



The Dignity Digest

Issue # 274

March 10, 2026

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.

Reflection

"Caring for others is an expression of what it means to be fully human."

[Hillary Rodham Clinton](#)

"There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers."

[Rosalynn Carter](#)

Spotlight

[**To make cuts, state asks those affected**](#)

***Boston Globe**

March 8, 2026

By Jason Laughlin

Summary:

Facing a significant fiscal cliff driven by federal Medicaid spending reductions, Massachusetts is implementing \$32 million in cuts to its 50-year-old Personal Care Attendant (PCA) program, which currently supports approximately 56,000 seniors and people with disabilities. In a unique move to mitigate the impact of these reductions, MassHealth utilized a stakeholder working group—composed of program users, providers, and advocates—to recommend specific trims, such as capping attendant overtime at 60 hours and limiting meal preparation time. While state officials view this collaborative approach as a necessary model for finding savings across other long-term care services to offset a projected \$3.5 billion annual deficit by the 2030s, many advocates remain deeply concerned. They warn that while these initial concessions were made to keep the program solvent, further anticipated cuts could jeopardize the independence of the state's most vulnerable residents and force them into institutional care.

	<p>Key excerpts:</p> <ul style="list-style-type: none"> • “We were faced with really difficult decisions,” said Becca Gutman, a PCA working group participant and vice president of home care for Local 1199 SEIU, which represents 58,000 PCA workers. “We recognized the difficult situation the state is in, and we approached it like we were trying to solve a problem.” • Fifty years ago, Charles Carr helped author the proposal that led to Massachusetts’ PCA program. Accustomed to fighting the state to fund services like the PCA program, he suddenly found himself participating in the working group and looking critically at his own brainchild. “It was really awkward for me,” said Carr, a legislative liaison for the Disability Policy Consortium (and a member of Dignity Alliance Massachusetts Coordinating Committee). One of the state’s most prominent disability rights advocates, Carr uses a wheelchair and relies on PCAs himself. “Here I am representing cuts to the program, and I’ve got a whole community of people I’m representing that don’t want to see the program cut at all.” The group considered a range of budget-cutting options, such as eliminating overtime entirely. Another was to limit hours for so-called Instrumental Activities of Daily Living, such as house cleaning, food preparation, and bill paying, an option Carr said he fought hard to rule out. “Where are people going to go to get these services done?” Carr recalled asking during discussions with working group members. “It got down to some heated discussions.” • “I don’t think this administration is committed to home, community-based services,” said Chris Hoeh, a disabled rights activist and PCA user (and a member of Dignity Alliance Massachusetts Coordinating Committee). “They’re making a strategic choice to protect institutions over community-based capacity.” • “Because other programs that provide home care services are also being cut, I don’t know what people are going to do and where they’re going to go,” said English, who said AdLib works with 1,000 PCA users in Western Massachusetts.
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes</p> <ul style="list-style-type: none"> • When Falls Are Regulated But Function Is Not: How Measurement Incentives Undermine Post-Acute Care (Health Affairs, March 4, 2026) • State Nursing Home Minimum Staffing Mandates: Increased Staff Levels, Minimal Impact On Finances And Closures, 2010–23 (*Health Affairs, March 2, 2026)

	<ul style="list-style-type: none"> • <u>The Effects Of Labor Unions On Nurse Staffing Ratios And Quality Of Care In US Nursing Homes, 2013–21</u>(*Health Affairs, March 2, 2026) <p>Health Care Topics</p> <ul style="list-style-type: none"> • <u>What life was like before vaccinations</u> (You Can Know Things, March 8, 2026) • <u>Attacks On Vaccine Hesitancy And Promotion Research Undermine Public Health</u> (Health Affairs, March 3, 2026) <p>Disability Topics</p> <ul style="list-style-type: none"> • <u>For people with disabilities, two major snowstorms were big challenges</u> (*Boston Globe, March 8, 2026) <p>Aging Topics</p> <ul style="list-style-type: none"> • <u>I'm a computer scientist. Here's how we should help aging parents with technology.</u> (*Washington Post, March 8, 2026) <p>Workforce</p> <ul style="list-style-type: none"> • <u>Healey-Driscoll Administration Calls on Trump Administration to Reverse Graduate Student Loan Limits for Health Care and Social Workers, Educators</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, March 2, 2026) <p>Longevity</p> <ul style="list-style-type: none"> • <u>Meet Fancy, 37, the world's oldest horse — and her lifelong caretaker</u> (*Washington Post, February 27, 2026) <p>Office of Attorney General Andrea Cambell</p> <ul style="list-style-type: none"> • <u>AG's Office Secures Guilty Plea, Suspended Sentence And Restitution From Rhode Island Resident Who Stole More Than \$220,000 From Worcester Rest Home And Its Elderly Residents</u> (Office of Attorney General Andrea Campbell, March 6, 2026) <p>Federal Policy</p> <ul style="list-style-type: none"> • <u>State of the Union Healthcare Policy Breakdown: Podcast</u> (Health Affairs, March 6, 2026) • <u>RFK Jr.'s war on vaccines is coming for the elderly</u> (*Washington Post, February 26, 2026) • <u>Trump's State of the Union trumpets healthcare greatest hits, but no new policies</u> (Healthcare Drive, February 25, 2026) <p>State Policy</p> <ul style="list-style-type: none"> • <u>'They don't even pretend to comply': Mass. agencies, cities, and towns openly flout open record law</u> (*Boston Globe, March 4, 2026)
Quotes	<p><i>“As the daughter of a school nurse, I know firsthand the critical importance of nurses and educators.”</i></p> <p>Governor Maura Healey, <u>Healey-Driscoll Administration Calls on Trump Administration to Reverse Graduate Student Loan Limits for Health Care and Social Workers, Educators</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, March 2, 2026)</p>

