homes, where most Americans go, are being drained for profit.

When we talk about "aging in place" as if it's perfect but ignore the problems in nursing homes, we're really saying, "I hope I have enough money to avoid what most people face."

What Justice Would Require

I don't blame Dr. Ely for loving her kitchen, her windows, and the years she's spent in her home. That feeling is very human. But to truly honor it, we need to ask why most people can't have what she describes.

Justice would mean:

We should have grants for home modifications so people can stay in their homes as they age, regardless of their income. Medicare could pay for these changes just like it does for other medical needs.

Care workers should earn a living wage so that jobs in home care and nursing homes are respected, not low-paid traps. This would cost more, and we need to admit that care has been kept cheap by underpaying workers.

Nursing homes should be publicly owned or tightly regulated to prevent private equity from profiting at the expense of care. No one should make money from eldercare by cutting staff and treating residents like sources of income.

Eldercare should be a public good, paid for by fair taxes, not limited by how much money someone has. Just as we aim to provide K-12 education to all children, we can ensure everyone ages with dignity, no matter their savings.

We need to see that "home" is about community, not just owning a house. For many older adults, especially lifelong renters, "aging in place" means staying in a familiar neighborhood, close to friends and faith groups. This calls for affordable housing, good public transit, and strong local support.

Both/And, Not Either/Or

I'm not against aging in place. I'm 78, have been married for 54 years, and still live in the Conway home we picked long ago. I know how comforting familiar walls and memories can be. My wife Ellen and I face these questions ourselves.

What I'm pushing back on is the idea that "aging in place" is just about luck and planning, instead of money and inequality. The luck Dr. Ely talks about is mostly about having enough money. The intention she praises is only possible for those who can afford it.

We can respect people's love for their homes and still create systems that don't force workers into poverty or elders into crisis. We can admit that having choices is a privilege, and work to make that privilege available to more people. We can be honest about who gets to age with dignity and why—not to blame the lucky, but to insist that dignity should be for everyone, not just a few.

The other option is to keep pretending that the lucky 10% speak for everyone, that personal choices explain deep inequalities, and that fancy homes and understaffed Medicaid nursing homes are separate worlds, instead of two parts of the same unfair system.

Dr. Ely ends her article by saying that "change finds us, even when the light flows in, and the kettle boils as it has for decades." That's true. But whether change comes with choices or crisis, with dignity or not, with support or alone, depends much less on luck and planning than we want to think.

It depends on whether we're ready to build systems that honor everyone's kitchen, everyone's windows, and everyone's years of living.

Hunting Mice While Elephants Stampede the Room

Kristin Tate wants Massachusetts to crack down on SNAP fraud (["Healey's SNAP showdown puts politics ahead of accountability"](#)). As someone who has spent over 40 years in the social sector exposing systemic failures, I'd suggest she's doing exactly what Republicans protecting business interests always do: hunt mice and let the elephants stomp.

According to the Massachusetts State Auditor's Bureau of Special Investigations, over \$2 million in public benefit fraud

was identified in one quarter of fiscal 2024, including SNAP cases. SNAP fraud overall remains rare nationwide, with USDA reporting that trafficking has been reduced to about 1 percent of benefits. High-profile cases, like federal charges against two Boston convenience store owners accused of trafficking nearly \$7 million, were detected and pursued by existing enforcement mechanisms. The system works.

Want to see real fraud? Let me show you where billions disappear while Republicans look away.

Steward Health Care reached a \$4.735 million False Claims Act settlement in 2022 for improper Medicare and Medicaid billing. By 2024, Steward filed Chapter 11 bankruptcy after private equity-linked finance models and sale-leaseback arrangements stripped assets while jeopardizing patient safety. National research shows that private equity-owned nursing homes experience higher rates of preventable hospitalizations—care is degraded while profits are extracted.

Healthcare fraud costs an estimated \$68 billion annually, according to the National Health Care Anti-Fraud Association, an amount orders of magnitude greater than SNAP. Yet Tate demands data transparency for hungry families, not corporate providers billing Medicaid.

This selectivity reveals an ideology that protects corporate extraction. SNAP fraud involves poor people, often immigrants—it gets op-eds demanding crackdowns. Healthcare fraud involves corporations backed by private equity—it gets quiet settlements and continued access to public funding.

If Tate genuinely cares about taxpayer resources, she should demand transparency into nursing home ownership, prosecute corporate healthcare fraud aggressively, and support adequate funding for SNAP administration. But she won't. Republicans protect business interests while blaming hungry families rather than challenging corporations that extract billions from programs serving the elderly and disabled.

Dignity Alliance Massachusetts has documented nursing home issues for years. If Tate wants to write about fraud in public programs, the invitation stands to join us in investigating the

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| | real theft. Otherwise, stop hunting mice while elephants stampede the room. |
| Recruitment | See: Listings on MASterList.com's Job Board for all current listings |
| Guide to news items in this week's <i>Dignity Digest</i> | <p>Nursing Homes Nursing homes across America are struggling with staff shortages due to immigration crackdowns (Milwaukee Independent, January 5, 2026) Predictably Unpredictable Inspections (National Bureau of Economic Research, November 2025)</p> <p>Health Care Can health providers save money while improving care? (*Boston Globe, January 5, 2026) Vaccines Are Helping Older People More Than We Knew (*New York Times, January 3, 2026)</p> <p>Home Health Care What Medicaid Cuts Could Mean for Home Care Workers and Family Caregivers (KFF, January 5, 2026) Congress Went Home. Health Care Didn't Get Fixed. Americans Pay the Price. (Milwaukee Courier, January 3, 2026)</p> <p>Behavioral Health Patients Who Searched in Vain for Mental-Health Care Take Insurers to Court (*Wall Street Journal, December 25, 2025)</p> <p>Aging Topics Despite deadly Gabriel House blaze, fewer people died in fires in 2025, state officials say (*Boston Globe, January 2, 2026) Aging in place, for now (*Boston Globe, December 31, 2025)</p> <p>Longevity At 105, Beverly WWII vet is America's oldest living Marine (*Salem News, January 5, 2026) The 80-year-old Ironman triathlon finisher who isn't slowing down: 'This is my passion' (NBC News, November 13, 2025) My Parents' Secret for Living Well Into Their 90s: Embracing Strangers (*Wall Street Journal, December 31, 2025)</p> <p>End of Life Sasse Raises the Bar—Again (*Wall Street Journal, December 29, 2025)</p> <p>Protective Services Intimate Partner Violence and Elder Abuse in Later Life: Educational Brief (National Center for Equitable Care for Elders, December 9, 2025)</p> <p>Caregiving Policy relief for family caregivers seems stalled out. But there are signs of change(NPR - What It Takes, December 30, 2025)</p> <p>Federal Policy How SNAP cuts could hurt LGBTQ+ Americans (WBUR, January 1, 2026)</p> |

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| | <p>State Policy Governor Healey Secures \$162 Million to Improve Rural Health Across Massachusetts (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, January 2, 2026)</p> <p>Office of Attorney General Andrea Campbell AG Campbell Secures Agreement With Trump Administration Preventing Further Delays In Medical And Public Health Research (Office of Attorney General Andrea Campbell, December 30, 2025)</p> <p>From Around the Country More bailouts for nursing homes? Why Vermont has given millions to keep care centers afloat. (vtdigger, December 30, 2025)</p> <p>Public Sessions Statutory Advisory Board meets. (Massachusetts Commission for the Blind, Tuesday, January 6, 2026, 12:00 p.m.) Heating Briefing (MASSCAP, Executive Office of Housing and Livable Communities, Action for Boston Community Development, the network of Community Action Agencies in Massachusetts and the Massachusetts Energy Directors Association, Wednesday, January 7, 2025, 10:30 a.m.) Remote public hearing (Center for Health Information and Analysis, Thursday, January 8, 2026, 10:00 a.m.) Public hearing (Executive Office of Health and Human Services, Friday, January 9, 2026, 10:00 a.m.)</p> |
| <p>Webinars and Online Sessions</p> | <p>1. National Center for Equitable Care for Elders Wednesday, January 14, Wednesday, March 11, and Wednesday, May 13, 2026, 2:00 to 3:00 p.m. Health Center Emergency Preparedness and Response Forum Series (4 sessions) Summary: As new emergency events impact health centers, staff need to build their competence, skills, and knowledge on emergency preparedness, response, and recovery. This Forum will identify, share, and promote promising practices while highlighting and addressing challenges related to the ongoing response and recovery from emergencies, with topics such as extreme weather, community partnerships, workforce development, and patient support. Dates and Topics: November 12, 2025: Extreme Weather (view the recording) January 14, 2026: Community Partnerships March 11, 2026: Workforce Readiness May 13, 2026: Patient Supports Register for all four sessions here</p> <p>2. Great Lakes ADA Center Tuesday, January 20, 2026, 12:30 to 2:00 p.m. Section 508 Best Practices Webinar: The Born-Accessible Design Approach: Cost-Effective, Inclusive, Compliant Most digital technologies are still built and released then remediated for accessibility later--an expensive, inefficient, and exclusionary process. In contrast, the born-accessible approach ensures that accessibility is</p> |

built in from the start, by involving people with disabilities at every stage of design, development, and procurement. This user-centered strategy improves productivity, enhances user experience, reduces costs, and helps meet legal and regulatory requirements.

Speakers:

[Jonathan Lazar, PhD, LLM](#), Professor, College of Information, University of Maryland

[Kyle Shachmut, Ph.D.](#), Senior Director, Digital Accessibility Services, Harvard University

[Learn More](#)

3. National Center for Equitable Care for Elders

Wednesday, January 21, 2026, 2:00 to 3:00 p.m.

[Improving Mental Health Care for Older Adults Webinar](#)

This NCECE and FJ webinar will explore special considerations for maintaining cognitive and emotional health in later life. Participants will consider tailored approaches to both mental health screening and treatment that respect the autonomy and life experience of older patients.

[Register](#)

4. National Center for Equitable Care for Elders

Thursday, February 19, 2026, 2:00 to 3:00 p.m.

[Improving End-of-Life Care for Community-Dwelling Older Adults Webinar](#)

This NCECE webinar will explore factors that influence the end-of-life experience for older adults, including economic stability, neighborhood & built environment, and social support. Participants will consider promising practices for improving community-based palliative care and leveraging local resources to support the non-medical needs of older adults living with a serious illness.

[Register](#)

5. National Center for Equitable Care for Elders

Thursday, February 26, 2026, 2:00 to 3:00 p.m.

[Addressing Age and Homelessness in Disaster Planning Webinar](#)

This NCECE and NHCHC webinar will examine gaps in disaster preparedness affecting homeless older adults. Participants will consider strategies for improving communication with homeless older adults during disasters and strengthening community partnerships that provide essential services and resources.

[Register](#)

6. National Center for Equitable Care for Elders

Wednesday, March 11, 2026, 1:00 to 2:00 p.m.

[Intimate Partner Violence and Elder Abuse in Later Life](#)

Summary: This webinar, hosted by Health Partners on IPV + Exploitation and NCECE, will focus on the prevalence and health impact of intimate partner violence (IPV) in later life and elder abuse. The session will offer strategies to facilitate patient conversations, assessments and response for IPV, and how to improve access to supportive community services.

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| | <p>Related Reading: Intimate Partner Violence and Elder Abuse in Later Life (December 2025): This educational brief explains the importance of developing effective IPV protocols that are specifically tailored to older patients served in health centers. Register</p> |
| <p>Previously posted webinars and online sessions</p> | <p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p> |
| <p>Nursing Homes</p> | <p>7. Milwaukee Independent January 5, 2026 Nursing homes across America are struggling with staff shortages due to immigration crackdowns By Matt Sedensky <i>Nursing homes already struggling to recruit staff are now grappling with Donald Trump's attack on one of their few reliable sources of workers: immigration.</i> This article from the <i>Milwaukee Independent</i> (via the Associated Press) reports on the severe staffing crisis facing U.S. nursing homes and care facilities as a result of the Trump administration's immigration policies. The key points include:</p> <p>Impact of Policy Changes</p> <ul style="list-style-type: none"> • Loss of Legal Workers: Facilities are losing staff whose legal status was tied to Temporary Protected Status (TPS) and humanitarian parole (specifically affecting those from Venezuela, Haiti, Cuba, and Nicaragua). • Dwindling Pipeline: Beyond immediate deportations, the "pipeline" of new workers is drying up. Legal immigration downturns and slowed visa approvals for registered nurses are causing potential recruits to seek employment in more "welcoming" countries like Canada or Germany. • Fear and Absenteeism: Even legally documented immigrants are reportedly missing work or keeping children home from school due to the fear of potential ICE raids and community roundups. <p>The Workforce Crisis</p> <ul style="list-style-type: none"> • Heavy Reliance on Immigrants: More than 25% of the 4 million direct care workers in the U.S. (nursing assistants, home health aides, etc.) are foreign-born. • Difficulty in Recruiting Citizens: Industry leaders state that Americans are generally not applying for these positions, which often involve difficult labor and low pay (averaging \$16.72/hour in 2023). • Retention Issues: Nursing homes already face a 50% annual staff turnover rate. The loss of immigrant workers—who often have higher retention rates (sometimes over 90% for refugees)—is described as a "punch in the gut" to the industry. <p>Future Outlook</p> <ul style="list-style-type: none"> • Rising Demand: The aging Baby Boomer generation is creating an unprecedented need for caregivers. The Bureau of Labor Statistics |

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| | <p>projects a need for 820,000 new home health and personal care positions by 2032.</p> <ul style="list-style-type: none"> • Competitive Disadvantage: While the administration has acknowledged the need for immigrant labor in sectors like agriculture and hospitality, care facility operators express frustration that the needs of the elderly and disabled are being overlooked in the current policy landscape. <p>Ultimately, the article highlights a growing disconnect between the administration's immigration crackdowns and the labor demands of an aging American population, leaving many facilities "scrambling" to fill vital care shifts.</p> <p>8. National Bureau of Economic Research November 2025 Predictably Unpredictable Inspections By Ashvin Gandhi, Andrew Olenski & Maggie Shi</p> <p>Inspections are a common tool for acquiring information and incentivizing compliance. Although inspections are typically unannounced, their timing often follows a predictable schedule. We study how this predictability shapes firm effort and patient outcomes in U.S. nursing homes, leveraging detailed administrative data on staffing, care, and health outcomes. Nursing homes "slack" in the low-risk period following an inspection and ramp up effort as their next inspection approaches. Patient survival mirrors this pattern, suggesting that these fluctuations in effort have meaningful consequences for the quality of patient care. We embed these estimates in a dynamic model capturing how inspection regimes incentivize effort and provide information about quality. Our estimates indicate that moving to unpredictable inspections could induce as much additional effort as increasing the frequency of inspections by 12%, while only minimally reducing their informational value.</p> <p>Download a PDF</p> |
| <p>Home Health Care</p> | <p>9. KFF January 5, 2026 What Medicaid Cuts Could Mean for Home Care Workers and Family Caregivers</p> <p>Home care staffing shortages could worsen in the coming months and years as states struggle to absorb federal Medicaid cuts and respond to the loss of immigrant labor, as shown by KFF's latest survey of Medicaid home care programs, in which all responding states (49 plus DC) reported shortages of home care workers and most states (41) reported permanent closures of home care providers within the last year. Many states have responded to ongoing workforce shortages by allowing home care programs to pay and/or provide other supports to family caregivers. All responding states allow payments to family and friends through one or more optional waiver programs and all also reported covering respite care, among other supports.</p> <p>Tighter state budgets could lead to cuts in pay for home care workers and family caregivers; and spur other reductions in the availability of home care services. Nearly all such services are optional and most</p> |