Technology caregiving is the act of helping someone use digital tools. While this isn't entirely new — people have long helped grandparents program VCRs and connect parents' desktop computers to the internet — the stakes have changed. Today, digitization is ubiquitous. Helping with these tools is no longer just occasional unpaid tech support; it is a form of continuous caregiving essential for maintaining independence. . . In the age of AI, innovation shouldn't be a tax on the aging brain. It should help bridge the digital divide.

[*I'm a computer scientist. Here's how we should help aging parents with technology.*](#) (*Washington Post, March 8, 2026)

While positive relationships have long been [linked to healthier, longer lives](#), hasslers (defined as those “who create problems or make life more difficult”), seem to have the opposite effect, increasing chronic stress and elevating epigenetic biomarkers associated with aging.

[*Difficult people in your life might make you age faster, study suggests*](#) (*Washington Post, March 8, 2026)

Movements like this remind us that public health isn't just built on data. The graphs and studies matter, but sometimes stories matter more. When people hear firsthand what these diseases once did to children, they stop feeling like distant, abstract medical facts and start feeling real. If we want today's younger generations to understand why immunizations matter, we need to keep these memories alive — and make sure they're heard.

[*What life was like before vaccinations*](#) (You Can Know Things, March 8, 2026)

“No one is exempt from acquiring a disability in this life. We are not asking for a favor. We're just simply

reminding everyone of our rights as persons with disabilities, that we too should have access to our environment freely and comfortably.”

Cassandra Xavier, a 36-year-old disability advocate who was born with blindness and hearing loss, [For people with disabilities, two major snowstorms were big challenges](#) (***Boston Globe**, March 8, 2026)

“I had to sit on my butt to get down my stairs, because that’s how bad it was. If everywhere you call you’re getting the runaround, it’s almost feeling like the door is being shut.”

Daniela Depina, a disability peer advocate at the Boston Center for Independent Living, [For people with disabilities, two major snowstorms were big challenges](#) (***Boston Globe**, March 8, 2026)

“Massachusetts is one of the more secretive states. The governments have learned to game the system, and the law has little enforcement.”

[David Cuillier, the director of the Freedom of Information Project at the Brechner Center](#) for the Advancement of the First Amendment at the University of Florida, [‘They don’t even pretend to comply’: Mass. agencies, cities, and towns openly flout open record law](#) (***Boston Globe**, March 4, 2026)

Unlike falls, pressure injuries, or infections, sustained functional decline—such as failure to improve or unexpected worsening in Section GG mobility or self-care scores over the course of a skilled stay—rarely triggers investigation, corrective action, or enforcement. The data exist. The governance signal does not.

[When Falls Are Regulated But Function Is Not: How Measurement Incentives Undermine Post-Acute Care](#) (**Health Affairs**, March 4, 2026)

[Lawsuits](#) challenged the NIH’s cancellation of vaccine-related grants, including one by the [American Public Health Association \(APHA\)](#) and another filed by [state attorneys general](#) representing

the interest of the states and their public universities. In June 2025, a Massachusetts federal court ruled that terminating grants on the basis of politically sensitive topics was likely “[arbitrary and capricious](#),” and ordered the grants be reinstated while the case proceeded.

[Attacks On Vaccine Hesitancy And Promotion Research Undermine Public Health](#) (Health Affairs, March 3, 2026)

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.

A Reflection during Women’s History Month

By Richard T. Moore

March is Women’s History Month—a time to reflect not only on the achievements of women throughout history, but also on the policies needed to ensure women can live with dignity, economic security, and opportunity today. Nowhere is that need clearer than in the long-term care system.

Women stand at the center of this system in nearly every role. They make up the majority of paid caregivers who provide essential services to older adults and people with disabilities. They are the backbone of family caregiving, often balancing employment with the responsibility of caring for aging parents, spouses, or relatives. And because women live longer than men and face lifelong wage disparities that reduce retirement savings, they are also the majority of those who rely on long-term care services later in life.

These overlapping realities make long-term care policy fundamentally a women’s issue. Decisions about wages for caregivers, support for family caregivers, access to home and community-based services, protections in nursing homes, and economic security in old age all have a disproportionate impact on women.

During Women’s History Month, it is especially important to recognize that improving long-term care is not simply about aging policy—it is about advancing women’s economic security, health equity, and dignity across the lifespan. The following legislation before the Massachusetts Legislature represents meaningful opportunities to strengthen support for women as workers, caregivers, and older adults themselves.

Together, these measures would help build a more equitable and humane care system—one that recognizes the essential role women play in providing care and ensures they receive the support and protections they deserve.

As the Legislative Session passes the mid-point, we need to redouble our efforts on strengthening long-term care policy. It is, therefore, not only an aging issue, but it is also fundamentally a **women’s economic, workforce, and health equity issue**.