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| | <p>states have managed costs through spending or enrollment limits. At least half a million people have sat on waiting or interest lists each year since 2016, with over 600,000 in 2025.</p> <p>To learn more about Medicaid home care, read about it in KFF's explainer on home- and community-based services (HCBS).</p> <p>10. Milwaukee Courier January 3, 2026 Congress Went Home. Health Care Didn't Get Fixed. Americans Pay the Price.</p> <p>By Dr. Julianne Malveaux</p> <p>In the article "Congress Went Home. Health Care Didn't Get Fixed. Americans Pay the Price," Julianne Malveaux criticizes the U.S. Congress for its recent failure to address the escalating healthcare crisis before adjourning for its latest recess in early 2026.</p> <p>Core Arguments and Takeaways:</p> <ul style="list-style-type: none"> • Expiration of ACA Subsidies: The central issue is Congress's failure to extend the enhanced Affordable Care Act (ACA) premium tax credits. These subsidies, originally expanded during the pandemic, made health insurance affordable for millions of middle-class families, gig workers, and older adults. • Immediate Financial Impact: With these credits expired, premiums have risen sharply—sometimes by hundreds of dollars a month—forcing many to downgrade their coverage or drop insurance entirely. • The "Age 50–64" Gap: The article highlights that older adults who are not yet eligible for Medicare are among the hardest hit, facing higher health risks alongside soaring out-of-pocket costs. • Systemic Inefficiency: Malveaux points out a stark disconnect: the U.S. spends nearly 20% of its economy on healthcare, yet ranks poorly in life expectancy, maternal mortality, and chronic disease management compared to other developed nations. • Policy as a Choice: The author argues that healthcare insecurity is a "policy choice" rather than an inevitability. While other wealthy nations negotiate drug prices and provide universal coverage, the U.S. system remains fragmented, resulting in massive administrative waste and inequality based on geographic location. • Long-term Consequences: The article warns that when people delay care due to cost, preventable conditions worsen, eventually placing a greater financial strain on emergency rooms and rural hospitals. <p>Ultimately, the piece serves as a sharp critique of political inaction, framing healthcare not just as a personal expense but as vital economic infrastructure that Congress has neglected.</p> <p>The following video provides additional context on the political deadlock in Washington regarding these rising costs: Senate fails to advance health care bills, with price hikes looming. This report details the legislative breakdown that led to the expiration of the subsidies mentioned in the article.</p> |
| Behavioral Health | 11. *Wall Street Journal |

December 25, 2025

[Patients Who Searched in Vain for Mental-Health Care Take Insurers to Court](#)

By Corinne Ramey

Lawsuits accuse insurance companies of providing false information about therapists and doctors

The *Wall Street Journal* report, alongside recent legal filings, details a growing wave of lawsuits against major health insurers over the use of "**ghost networks**"—provider directories that are riddled with inaccurate information, particularly for mental health services.

The Core Issue: "Ghost Networks"

A ghost network occurs when an insurance company publishes a list of "in-network" doctors that is intentionally or negligently misleading.

Investigations and lawsuits allege these directories frequently include:

- **Inactive Providers:** Doctors who are retired, deceased, or no longer practicing.
- **Incorrect Coverage:** Providers who never contracted with the insurer or stopped accepting that specific plan years ago.
- **Inaccessibility:** Listings for doctors who are not accepting new patients or have disconnected phone numbers.
- **Duplicate Listings:** The same provider listed dozens of times at different addresses to make the network appear larger than it is.

Major Lawsuits and Allegations

The report highlights several high-profile legal actions filed in late 2024 and throughout 2025:

- **Anthem (Elevance Health):** Faces a class-action lawsuit alleging that in some areas, only a tiny fraction (e.g., 7 out of 100) of listed mental health providers were actually reachable and in-network.
- **Blue Shield of California & Magellan Health:** Sued for "grossly inaccurate" directories that left patients unable to find care despite paying premiums for "robust" coverage.
- **Centene (Ambetter):** A high-profile case involves the death of Ravi Coutinho, whose mother sued after he made 21 unsuccessful calls to listed providers before dying; the suit alleges the "ghost network" directly contributed to his inability to receive life-saving care.
- **Cigna:** Recently reached a **\$5.7 million settlement** over similar allegations regarding network inaccuracies.

Why Insurers Use Ghost Networks

Plaintiffs and industry experts argue that these inaccurate lists are not mere clerical errors but a business strategy:

1. **Marketing & Premiums:** Large directories make insurance plans look more attractive to consumers and employers, allowing companies to charge higher premiums.
2. **Cost Suppression:** When patients cannot find an in-network doctor, they often pay for expensive out-of-network care themselves or abandon treatment altogether, which saves the insurance company money on claims.
3. **Compliance Appearance:** Federal laws (like the No Surprises Act and Mental Health Parity Act) require "network adequacy."

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| | <p>Inaccurate lists allow companies to appear compliant on paper while failing to provide actual access.</p> <p>Consequences for Patients</p> <p>The impact of these networks is described as a "wild goose chase" that has severe real-world consequences:</p> <ul style="list-style-type: none"> • Financial Hardship: Patients are forced to pay thousands out-of-pocket for out-of-network specialists. • Delayed Care: Searching through hundreds of fake listings causes critical delays in treatment for depression, anxiety, and other serious conditions. • Worsening Health: The frustration of the search often leads patients to give up on seeking help, which can be fatal in mental health crises. <p>Regulatory Outlook</p> <p>While state and federal regulators (like CMS) have the power to fine insurers for these inaccuracies, the report notes that enforcement has been historically weak. However, the recent surge in private class-action lawsuits is putting new pressure on the industry to maintain accurate, real-time provider data.</p> |
| <p>Health Care</p> | <p>12. *Boston Globe January 5, 2026 <u>Can health providers save money while improving care?</u> By Shira Schoenberg</p> <p>The January 5, 2026, opinion piece in <i>The Boston Globe</i> discusses the urgent need for process improvements within the healthcare system to combat rising costs and administrative waste.</p> <p>The article argues that while much of the public debate focuses on drug prices and insurance premiums, a significant portion of healthcare spending is consumed by "invisible" administrative inefficiencies—specifically the friction between providers and insurers.</p> <p>Key Themes:</p> <ul style="list-style-type: none"> • The Cost of "Chasing Claims": The piece cites data (likely from the Massachusetts Health Systems) showing that a staggering percentage of insurance claims are initially denied but eventually overturned. This "claims-chasing" process costs the Massachusetts healthcare system billions of dollars annually in wasted administrative labor. • Provider Burnout: The administrative "red tape" is highlighted as a primary driver of physician and nurse burnout. Clinicians are spending more time on prior authorizations and contesting denials than on direct patient care. • Systemic Solutions: The author advocates for standardizing insurance processes and utilizing AI and automation to streamline billing and approvals. The goal is to move toward a system where "process improvement" is treated with the same urgency as medical innovation. • Policy Recommendations: The article calls on state leaders and the Massachusetts Health Policy Commission (HPC) to move beyond just setting cost benchmarks (which for 2026 was set at |

3.6%) and to actively mandate administrative reforms that reduce the overhead of providing care.

In summary, the article posits that **lowering healthcare costs in 2026 depends less on rationing care and more on fixing the broken, manual processes** that currently drain resources from the bedside.

[Editor's note: See commentary by Dick Moore on page 5.]

13. *New York Times

January 3, 2026

[Vaccines Are Helping Older People More Than We Knew](#)

By Paula Span

This *New York Times* article, published on January 3, 2026, reports on a growing body of scientific evidence suggesting that routine adult vaccinations—specifically for **shingles, flu, and pneumonia**—may significantly reduce the risk of dementia and cardiovascular events in the elderly.

The summary of the key findings and context includes:

1. Drastic Reduction in Dementia Risk

The report highlights recent large-scale studies (including research from Stanford and Case Western University) indicating that adults over 50 who receive the **shingles vaccine (Shingrix)** are significantly less likely to develop dementia.

- Some data suggests a reduction in the risk of vascular dementia by as much as **50%**.
- Other routine shots, such as the **Tdap (tetanus, diphtheria, pertussis)** and **flu vaccines**, are associated with a **30% to 40%** lower risk of Alzheimer's disease.

2. Cardiovascular Benefits

Beyond brain health, the vaccines appear to provide a "double-duty" protective effect for the heart.

- Vaccinated individuals showed a **25% lower risk of heart attack or stroke** and a **27% lower risk of blood clots**.
- Researchers believe that by preventing viral infections like shingles—which are known to cause systemic inflammation—the vaccines prevent the "inflammation spikes" that often trigger cardiac events or accelerate cognitive decline.

3. Potential for Slowing Existing Disease

One of the most "exciting" aspects mentioned in the report is evidence that the shingles vaccine might help those **already diagnosed** with early-stage dementia. Data from Wales indicated that patients who received the vaccine after a diagnosis had lower rates of dementia-related death, suggesting the vaccine may slow the progression of the disease by reducing neuroinflammation.

4. The "Inflammation" Theory

The prevailing theory among scientists is that dormant viruses (like the varicella-zoster virus that causes chickenpox and shingles) hibernate in the nervous system. When they reactivate in old age, they cause inflammation in the brain and blood vessels. By keeping these viruses in check, vaccines help maintain the integrity of the blood-brain barrier and

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| | <p>prevent the buildup of toxic proteins (like amyloid and tau) associated with Alzheimer's.</p> <p>5. Public Health Implications</p> <p>The article concludes that while expensive new monoclonal antibody treatments for Alzheimer's (like Leqembi) are grabbing headlines, routine vaccination represents a far more accessible, low-cost, and "common-sense" strategy for preserving the health of the aging population. Medical experts are now urging doctors to view adult vaccines not just as protection against specific rashes or respiratory bugs, but as a critical tool for long-term "brain and heart maintenance."</p> |
| <p>Aging Topics</p> | <p>14. *Boston Globe January 2, 2025 <u>Despite deadly Gabriel House blaze, fewer people died in fires in 2025, state officials say</u> By Tonya Alanez</p> <p>According to the Boston Globe and state fire officials, Massachusetts saw a 12% decrease in fire-related deaths in 2025 compared to the previous year, despite a high-profile tragedy that marked the state's deadliest blaze in decades.</p> <p>Key Statistics for 2025</p> <ul style="list-style-type: none"> • Total Fatalities: There were 44 fire deaths across 30 separate incidents in 2025, down from 50 deaths in 2024. • Demographics: Older adults remained the most vulnerable group, accounting for nearly 55% of all fire deaths while making up only 17% of the state's population. • Leading Causes: Smoking materials were the primary cause or a contributing factor in nearly half of the fatal fires. <p>The Gabriel House Fire</p> <p>The 2025 data was heavily impacted by a single catastrophic event in July at the Gabriel House Assisted Living Facility in Fall River.</p> <ul style="list-style-type: none"> • The Toll: 10 residents died and dozens were injured, making it the deadliest fire in Massachusetts in more than 40 years. • The Cause: While officially ruled "undetermined," investigators narrowed the cause to two possibilities: a failure of a medical oxygen concentrator or the improper disposal of smoking materials. • Aggravating Factors: The presence of medical oxygen significantly accelerated the fire's spread. Additionally, reports surfaced that the facility had missed a required five-year internal sprinkler inspection just days before the blaze. <p>Safety Concerns and State Recommendations</p> <p>State Fire Marshal Jon M. Davine and other officials highlighted several critical safety issues:</p> <ul style="list-style-type: none"> • Non-Working Alarms: In 40 residential fires with fatalities, only 16 homes had operational smoke alarms. • Modern Hazards: Modern synthetic furnishings and open-concept construction allow fires to burn hotter and spread faster, leaving residents with less time to escape than in previous decades. • Oxygen Safety: Due to the role of medical oxygen in several 2025 deaths, the state has updated its safety materials and is requiring |

assisted living facilities to provide residents with clearer fire protocols and evacuation procedures.

15. *Boston Globe

December 31, 2025

[*Aging in place, for now*](#)

On loving a home that still fits — and knowing, somewhere in the back of your mind, that it won't forever.

This opinion piece in *The Boston Globe*, published on December 31, 2025, addresses the growing social and economic necessity of "aging in place" and the systemic hurdles preventing many seniors from doing so safely.

The article emphasizes that while the vast majority of older adults (nearly 90%) prefer to remain in their own homes rather than move to assisted living or nursing facilities, Massachusetts and the broader U.S. are currently ill-equipped to support this demographic shift.

Key Themes and Arguments:

- **The Regulatory Dilemma:** The author discusses recent Massachusetts legislative efforts to regulate home care agencies. While intended to increase safety, there is a concern that a "one-size-fits-all" regulatory framework could make home care more expensive and harder to find, potentially pricing out the middle class.
- **Medical vs. Social Needs:** A central argument is that aging in place is often treated as a medical issue when it is frequently a social one. Many seniors do not need intensive nursing care; they need help with "activities of daily living" (ADLs)—such as meal preparation and housekeeping—and, crucially, steady human companionship to combat social isolation.
- **The "Social Portfolio":** Borrowing concepts from experts (like those at the MIT AgeLab), the piece suggests that retirees often focus on their financial portfolios while neglecting their "social portfolios." Successful aging in place requires a robust local network of neighbors, caregivers, and community programs.
- **Economic Impact:** The piece highlights the "sandwich generation" (adults caring for both children and aging parents) and how the lack of affordable in-home support forces family members to reduce their own work hours, creating a ripple effect in the labor market.
- **Technological Integration:** The article touches on the "Turning Point of 2025," where technology (such as AI ambient sensing and remote monitoring) is beginning to bridge the gap in care, but notes that technology cannot replace the "moral authority" and accountability of human-centered care.

Conclusion:

The author calls for a "transformation of structures" rather than just working within existing ones. The summary suggests that for aging in place to be a viable reality for all, Massachusetts must move toward a system that values human connection and affordable non-medical support as highly as it values clinical safety and regulation.

[Editor's note: See commentary by Jim Lomastro based on this opinion piece on page 6 of this *Digest* issue.]

Longevity

16. *Salem News

January 5, 2026

[At 105, Beverly WWII vet is America's oldest living Marine](#)

By Caroline Enos

Summary: Louis Tanzer, America's Oldest Living Marine

Louis Tanzer, a Beverly resident and World War II veteran, recently celebrated his **105th birthday** on Christmas Day. Based on research by local advocates, Tanzer is believed to be the **oldest living Marine in the United States.**

Life and Service

- **Early Hardship:** Born in 1920 to Jewish immigrants, Tanzer grew up in Peabody during the Great Depression, facing extreme poverty and hunger.
- **Military Career:** After being rejected by the Navy for being too thin, he joined the Marines in 1942. He served as a **Staff Sergeant** in the 4th Marine Aircraft Wing, stationed in the South Pacific on the USS Altamaha.
- **Post-War:** He spent his career working in Peabody's tanneries and moved to Beverly in 1960 with his late wife, Roslyn.