Strengthening the Care Workforce (Women as Paid Caregivers)

S.130 – Livable Wage for Long-Term Care Workers

Committee: Senate Ways and Means

Establishes a livable wage standard for long-term care workers to stabilize staffing and reduce turnover.

Why It Matters: The long-term care workforce is overwhelmingly female. Fair wages improve economic security for women workers while strengthening care quality.

H.223 – Livable Wage for Human Service Workers

Committee: House Ways and Means

Creates a livable wage standard for human service employees.

Why It Matters: Human service workers—many of whom support people with disabilities and older adults—are predominantly women and remain significantly underpaid

Supporting Family Caregivers (Most of Whom Are Women)

S.1938 / H.3159 – Supporting Family Caregivers

Committee: Not Yet Reported by Committee on Revenue

Creates tax credits, a caregiver advisory council, and respite voucher programs.

Why It Matters: Family caregivers—most of them women—provide billions of dollars in unpaid care each year while often sacrificing income, retirement security, and career advancement.

Expanding Home and Community-Based Care

S.153 – Cueing and Supervision in the PCA Program

Committee: Senate Ways and Means

Expands eligibility for Personal Care Attendant services to individuals who require supervision or cueing due to cognitive

or developmental conditions.

Why It Matters: Expanding home-based support reduces unnecessary institutionalization and relieves caregiving burdens that frequently fall on women.

S.2555 – Improving Home Care

Committee: Senate Ways and Means

Strengthens access, accountability, and standards in home care services.

Why It Matters: Most older adults—especially older women—prefer to age in their homes and communities rather than institutions.

Protecting the Economic Security of Older Women

S.887 – Increasing the Personal Needs Allowance

Committee: Senate Ways and Means

Raises the outdated personal needs allowance for nursing home residents.

Why It Matters: Women make up the majority of nursing home residents and often rely on this small allowance for personal expenses. Even in a tight budget, incorporating a COLA provision for the future would be a good step. Updating it restores dignity and financial autonomy.

H. 1411 – Increasing the Personal Needs Allowance

Committee: Health Care Financing

Raises the outdated personal needs allowance for nursing home residents.

Why It Matters: Women make up the majority of nursing home residents and often rely on this small allowance for personal expenses. Even in a tight budget, incorporating a COLA provision for the future would be a good step. Updating it restores dignity and financial autonomy.

H.4015 – Addressing Older Adult Homelessness

Committee: House Ways and Means

Develops strategies to prevent and address homelessness among older adults.

Why It Matters: Older women—particularly widows and those with limited retirement savings—represent a rapidly growing segment of the homeless population.

Responding to Alzheimer’s and Dementia

S.2554 / H.4302 – Alzheimer’s & Dementia Care Modernization

Committees: Senate Ways and Means / House Ways and

	<p><i>Means</i> Launches public awareness campaigns, data collection, and improved care coordination.</p> <p>Why It Matters: Women account for a majority of Alzheimer’s cases and also represent the majority of dementia caregivers.</p> <p>Advancing Dignity and Safety in Long-Term Care</p> <p>S.1420 – Regulation of Anti-Psychotic Use in Nursing Homes <i>Committee: Joint Committee on Health Care Financing</i> Strengthens prescribing standards for anti-psychotic medications in long-term care settings.</p> <p>Why It Matters: Women make up the majority of nursing home residents and are vulnerable to inappropriate chemical restraint practices.</p> <p>Conclusion</p> <p>Taken together, these measures address the full spectrum of women’s roles in the care system: workers, caregivers, and recipients of care. Advancing these priorities would strengthen economic security for women, support families providing care, and improve the quality and dignity of long-term care for older adults across the Commonwealth.</p>
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Life Well Lived



Paul Dreyer, 1946-2026

Paul Dreyer

Paul Dreyer, age 79, longtime Assistant Commissioner and Director of Health Care Safety and Quality at the Massachusetts Department of Public Health, [died on February 17, 2026](#).

During his thirty-three years with the Department, his accomplishments included development of the first Nursing Home Report card, introduction of the primary stroke service system and the transparent cardiac surgery system, and elimination of ambulance diversions.

[An example](#) of his creative and effective approach to the development of public policy and regulatory oversight is his role in eliminating ambulance diversions at Boston and other busy hospitals. On Jan. 1, 2009, Massachusetts eliminated ambulance diversion within its borders except when an internal emergency closes a hospital to all patients. “It gets diversion off the table as a potential solution, and enables us to focus on the real issues,” said Dr. Dreyer. “And it focuses the attention of hospital CEOs and others on the issue of crowding itself. They can’t say ‘go on diversion’ when the emergency department is crowded.” . . . “We made it a hospital problem, not just one of the emergency department.”

He graduated from Brown University and obtained a PhD in social psychology from University of Illinois. He was a professor at Bridgewater State University prior to his career at DPH. He had vast intellectual curiosity about the world, with a love of reading, music, fine cuisine, travel, and Welsh terriers.

Life Well Lived



Susan Kaplan Checchi, 1946-2026

Susan Kaplan Checchi

Susan Kaplan Checchi, age 79, of Brookline, MA, passed away the early morning of Sunday, March 8, 2026. She leaves behind a history of devotion to her family, her friends, all her caregivers, and a determination to make the best of her life.

Susan Kaplan Checchi was a resident of CareOne Brookline for the past ten years. Born in Yonkers, NY and raised in Cincinnati, Ohio, she lived at different times of her life in New York City, Florida, California and Massachusetts.