A "Specimen" of Health

Despite being diagnosed with COPD decades ago and living with tinnitus, Tanzer's family describes him as a "specimen." He does not use oxygen tanks or medication for his lungs. He is well-known for his **deadpan wit**, jokingly asking a representative from the Governor's office if a state commendation would "reduce his taxes."

National Recognition

His 105th birthday became a viral event thanks to volunteers from the Beverly Veterans Council:

- He received over **1,000 birthday cards** from across the country.
- He received a video call from **New England Patriots owner Robert Kraft** and a jersey signed by the team.
- He was honored with Challenge Coins and recognition from organizations like the Gary Sinise Foundation.

When asked for his secret to longevity, Tanzer maintained his signature humor, referencing his lean upbringing: **"Don't eat."**

17. NBC News

November 13, 2025

[The 80-year-old Ironman triathlon finisher who isn't slowing down: 'This is my passion'](#)

By Andrew Greif

Natalie Grabow became the oldest woman ever to finish the grueling, 140.6-mile Ironman World Championship triathlon last month. She's already planning more races.

In October 2025, **Natalie Grabow**, an 80-year-old grandmother from Mountain Lakes, New Jersey, made history by becoming the **oldest woman to ever complete the Ironman World Championship** in Kailua-Kona, Hawaii.

Key Highlights:

- **The Achievement:** Grabow finished the grueling 140.6-mile course in **16 hours, 45 minutes, and 26 seconds**, successfully beating the strict 17-hour cutoff time.
- **The Course:** Her record-breaking day consisted of a 2.4-mile open-water swim, a 112-mile bike ride through lava fields, and a full 26.2-mile marathon.
- **Late Bloomer:** Remarkably, Grabow did not know how to swim for most of her life. She taught herself to swim at **age 59** specifically so she could begin competing in triathlons.
- **Veteran Competitor:** Despite her age, she is a seasoned athlete; the 2025 race marked her **11th time** competing in the Ironman World Championships in Kona.
- **Motivation:** Grabow cited her competitive spirit and the desire to feel physically and mentally strong as her primary drivers, famously living by the mantra, "If I rest, I rust."

By completing the race, she broke the previous record held by Cherie Gruenfeld, who finished the event at age 78 in 2022.

This [Natalie Grabow interview](#) features the 80-year-old athlete discussing her historic achievement and her philosophy on staying active at any age.

18. *Wall Street Journal

December 31, 2025

[My Parents' Secret for Living Well Into Their 90s: Embracing Strangers](#)

By Ezekiel J. Emanuel

I have spent my career studying what makes people live healthier and longer. My mom and dad are proof that the key is staying socially connected.

In the *Wall Street Journal* article, "**My Parents' Secret for Living Well Into Their 90s: Embracing Strangers**," the author explores how "**weak ties**"—low-stakes social interactions with acquaintances and strangers—can be as vital to longevity and mental health as close family bonds.

Core Themes and Key Takeaways:

- **The Power of "Weak Ties":** While deep relationships provide emotional support, the author argues that casual interactions (with the barista, a neighbor, or a stranger in line) provide a unique sense of belonging and community.
- **A Living Example:** The author highlights their parents, who lived into their 90s (their father to 92 and mother still active at 92). Unlike many modern health enthusiasts, they didn't obsess over "biohacking," meditation, or step-counting. Instead, they maintained a high level of **social engagement** with the world around them.
- **The "Rust" of Isolation:** The article suggests that social isolation is a major contributor to cognitive decline and physical illness. By "embracing strangers," the parents stayed mentally sharp and connected to current events and societal changes.
- **Low-Effort, High-Reward:** These small social "snacks"—brief conversations that require little emotional labor—help regulate mood and keep the brain stimulated through novel interactions.

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| | <ul style="list-style-type: none"> • Challenging the Longevity Narrative: The author posits that we focus too much on diet and exercise (individualistic efforts) and not enough on social integration (communal effort) as a pillar of health. <p>In summary: The article serves as a reminder that staying curious about other people and maintaining a "permeable" social life can be a powerful, accessible secret to a long and fulfilling life.</p> |
| <p>End of Life</p> | <p>19. *Wall Street Journal December 29, 2025 Sasse Raises the Bar—Again By Ben Sasse <i>The dying senator asks, 'Why not me?'</i></p> <p>The Wall Street Journal opinion piece discusses the devastating news that Ben Sasse, the former U.S. Senator from Nebraska and former President of the University of Florida, has been diagnosed with Stage 4 metastatic pancreatic cancer.</p> <p>Key Details of the Diagnosis</p> <ul style="list-style-type: none"> • The Announcement: Sasse, 53, revealed the diagnosis in a raw and deeply personal post on X (formerly Twitter) in late December 2025. He bluntly described the condition as a "death sentence" but noted that he is "not going down without a fight." • The Prognosis: Stage 4 pancreatic cancer means the disease has already spread to other organs. Sasse acknowledged having "less time than I'd prefer" while expressing gratitude for his life and family. • The Context: The news comes after Sasse had already stepped down as President of the University of Florida in July 2024 to care for his wife, Melissa, who had been diagnosed with epilepsy following a history of health struggles. <p>The "Sasse Standard"</p> <p>The article highlights how Sasse is "raising the bar" once again through his response to mortality.</p> <ul style="list-style-type: none"> • Intellectual and Spiritual Courage: Known for his academic background (degrees from Harvard, Yale, and Oxford) and his outspoken, often independent political stance, Sasse is praised for facing his terminal illness with the same intellectual rigor and religious faith that defined his public service. • A Call to Perspective: In his announcement, Sasse leaned into his Christian faith, noting that the season of Advent is a fitting time to orient one's heart toward "the hope of what's to come." He emphasized that "death and dying aren't the same—the process of dying is still something to be lived." • Bipartisan Impact: The diagnosis has sparked a rare moment of bipartisan unity, with political allies and former rivals alike praising his character and his "family-first" prioritization during this crisis. <p>The editorial concludes that even in his final "march to the beat of a faster drummer," Sasse continues to serve as a model for how to approach life's most difficult challenges with dignity and a focus on what truly matters: family, faith, and the "American Idea."</p> <p>Ben Sasse breaks silence on terminal diagnosis</p> |

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| | <p>This video provides a breakdown of Ben Sasse's emotional announcement, the medical reality of Stage 4 pancreatic cancer, and the widespread reactions from across the political spectrum.</p> |
| <p>Protective Services</p> | <p>20. National Center for Equitable Care for Elders December 9, 2025 <i>Intimate Partner Violence and Elder Abuse in Later Life: Educational Brief</i> Intimate partner violence (IPV) and elder abuse represent significant public health concerns affecting millions of older adults every year. While there is currently insufficient evidence for universal screening of older adults for abuse, emerging evidence suggests that universal education approaches can support at-risk individuals and connect them with vital resources. This brief, produced with Health Partners on IPV + Exploitation, explains the importance of developing effective IPV protocols that are specifically tailored to older patients served in health centers. Download Resource file</p> |
| <p>Caregiving</p> | <p>21. NPR - What It Takes December 30, 2025 By Kat McGowan <i>Policy relief for family caregivers seems stalled out. But there are signs of change</i> This NPR article (published December 30, 2025) highlights the growing "caregiving crisis" in the United States and the diverse ways states are attempting to bridge the gap in support for the nation's 63 million family caregivers. The summary of the key points is as follows: The Scale of the Crisis</p> <ul style="list-style-type: none"> • Rapid Growth: The number of family caregivers has surged by 50% in the last decade, from 43 million to 63 million. • Economic Impact: Family caregiving is valued at over \$600 billion in unpaid labor annually. Most caregivers are unpaid and often face severe financial strain, with many forced to cut work hours or leave the workforce entirely. • Complex Care: Caregivers are increasingly performing medical and nursing tasks (e.g., wound care, injections) without formal training, leading to high levels of stress and burnout. <p>State-Level Policy Trends Because federal support remains limited, states are becoming the "laboratories" for new caregiver policies:</p> <ul style="list-style-type: none"> • Direct Compensation: A growing number of states are expanding Medicaid "self-direction" programs that allow elderly or disabled individuals to use their benefits to pay family members for providing care. • Tax Credits: Several states have introduced or are considering caregiver tax credits (similar to the proposed federal "Credit for Caring Act") to help offset the out-of-pocket costs for home modifications, transportation, and medical supplies. |

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| | <ul style="list-style-type: none"> • Paid Family Leave: More states are passing laws that guarantee paid time off for caregiving, recognizing that the federal FMLA (which is unpaid) is inaccessible for many low-income workers. • Standardized Assessments: States like Illinois, Georgia, and Wisconsin are piloting tools (such as TCARE) to assess the specific needs and stress levels of the <i>caregiver</i>—not just the patient—to connect them with respite care and mental health resources. <p>Key Challenges & Future Outlook</p> <ul style="list-style-type: none"> • Inconsistency: Support varies wildly depending on where a person lives. A caregiver in one state might receive a monthly stipend and training, while a caregiver in a neighboring state receives nothing. • Awareness: Many people do not self-identify as "caregivers" (viewing themselves simply as a daughter, son, or spouse), which prevents them from accessing available state benefits. • The "Sandwich Generation": Policies are increasingly focusing on the 1 in 3 caregivers who are "sandwiched" between caring for aging parents and raising their own children. <p>Conclusion: The article emphasizes that while state innovations are a "hopeful step," experts argue a more robust national infrastructure is needed to prevent the total collapse of the informal care system as the U.S. population continues to age.</p> |
| Federal Policy | <p>22. WBUR January 1, 2026 How SNAP cuts could hurt LGBTQ+ Americans By Rebecca Smith</p> <p>The WBUR <i>Here & Now</i> segment from January 1, 2026, details how recent changes to the Supplemental Nutrition Assistance Program (SNAP) are disproportionately impacting the LGBTQ+ community. The report highlights a "perfect storm" of legislative changes and systemic barriers that have led to a sharp increase in food insecurity for this demographic. Key points include:</p> <p>1. Legislative Changes (The "One Big Beautiful Bill") The primary driver of the cuts is a federal budget reconciliation bill (referred to by the Trump administration as the "One Big Beautiful Bill").</p> <ul style="list-style-type: none"> • Stricter Work Requirements: The bill lowered the age of "dependent children" from 18 to 14 (Senate version) or even 7 (House version), requiring parents of older children to meet strict work quotas to remain eligible for benefits. • Junk Food Bans: Starting in 2026, 18 states (including Florida, Texas, and South Carolina) implemented USDA waivers to ban the purchase of "non-nutritious" items like candy and soda with SNAP funds, which advocates argue complicates grocery shopping for low-income families. <p>2. Disproportionate Impact on LGBTQ+ People According to research from the Williams Institute cited in the segment:</p> <ul style="list-style-type: none"> • Higher Enrollment: Roughly 2.1 million LGBTQ+ adults (about 15% of the community) rely on SNAP, compared to 11% of the non-LGBTQ+ population. |

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| | <ul style="list-style-type: none"> • Vulnerable Subgroups: Transgender individuals and lesbian/bisexual women are at the highest risk, often due to higher rates of poverty, disability, and employment discrimination. • The "Support Gap": LGBTQ+ individuals are less likely to have family support systems to fall back on when federal aid is cut. <p>3. Barriers to Alternative Aid</p> <p>The segment explains why "traditional" safety nets like food pantries are often inaccessible to the queer community:</p> <ul style="list-style-type: none"> • Identification Issues: Transgender and gender-nonconforming people often face "outing" or harassment at food banks that require IDs that do not match their gender identity. • Religious Affiliation: More than 60% of U.S. food pantries are faith-based. Many LGBTQ+ people report fearing discrimination or being turned away from these spaces. <p>4. Local Response</p> <p>The report features the GLO Center in Springfield, Missouri, which has seen a fourfold increase in demand since the changes began. Community-led "Pride Pantries" and the Queer Food Foundation are attempting to fill the gap, but advocates warn that these grassroots efforts cannot fully replace the scale of federal assistance.</p> <p>In summary, the segment argues that while the SNAP cuts are intended to reduce government spending, they are creating a hunger crisis specifically tailored to those already facing systemic marginalization.</p> |
| <p>State Policy</p> | <p>23. Office of Governor Maura Healey and Lt. Governor Kim Driscoll January 2, 2026 <u>Governor Healey Secures \$162 Million to Improve Rural Health Across Massachusetts</u></p> <p>On December 29, 2025, the Healey-Driscoll Administration announced that Massachusetts secured \$162 million in federal funding to modernize and strengthen health care in rural communities. This funding is part of the first round of the Rural Health Transformation Program, a \$50 billion federal initiative established to improve health care infrastructure across the United States over the next five years.</p> <p>Key Objectives of the Funding:</p> <ul style="list-style-type: none"> • Infrastructure & Technology: Launching a state-of-the-art data system to track open hospital beds in real-time across Western Massachusetts and other rural regions. • Expanding Access: Supporting home-based care, hospice services, and community-based prevention programs to ensure residents can receive care closer to home. • Workforce Support: Investing in the recruitment and retention of healthcare workers in rural areas, including supports for home health and primary care providers. • Care Coordination: Strengthening the partnership between traditional hospitals and community-based care providers to ensure seamless patient transitions and better outcomes. <p>Context & Impact:</p> |

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| | <ul style="list-style-type: none"> • Regional Comparison: Massachusetts' \$162 million award is comparable to other New England states (such as New Hampshire's \$204 million) but falls slightly below the national average of \$200 million per state. • Timeline: The funds are designated for federal fiscal year 2026, with implementation planning already underway. • Stakeholder Engagement: State health officials are currently reviewing the specific deployment of these funds, with a strong emphasis on addressing the unique geographic and workforce challenges faced by rural Massachusetts residents. <p>Governor Healey emphasized that this investment is a "bold effort" to ensure that high-quality, affordable care is accessible to all residents, regardless of their zip code.</p> |
| <p>Office of Attorney General Andrea Campbell</p> | <p>24. Office of Attorney General Andrea Campbell December 30, 2025</p> <p><u>AG Campbell Secures Agreement With Trump Administration Preventing Further Delays In Medical And Public Health Research Following Lawsuit by Coalition, The Trump Administration Has Agreed to Cease Delays in Reviewing NIH Grant Applications</u></p> <p>On December 30, 2025, Massachusetts Attorney General Andrea Joy Campbell announced a settlement agreement with the U.S. Department of Health and Human Services (HHS) to end delays in the review and issuance of National Institutes of Health (NIH) research grants.</p> <p>Key Takeaways from the Agreement:</p> <ul style="list-style-type: none"> • Resumption of Grant Reviews: The Trump administration agreed to cease "unreasonable and intentional" delays in reviewing NIH grant applications. This ensures that the review process for critical medical research—covering areas like Alzheimer’s, cancer, and other major illnesses—will return to a prompt, agreed-upon timeline. • Lifting of "Unlawful Directives": The settlement limits the NIH from applying previous administration directives that targeted research projects based on their connection to "disfavored" topics such as DEI (Diversity, Equity, and Inclusion), transgender health, and vaccine hesitancy. • Resolution of a Major Lawsuit: The agreement resolves claims from a lawsuit led by AG Campbell and a coalition of 16 state attorneys general. The states argued that the administration’s actions—including canceling review panel meetings and withholding final decisions on approved applications—were unlawful and politically motivated. • Impact on Research Institutions: The delays had significant local consequences; for example, the University of Massachusetts (UMass) had over 350 applications stalled, representing nearly \$850 million in potential funding. This uncertainty forced UMass Amherst to reduce its 2025 graduate admissions and rescind financial awards. <p>Context of the Legal Battle</p> <ul style="list-style-type: none"> • This settlement follows a series of legal challenges by AG Campbell against the administration’s efforts to overhaul NIH funding. Earlier |