Susan survived multiple health challenges over decades, including severe COVID in the Spring of 2020. Despite health and disability limitations, she had a fighting spirit and embraced whatever was possible in each day. Susan fought for dignity, found comfort in her Jewish faith, kept track of the news, never missed an election, and loved spending time with her family. She took pride in her accomplishments, especially her career teaching special needs children.

Susan is survived by her mother, Elaine Mountleigh, of Boston; two sisters, Jennifer Batallas and Madge Kaplan (and Patsy Baudoin) all of Cambridge, MA; staff, caregivers and caring souls at CareOne Brookline and FriendshipWorks; and many cousins from her childhood.

May her wit, uncanny memory, humor, love of classical music and music of the 1960s, and unwavering support for feminism, social justice and racial equality, live on in all of us. She will be sorely missed.

In memory of Susan, please consider supporting Dignity Alliance Massachusetts, a grassroots organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers.

<https://dignityalliancema.org/donate/>

Recruitment

See: [Listings on MASsterList.com's Job Board](#) for all current listings

Introduction to the [Nursing Home Staffing Resource Center](#)

Long Term Care Community Connection (LTCCC)

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

Presented by Richard Mollot, Executive Director, LTCCC

The Nursing Home Staffing Resource Center created and managed by the Long-Term Care Community Coalition's "NursingHome411" platform) serves as a central hub for data, advocacy tools, and regulatory updates focused on ensuring nursing facilities maintain sufficient care levels.



Why it matters: Staffing drives safety, dignity, and outcomes.

Though nursing homes are required – and paid – to provide sufficient staffing, too many flout this requirement to maximize profits. Since 2017, LTCCC has provided the public with staffing information for every nursing home (in compliance with federal reporting requirements). Starting in 2025, LTCCC's quarterly reports translate federal data into Expected Staffing: evidence-based calculations of the time needed to meet residents' clinical needs. Users can now easily compare each home's **Actual vs. Expected Staffing** and identify gaps, which may indicate substandard care, neglect, or fraud. The new guides provide step-by-step instructions for accessing and using these data to support improvement and accountability.

What's new:

- [Nursing Home Staffing Resource Center](#) — One stop access point for staffing data, related fact sheets and research, and guides.
- [Guide for Residents & Families](#) — Plain-language steps to find your facility, assess Actual vs. Expected staffing, spot weekend dips, and raise concerns effectively.
- [Guide for Long-Term Care Ombudsmen](#) — How to use Expected Staffing with complaints, resident-centered problem solving, and policy advocacy.
- [Guide for State & Federal Legislators](#) — A concise, data-driven resource to help lawmakers understand staffing requirements, evaluate facility performance using Expected Staffing, and identify opportunities for effective oversight and policymaking.
- [Guide for Attorneys](#) — Practical playbook for case development: using Reported and Expected Staffing data, mapping federal requirements, spotting red-flag patterns, and leveraging targeted discovery checklists.
- [Study: Nursing Home Guide to Adjusting Nurse Staffing for Resident Case-Mix](#) — Peer-reviewed study published in the *Journal of the American Geriatric Society* which provides the methodology for calculating Expected Staffing and a guide for nursing homes, suitable for use in their mandatory facility assessments.

Who should use this: Residents and families, resident and family councils, LTC Ombudsman Programs, attorneys, journalists, and policymakers covering long-term care.

<p>Dignity Day at the State House</p> 	<p>Registration required March 11 DignityMA Study Session registration</p> <p><u>Dignity Day at the State House</u> Thursday, March 5, 2026</p> <p>Topics</p> <ul style="list-style-type: none"> • Implementing C. 197 of the Acts of 2024, reforming long-term care • Implementing E.O. No. 642 for an “age-friendly” government • Implementing Marsters v. Healey helping return home from nursing home placements • Advancing River Terrace Operator LLC v. Mass DPH • House 2 Impact : Budgeting for Older Adults, People with Disabilities, and Caregivers • Advancing DignityMA endorsed legislation <p>Speakers</p> <ul style="list-style-type: none"> • Paul Lanzikos, DignityMA • Wynn Gerhard, Guardian Community Trust • Kathy Walker, Center for Public Representation • Richard Moore, DignityMA • Chris Hoeh, DignityMA • Senator Pat Jehlen • Senator Joan Lovely <p>Video Stay tuned. Will be posted to website.</p> <p>Photos See website for photos: https://dignityalliancema.org/2026/03/09/dignity-day-at-the-state-house/</p>
<p>May Is Older Americans Month</p> 	<p>Administration on Community Living Older Americans Month 2026 Theme: <i>Champion Your Health</i></p> <p>Every May, ACL leads the nation’s observance of Older Americans Month, a time to recognize older adults’ contributions and reaffirm our commitment to supporting their health and independence.</p> <p>The 2026 theme, Champion Your Health, underscores prevention, wellness, and personal responsibility as cornerstones of healthy aging. It encourages taking an active role in managing and advocating for your health, accessing preventive care, and making informed decisions. This year, we are focused on evidence-based approaches, self-management, caregiver roles, and community partnerships that empower individuals to lead healthy lives.</p> <p>The 2026 logos, sample article, and activity ideas are available now. Stay tuned for this year’s poster, social media graphics, and more. Use the hashtag #OlderAmericansMonth on social media to share your plans and see what others are doing!</p>