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| | <p>in 2025, a federal court issued a preliminary injunction against an administration policy that attempted to slash "indirect cost" reimbursements (which cover lab overhead and infrastructure) for all research institutions to a flat 15% rate.</p> <ul style="list-style-type: none"> • AG Campbell stated that this latest agreement ensures "lifesaving studies" are no longer "frozen indefinitely," protecting the academic competitiveness and public health of Massachusetts and the nation. |
| <p>From Around the Country</p> | <p>25. vtdigger December 30, 2025 <u>More bailouts for nursing homes? Why Vermont has given millions to keep care centers afloat.</u> By Greta Solsaa and Ethan Weinstein <i>Half the financial relief requests since 2020 were staffing related. Vermont has used contract staffing at the highest rate in the nation in recent years.</i> This December 30, 2025, report from <i>VTDigger</i> explores the growing financial crisis within Vermont's nursing home industry and the state's controversial reliance on multimillion-dollar "bailouts" to prevent the system from collapsing.</p> <p>The Scale of the "Bailouts"</p> <ul style="list-style-type: none"> • Total Funding: Over the last five years, Vermont has distributed approximately \$38 million in state and federal Medicaid funds to nursing homes. This is categorized as "extraordinary financial relief"—emergency payments intended to keep facilities from closing. • Widespread Need: In the last two years alone, about two-thirds of Vermont's 33 nursing homes have requested this emergency aid. • Shrinking Capacity: Despite the financial infusions, Vermont has lost roughly 900 nursing home beds over the last 20 years. State officials argue that without these bailouts, the loss of beds would be even more catastrophic for the state's aging population (the second oldest in the U.S.). <p>Primary Causes of the Financial Crisis</p> <ul style="list-style-type: none"> • Staffing & Travel Nurses: Roughly half of all emergency funding requests since 2020 cite rising staffing costs. Vermont has become an "outlier state," with the highest rate of contract (traveling) staff employment in the nation. In early 2024, contract staff made up 31% of the workforce, compared to a national average of 8%. • The "Rebasing" Lag: Medicaid reimbursement rates are set through a process called "rebasings," which uses cost data from previous years. This creates a lag where current expenses (inflated by the pandemic and high labor costs) far exceed the state's reimbursement rates, leaving facilities with major cash-flow gaps. • Depleted Reserves: While homes previously held savings to weather financial storms, the COVID-19 pandemic effectively drained those coffers, leaving them with no safety net other than state intervention. <p>Concerns and Criticisms</p> |

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| | <ul style="list-style-type: none"> • Symptoms vs. Root Causes: Critics and lawmakers note that the state is spending significantly more on "plugging the gap" than on addressing upstream issues, such as workforce development or improving working conditions to reduce staff attrition. • Quality of Care: Advocates argue that the high reliance on contract staff—who are often less familiar with residents—and general understaffing have led to a decline in care quality, including issues with hygiene and response times. • Opaque Ownership: The article highlights concerns about the vetting process for new nursing home operators. Some facilities have been taken over by for-profit or private-equity-backed firms with troubled track records, leading to spikes in violations and resident complaints. <p>Looking Ahead</p> <p>State leaders argue the bailouts are a necessary "stopgap" because nursing homes provide a level of intense care that cannot be replicated in assisted living or residential care homes. While the state is planning to draw down federal funds for workforce development, many stakeholders worry that the current model is unsustainable and that the state remains vulnerable to more facility closures and bankruptcies.</p> |
| <p>From Our Colleagues from Around the Country</p> | <p>26. Long Term Care Community Coalition NEWSFLASH</p> <ul style="list-style-type: none"> • The Centers for Medicare & Medicaid Services (CMS) has again delayed implementation of federally mandated nursing home ownership disclosure requirements enacted under Section 6101 of the Affordable Care Act. By indefinitely suspending the off-cycle Medicare revalidation process – the primary mechanism for collecting this information – CMS has removed any clear deadline for facilities to disclose who owns, controls, and profits from nursing homes. Read LTCCC's statement on this decision. • Senior living acquisitions topped \$10.3 billion through the third quarter of 2025, signaling a strong rebound in investor activity, according to NIC MAP data. <ul style="list-style-type: none"> ○ At the same time, many owners and operators continue to claim they lack sufficient resources to properly staff facilities and care for residents – highlighting a troubling disconnect in the nursing home industry between strong investment activity and persistent assertions of financial distress. <p>CMS TIGHTENS AUDITS AS ERRORS PERSIST</p> <ul style="list-style-type: none"> • CMS is strengthening audit and oversight efforts as improper Medicare payments continue to increase, with nursing homes cited as leading all provider types in documentation errors, according to recent reporting by Skilled Nursing News. Federal reviewers found persistent problems with incomplete, inaccurate, or unsupported claims – prompting CMS to expand targeted audits, increase data analysis, and sharpen enforcement tools aimed at reducing waste and abuse in long-term care billing. <ul style="list-style-type: none"> ○ This heightened scrutiny aligns with concerns raised in LTCCC's December webinar, which examined how private |

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| | <p>equity and real estate investment trust involvement can undermine transparency and accountability. The webinar underscores that weak oversight and opaque financial practices not only fuel improper payments but also divert resources away from staffing and resident care – reinforcing the need for strong regulatory guardrails.</p> |
| <p>Public Sessions</p> | <p>27. Massachusetts Commission for the Blind Tuesday, January 6, 2026, 12:00 p.m. Statutory Advisory Board meets. The agenda includes a commissioner report, an update from the deputy commissioner and program updates More Info and Zoom</p> <p>28. MASSCAP, Executive Office of Housing and Livable Communities, Action for Boston Community Development, the network of Community Action Agencies in Massachusetts and the Massachusetts Energy Directors Association Wednesday, January 7, 2025, 10:30 a.m. Heating Briefing The briefing will raise awareness of the state's Home Energy Assistance Program. Help programs include both heating assistance and energy efficiency and weatherization programs. HEAP is funded by EOHLC and administered by a network of 20 community-based organizations. Location: ABCD, 178 Tremond St., 3rd Floor, Cass Room, Boston Livestream</p> <p>29. Center for Health Information and Analysis Thursday, January 8, 2026, 10:00 a.m. Remote public hearing Agenda: updating and streamlining the agency's health care claims, case mix and charge data release procedures. CHIA is also looking to update references in regulations dealing with cost reporting requirements, as well as nursing facilities cost reporting requirements based on the 2024 health care market oversight law. More Info and Access</p> <p>30. Executive Office of Health and Human Services Friday, January 9, 2026, 10:00 a.m. Public hearing Agenda: increasing rates for certain elder care services. The total annualized cost is roughly \$10.7 million, according to EOHHS. More Info and Access</p> |
| <p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p> | <p>The Campaign to Increase the Personal Needs Allowance (PNA) 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</p> |

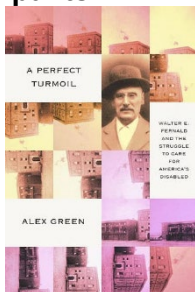
residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.