	<p>ACL.gov/OAM</p>
Call for Papers	<p>National Association of Social Workers – Massachusetts Chapter <i>Older Adults and People with Disabilities Conference: Call for Papers now open</i> Conference date: June 11, 2026 More details to come 5.5 CEUs will be offered</p> <p>The Committee for Older Adults and People with Disabilities is pleased to announce a Call for Papers. The Committee offers an opportunity to a social worker to write a paper, get guidance from the Committee on suggested edits, and then one or two papers are chosen to be presented at the Committee's yearly conference on June 11th. This segment of the conference is named in honor of Toby Savitt who established this part of the conference many years ago. The purpose of the paper is to showcase a social worker's ability to express their thinking on a topic of their choosing related to older adults, people with disabilities, whether living in facilities or in the community. This is not an academic type of paper with footnotes. This paper should be no more than seven pages, double-spaced, with a font no smaller than "10." Please put your name, email, phone number, and street address on the cover page of your submission. The paper has to be an original paper, not published or presented elsewhere. It should be written by a social worker based in Massachusetts or Rhode Island, evidence original thinking, and be reflective and not academic in nature. If you want to speak to a Committee member about your idea for a paper, or you have questions, please contact Brianna Silva at the NASW-MA Chapter, email bsilva.naswma@socialworkers.org and Brianna will forward your contact information to the Committee. The deadline for receipt of the final paper is Thursday, April 23, 2026. Please send your paper to chapter.naswma@socialworkers.org no later than 5:00 p.m.</p>
Newsletter Subscription Opportunity	<p>Massachusetts Guardianship Policy Institute <i>Beyond Guardianship</i></p> <p>The Massachusetts Guardianship Policy Institute has initiated a monthly publication — where policy, advocacy, and research meet. Each month, they will offer ideas, news, person-centered stories, and updates from across the guardianship landscape. The goal is to inform, connect, and advance a more ethical and effective model for guardianship. Subscribe</p>
In Person and / or Online Events	<p><i>Annual Legislative Reception</i> Massachusetts Developmental Disabilities Council and The Arc of Massachusetts Tuesday, March 10, 2026, 10:00 to 11:30 a.m. Great Hall, State House, Boston</p> <p>As advocates brace for federal funding cuts to individuals with intellectual and developmental disabilities, the reception's theme is</p>

"Protecting Our Lives: Now More than Ever." MassHealth is also weighing cuts to services, including community-based care, which are not required by the federal government. Senate President Spilka and House Speaker Mariano are slated to give remarks, alongside Maura Sullivan of The Arc and Cody Rooney of the council. Sen. Lovely and Rep. Livingstone will be honored

[Annual Lobby Day](#)

Coalition for Homeless Individuals

Tuesday, March 10, 2026, 10:30 a.m. to 2:00 p.m.

Room 428, State House, Boston

Featuring remarks from homelessness service providers, advocates and individuals experiencing homelessness. Reps. Haggerty and J. Moran will speak, as will providers.

[Quarterly Meeting](#)

LGBTQ Aging Commission

Tuesday, March 10, 2026, 11:00 a.m. to 2:00 p.m.

Chaired by Sen. Jehlen and Rep. Montaña

[LGBTQ Zoom](#)

[Virtual Meeting](#)

Veterans Homes Council

Tuesday, March 10, 2026, 5:00 to 7:00 p.m.

Agenda includes updates, informational presentations about the Massachusetts Veterans Homes at Holyoke and Chelsea, and fiscal 2026 and 2027 budget status for the homes. Business also includes an educational program on the 2030 strategic plan.

[Agenda and Access](#)

[Monthly Meeting](#)

Public Health Council

Wednesday, March 11, 2026, 9:00 a.m., virtual

Agenda includes updates from Public Health Commissioner Dr. Robbie Goldstein, as well as informational presentations on maternal health and the Health Care Workforce Center. The 2024 maternal health law aimed to boost access to care, including requiring MassHealth to cover doula services and allowing for freestanding birth centers.

[PHC Agenda and access](#)

[CSPD Meeting](#)

Commission on the Status of Persons with Disabilities

Wednesday, March 11, 2026, 11:00 a.m.

Room 222, State House, Boston, and Zoom

Agenda includes federal work updates from Chief State Trial Counsel Katherine Dirks from the attorney general's office. Starting next January, MassHealth members will be subject to work requirements under the federal One Big Beautiful Bill Act. There will also be updates on human services apprenticeships, apprenticeships for people with disabilities and statewide workforce development efforts.

[CSPDZoom](#)

[MDDC Meeting](#)

	<p>Massachusetts Developmental Disabilities Council Wednesday, March 11, 2026, 6:00 p.m. Agenda includes committee reports and the state plan for 2027-2031 Agenda and Livestream Legislative Education and Advocacy Day</p> <p>National Association of Social Workers Massachusetts Chapter Friday, March 13, 2026, 10:00 a.m. to 1:00 p.m. Great Hall, Nurses Hall, Grand Staircase and Gardner Auditorium, State House, Boston</p> <p>Each participant will attend one of four workshops that goes in depth on one of the association’s legislative priorities. The association is backing four bills: S 2490 and H 4650 relative to social work uplifting practice and exam removal, S 252 and H 380 establishing the social work licensure compact, S 1393 and H 2196 relative to preventing overdose deaths and increasing access to treatment and S 2399 and H 3750 to provide identification to youth and adults experiencing homelessness. After breakout sessions, attendees are then encouraged to lobby their lawmakers. Tickets are \$15 and attendees are asked to register as soon as possible. NASW Info</p>
<p>Webinars and Online Sessions</p>	<p>1. The Value of Integrated Primary Care for Older Adults: Considerations for Health Centers Webinar Series National Center for Equitable Care for Elders Tuesday, March 10, 2026, 2:00 p.m. Join Capital Link and NCECE for a webinar series that examines how health centers can use integrated care approaches to address the complex needs of older adults while supporting their ability to age in place. Participants will explore evidence-based strategies for enhancing care coordination, expanding service offerings, and forging community partnerships that promote healthy aging. Learning Objectives:</p> <ol style="list-style-type: none"> 1. Describe the core components of high-quality integrated care for patients as they age 2. Examine current care delivery to identify gaps and opportunities for implementation of age-friendly principles to drive practice change 3. Identifying best practices for the development and implementation of Programs of All-Inclusive Care for the Elderly (PACE) in a health center setting <p>March 10 register</p> <p>2. Intimate Partner Violence and Elder Abuse in Later Life National Center for Equitable Care for Elders Wednesday, March 11, 2026, 1:00 p.m. 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.</p>

	<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. March 11 register</p> <p>3. "It Takes a Village: Building and Strengthening Relationships While Living with Paralysis" Christopher & Dana Reeve Foundation Wednesday, March 11, 2026, 3:00 p.m. At times, life with paralysis can make relationships feel more complicated -- whether you're navigating new dynamics with family, maintaining friendships, or finding ways to meet new people. But meaningful connection is not only possible, it's essential to your overall well-being. Join Nurse Linda and Dr. John Chang, a licensed psychologist living with paralysis, for a practical conversation on deepening bonds with the people already in your life, forming new friendships, and learning to communicate your needs clearly and confidently. Leave with real strategies to strengthen and build all kinds of relationships! Reeve Foundation register</p>
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<p>4. Health Affairs March 4, 2026 When Falls Are Regulated But Function Is Not: How Measurement Incentives Undermine Post-Acute Care By Neha Sabharwal In the <i>Health Affairs Forefront</i> article "When Falls Are Regulated But Function Is Not," Neha Sabharwal argues that current quality measurement systems in post-acute care (PAC) prioritize safety—specifically fall prevention—at the expense of a patient's functional recovery. Because regulatory frameworks treat falls as preventable "actionable events" while often viewing functional decline as an inevitable consequence of aging, PAC providers are incentivized to adopt "safety-without-recovery" strategies. This often leads to over-cautious practices that restrict patient mobility to avoid the penalties associated with falls, which ironically accelerates the loss of physical independence. Sabharwal contends that this misalignment is not a clinical failing but a predictable outcome of a regulatory design that fails to value and measure functional improvement as a primary goal of care, necessitating a shift toward metrics that encourage active rehabilitation over mere risk avoidance.</p> <p>5. *Health Affairs March 2, 2026 State Nursing Home Minimum Staffing Mandates: Increased Staff Levels, Minimal Impact On Finances And Closures, 2010–23</p>

	<p>By Rachel M. Werner, Xinwei Chen, Norma B. Coe, and Andrew R. Olenski</p> <p>Abstract</p> <p>Higher levels of direct care staffing in nursing homes improve resident outcomes, yet concerns persist that minimum staffing mandates could strain facility finances or lead to closures. Using longitudinal data from the period 2010–23 on 6,849 nursing homes operating across twenty-two states, we estimated the effects of state minimum staffing mandates on staffing levels, financial health, and closures. Staffing mandates increased total direct care staff by 0.18 hours per resident day, or roughly 5 percent, on average, driven by increases in licensed practical nurses (0.06 hours per resident day) and certified nursing assistants (0.13 hours per resident day). Facilities’ annual labor expenses rose by about \$273,000, but these costs were offset by higher net patient revenues (approximately \$546,000), leaving net margins unchanged. Mandates did not increase the likelihood of facility closure. Overall, our findings indicate that minimum staffing mandates can meaningfully raise staffing levels without undermining the financial viability of nursing homes.</p> <p>6. *Health Affairs March 2, 2026 The Effects Of Labor Unions On Nurse Staffing Ratios And Quality Of Care In US Nursing Homes, 2013–21 By Adam Dean, Jamie McCallum, Atheendar S. Venkataramani, Paula Chatterjee, Norma B. Coe, and David Michaels</p> <p>Abstract</p> <p>Labor unions representing workers in US nursing homes bargain for higher wages and safer working conditions, which may reduce staff turnover and increase the quality of care. However, if higher labor costs lead employers to reduce nurse staffing, unionization may reduce care quality. We used a difference-in-differences event study design to estimate the effects of unionization on nurse staffing ratios for total nurse staffing and separately for registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs), as well as the effects of unionization on the quality of care, during the period 2013–21. We found that unionization had no effect on total nurse staffing levels but had opposing effects on RNs and LPNs. Unionization increased LPN staffing by roughly 2.7 nurse hours per day in the average nursing home, but it decreased RN staffing by roughly 3.2 nurse hours per day. Despite this substitution from RNs to LPNs, we found that unionization did not appear to reduce the quality of care, a result consistent with unions increasing nurse productivity.</p>
<p>Health Care Topics</p>	<p>7. You Can Know Things March 8, 2026 What life was like before vaccinations Kristen Panthagani, MD, PhD Last year I took a train ride down from Connecticut to New York, passing the time creating this video on my iPad. As I was drawing the</p>

pertussis graph, the kind elderly gentleman seated across the table saw it and asked me what I was working on.