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: <https://dignityalliancema.org/take-action/#/25>. It literally takes less than a minute to deliver the message.

If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via <https://tinyurl.com/ForgetMeNotPNA> or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.

**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.*

Books by DignityMA Participants



About the Author:

Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University

[A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled](#)

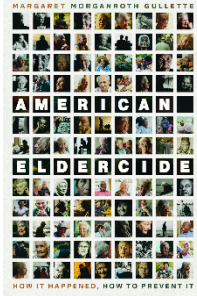
By Alex Green

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, A Perfect Turmoil 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.

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.

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.
[Buy the book here](#)

Books by DignityMA Participants



About the Author:
Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

[American Eldercide: How It Happened, How to Prevent It](#)
 By [Margaret Morganroth Gullette](#)

A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.
 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. Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.
 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.
[Buy the book here.](#)

Bringing People Home: The Marsters Settlement

Webpages:
https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
<https://marsters.centerforpublicrep.org/>

Support Dignity Alliance Massachusetts

[Please Donate!](#)

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.

As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The*

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| | <p>Dignity Digest weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p> |
| Dignity Alliance Massachusetts Legislative Endorsements | <p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p> |
| Websites | <p>National Center for Equitable Care for Elders https://ece.hsdm.harvard.edu/</p> <p>The National Center for Equitable Care for Elders (NCECE) is a Harvard-based training and technical assistance center. Its mission is to build strong, innovative, and competent health care models to provide quality, inclusive, and culturally sensitive care for the aging population.</p> <p>The center specifically partners with Community Health Centers (CHCs), Primary Care Associations (PCAs), and Federally Qualified Health Centers (FQHCs) to address the needs of older adults, who are the fastest-growing group of patients in these settings.</p> <p>Core Goals</p> <p>According to its mission framework, the NCECE focuses on three primary objectives:</p> <ul style="list-style-type: none"> • Advance Knowledge: Disseminating promising practices and "age-friendly" healthcare models to enhance the care of older adults in primary care settings. • Increase Service Availability: Tailoring healthcare services to meet the specific physiological and social needs of older patients. • Improve Quality & Responsiveness: Strengthening the ability of health centers to deliver high-quality, outcomes-oriented community health programs. |
| Blogs | |
| Podcasts | |
| YouTube Channels | |
| Previously recommended websites | <p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p> |
| Previously posted funding opportunities | <p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p> |

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| Websites of Dignity Alliance Massachusetts Members | See: https://dignityalliancema.org/about/organizations/ | |
| Contact information for reporting complaints and concerns | Nursing home | Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program |
| MassHealth Eligibility Information | MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid | |
| Money Follows the Person | MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version | |
| Nursing Home Closures | List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/ | |
| Determination of Need Projects | List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025 | |

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf>

Updated March 26, 2025

CMS has published a new list of [Special Focus Facilities](#) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated)

Newly added to the listing

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

Massachusetts facilities which have graduated from the program

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225063>

- Somerset Ridge Center, Somerset

<https://somersestridgerehab.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225747>

- Tremont Healthcare Center, Wareham

<https://thetremontrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225488/>

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

- AdviniaCare Newburyport (13)

<https://www.adviniacare.com/adviniacare-country-center/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225332>

- Brandon Woods of New Bedford (1)

<https://brandonwoodsnewbedford.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225264/>

- Cape Cod Post Acute, Brewster (9)

<https://capecodrehabhc.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225667/>

- Charwell House Health and Rehabilitation, Norwood (37)

<https://tinyurl.com/Charwell>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225208>

- Life Care Center of Merrimack Valley, Billerica (2)

<https://lcca.com/locations/ma/merrimack-valley/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225546/>

- Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1)

<https://www.medwaymanor.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225412>

- Pine Knoll Nursing Center, Lexington, (3)

<https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225049/>

- RegalCare at Glen Ridge (20)

<https://www.genesishcc.com/glenridge>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225523>

- West Newton Healthcare, West Newton (9)

<https://www.nextstephc.com/westnewton>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225324/>

No longer operating

| | <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|----------------|-----------------------|-----------|---------------------|---|-----|-----|-----------------------|---|----|----|-----------------------|---|-------|-------|-----------------------|---|-------|-----|-----------------------|---|-----|-----|-----------------------|---|-----|-----|-----------------------|---|----|----|-----------------------|---|---|---|-----------------------|---|----|----|-----------------------|---|----|---|-----------------------|---|---|---|-----------------------|
| <p><i>Nursing Home Inspect</i></p> | <p>ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025. Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p> | Deficiency Tag | # Deficiencies | # Reports | MA facilities cited | B | 257 | 187 | Tag B | C | 77 | 63 | Tag C | D | 5,993 | 1,193 | Tag D | E | 1,872 | 630 | Tag E | F | 446 | 226 | Tag F | G | 420 | 278 | Tag G | H | 54 | 30 | Tag H | I | 2 | 1 | Tag I | J | 64 | 31 | Tag J | K | 30 | 9 | Tag K | L | 7 | 2 | Tag L |
| Deficiency Tag | # Deficiencies | # Reports | MA facilities cited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 257 | 187 | Tag B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 77 | 63 | Tag C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 5,993 | 1,193 | Tag D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | 1,872 | 630 | Tag E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 446 | 226 | Tag F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | 420 | 278 | Tag G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | 54 | 30 | Tag H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | 2 | 1 | Tag I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 64 | 31 | Tag J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | 30 | 9 | Tag K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 7 | 2 | Tag L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>Nursing Home Compare</i></p> | <p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Data on Ownership of Nursing Homes | <p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p> | | |
| DignityMA Call Action | <ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content | | |
| Access to Dignity Alliance social media | Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org | | |
| <p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p> | Workgroup | Workgroup lead | Email |
| | General Membership | Bill Henning Paul Lanzikos | bhenning@bostoncil.org paul.lanzikos@gmail.com |
| | Assisted Living | John Ford | jford@njc-ma.org |
| | Behavioral Health | Frank Baskin | baskinfrank19@gmail.com |
| | Communications | Lachlan Forrow | lforrow@bidmc.harvard.edu |
| | Facilities (Nursing homes and rest homes) | Jim Lomastro | jimlomastro@comcast.net |
| | Home and Community Based Services | Meg Coffin | mcoffin@centerlw.org |
| | Legislative | Richard Moore | Dickmoore1943@gmail.com |
| | Legal Issues | Stephen Schwartz | sschwartz@cpr-ma.org |
| | Interest Group | Group lead | Email |
| | Housing | Bill Henning | bhenning@bostoncil.org |
| | Veteran Services | James Lomastro | jimlomastro@comcast.net |
| | Transportation | Frank Baskin Chris Hoeh | baskinfrank19@gmail.com cdhoeh@gmail.com |
| | Covid / Long Covid | James Lomastro | jimlomastro@comcast.net |
| Incarcerated Persons | TBD | info@DignityAllianceMA.org | |
| Bringing People Home: Implementing the | Website: https://marsters.centerforpublicrep.org/ | | |

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| Marsters class action settlement | Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/ |
| REV UP Massachusetts | REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page . |
| The Dignity Digest | For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke |
| Note of thanks | Thanks to the contributors to this issue of <i>The Dignity Digest</i> : • Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i> |
| <p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p> | |