When I told him, he launched into a story about his experience with pertussis (whooping cough) as a child: he caught whooping cough as a schoolboy and ended up coughing so hard that it injured his eye muscles, causing him to go cross-eyed. The coughing had caused enough damage that ultimately it required surgery to fix his vision. Compared to the vitriolic comments sections I am used to, this story was so genuine and real. After we chatted a little longer, I texted a friend: *“this is what we need — our grandparents telling the stories of these diseases, so people remember what they used to do to kids.”* I’ve personally never seen a case of polio, measles, or diphtheria outside a textbook. And stories of lived experiences resonate so much louder than those textbook pages.

Immunizations are, in many ways, a victim of their own success — they did such a good job eliminating these infections that we now have several generations (including mine) that don’t know what these diseases really are or how they impact kids.

Turns out, some others had the same great idea: we need the stories.

Grandparents for vaccines

A new movement is aiming to solve this problem. [Grandparents for Vaccines](#) is an organization that aims to unite and elevate the voices of grandparents who remember what life was like before immunizations, and to teach younger generations so we don’t have to relive their experiences. Here’s one powerful story from Jan about her experience with polio as a child. There are many more stories you can watch [here](#).

How can I help?

If this movement interests you, there are several ways to get involved.

1. **Share your story** — if you have a story of how an immunization-preventable illness impacted you or a loved one, record your story and [share it](#) with Grandparents For Vaccines. (You don’t have to be a grandparent to participate!) If you don’t have a story but know someone who does, reach out and encourage them to share it.
2. **Follow, watch, and share on social media** — People need to hear these stories. You can help by watching and sharing them: stories are posted on their [website](#) as well as on [Facebook](#), [YouTube](#), [Instagram](#), [TikTok](#), and [Bluesky](#).
3. **Join the movement** - Grandparents for Vaccines is looking for more state reps — if you’re interested in getting involved send them an email [here](#).

Movements like this remind us that public health isn’t just built on data. The graphs and studies matter, but sometimes stories matter more. When people hear firsthand what these diseases once did to children, they stop feeling like distant, abstract medical facts and start feeling real. If we want today’s younger generations to understand why immunizations matter, we need to keep these memories alive — and make sure they’re heard.

[Subscribe](#)

8. Health Affairs

March 3, 2026

	<p><u>Attacks On Vaccine Hesitancy And Promotion Research Undermine Public Health</u> By <u>Matt Motta</u>, <u>Timothy Callaghan</u>, <u>Michael R. Ulrich</u>, <u>Elizabeth Y. McCuskey</u>, and <u>Nicole Huberfeld</u> In the <i>Health Affairs Forefront</i> article "Attacks On Vaccine Hesitancy And Promotion Research Undermine Public Health," authors Lawrence O. Gostin and Alexandra L. Finch argue that the increasing legal and political targeting of public health researchers is creating a dangerous "chilling effect" on essential scientific inquiry. The piece details how researchers studying health communication and vaccine misinformation have recently faced an onslaught of congressional subpoenas, lawsuits, and harassment, which the authors characterize as an organized effort to silence speech that promotes vaccination. By undermining the ability of scientists to investigate why people refuse vaccines and how to effectively communicate their benefits, these attacks threaten to weaken the national public health infrastructure and leave the population more vulnerable to future outbreaks. Ultimately, the article calls for stronger protections for academic freedom and public health research to ensure that evidence-based communication remains a viable tool for protecting community health.</p>
Aging Topics	<p>9. *Washington Post March 8, 2026 <u>I'm a computer scientist. Here's how we should help aging parents with technology.</u> By Debaleena Chattopadhyay A <i>Washington Post</i> report published on March 8, 2026, explores the increasing integration of artificial intelligence into caregiving, highlighting its potential to alleviate the clinical and administrative burdens on a healthcare system strained by a rapidly aging population. While the technology offers significant benefits—such as detecting early health warnings, automating record-keeping, and providing remote peace of mind for families through monitoring nutrition and medication adherence—the report also underscores substantial risks. Experts and medical professionals warn that direct-to-consumer AI health tools are prone to "hallucinations" and inaccurate data interpretations, citing an instance where a reporter's wearable data led an AI to generate a baseless cardiac health warning. Ultimately, the administration of these tools is described as a double-edged sword that can reclaim lost time for caregivers but currently lacks the precision and human ingenuity required to replace professional clinical judgment or manage the "avalanche of data" it produces.</p> <p>10. *Washington Post March 8, 2026 <u>Difficult people in your life might make you age faster, study suggests</u> By Kathleen Felton <i>Nearly 30 percent of people have at least one "hassler" in their network, according to new research.</i> <u>A new study</u> published in the <i>Proceedings of the National Academy of Sciences</i> suggests that regular interactions with "hasslers"—individuals who consistently create problems or make life difficult—may accelerate</p>

	<p>biological aging. Researchers analyzed data from over 2,000 participants and found that for every additional difficult person in a social network, the pace of biological aging, measured through epigenetic biomarkers, increased by approximately 1.5 percent. These negative health impacts were most pronounced among individuals who reported having two or more such people in their lives, particularly in high-obligation relationships involving family, co-workers, or roommates. While the study indicates a strong association between chronic social stress and faster cellular aging rather than direct causation, experts emphasize that even small shifts in biological age can accumulate over time, potentially leading to an earlier onset of chronic diseases. To mitigate these risks, the study's authors recommend establishing firm boundaries or limiting time spent with stressful individuals to preserve long-term physical well-being.</p>
<p>Disability Topics</p>	<p>11. *Boston Globe March 8, 2026 <u>For people with disabilities, two major snowstorms were big challenges</u> By Lauren Albano Following two major winter storms that dropped over 40 inches of snow on Boston, the City Council recently held a public hearing to address the hazardous conditions created for residents with disabilities. Advocates and individuals with limited mobility or vision testified that uncleared sidewalks, blocked curb cuts, and massive snow piles forced them to navigate dangerously in active traffic, describing the current snow removal response as inequitable and discriminatory compared to the clearing of streets for vehicles. While city officials acknowledged that the current system—which splits responsibility between the city, state agencies, and private property owners—is often confusing and difficult to enforce, the hearing explored several potential improvements, including the creation of a "snow corps" of shovelers, the purchase of industrial snow melters, and better real-time tracking of clearing equipment. Councilor Ed Flynn, who chaired the committee, committed to further sessions aimed at formalizing a more reliable and accessible snow removal strategy before the next winter season.</p>
<p>Workforce</p>	<p>12. Office of Governor Maura Healey and Lt. Governor Kim Driscoll March 2, 2026 <u>Healey-Driscoll Administration Calls on Trump Administration to Reverse Graduate Student Loan Limits for Health Care and Social Workers, Educators</u> <i>Proposed changes would increase costs for 13,000 Massachusetts students, exacerbating health care, social work and education workforce shortages</i> The Healey-Driscoll administration is calling on the Trump administration to reverse a proposed rule that would significantly restrict access to low-cost federal graduate student loans for individuals pursuing degrees in essential, high-demand fields such as nursing, social work, and education. Released on March 2, 2026, the administration's statement argues that the proposed limits would increase educational costs for approximately 13,000 Massachusetts students, forcing many to rely on high-interest private debt and</p>

	<p>potentially worsening critical workforce shortages in the state's healthcare and school systems. While the "One Big Beautiful Bill Act of 2025" initially intended to provide up to \$50,000 per year for "professional degrees," the Healey-Driscoll administration contends that the Trump administration's implementation narrowly defines those degrees to include only two percent of graduate study fields, effectively excluding the very professionals—such as nurse practitioners and clinical social workers—who are most vital to community health and the regional economy.</p>
<p>Office of Attorney General Andrea Campbell</p>	<p>13. Office of Attorney General Andrea Campbell March 6, 2026 <u>AG's Office Secures Guilty Plea. Suspended Sentence And Restitution From Rhode Island Resident Who Stole More Than \$220,000 From Worcester Rest Home And Its Elderly Residents</u> <i>Defendant Sentenced to Two and a Half Years in the House of Correction, Suspended for Five Years; Ordered to Pay Restitution and Cease Work with Elderly</i> Luzia Wade, a 45-year-old resident of Woonsocket, Rhode Island, has pleaded guilty in Worcester Superior Court to charges involving the theft of more than \$220,000 from the Donna Kay Rest Home in Worcester and over 40 of its elderly residents. According to the Massachusetts Attorney General's Office, Wade misappropriated these funds between June 2018 and May 2021, depositing the money into her personal accounts to purchase luxury items from brands such as Louis Vuitton, Gucci, and Burberry. Her scheme also involved forging resident signatures and failing to report the stolen money as income on her state tax returns. Wade was sentenced to two and a half years in the House of Correction, suspended for five years, and ordered to pay \$220,948 in restitution; additionally, she is now permanently barred from working in healthcare or with any individuals over the age of 60.</p>
<p>Longevity</p>	<p>14. *Washington Post February 27, 2026 <u>Meet Fancy, 37, the world's oldest horse — and her lifelong caretaker</u> By Maggie Penman Fancy, a 37-year-old American Quarter Horse from Aldie, Virginia, has officially been recognized by Guinness World Records as the world's oldest living horse. Registered as Tracies Lil Kleberg, the mare has far exceeded the typical 25-to-30-year lifespan for her breed, a feat her owner, Paige Sigmon Blumer, attributes to decades of consistent veterinary care and a deep emotional bond that began when they first met in the late 1990s. Despite managing age-related challenges such as equine Cushing's disease and significant vision loss, Fancy remains active at a retirement farm where she lives alongside an elderly donkey companion named Rosie. Her story emphasizes that a horse's value extends well beyond its riding years, showcasing the possibilities of longevity through attentive senior animal husbandry.</p>
<p>Federal Policy</p>	<p>15. Health Affairs March 6, 2026 <u>State of the Union Healthcare Policy Breakdown: Podcast</u> By <u>Jeff Byers</u> and <u>Margaret Winchester</u></p>

	<p><i>Health Affairs'</i> Jeff Byers welcomes Senior Editor Margaret Winchester to the pod to discuss Trump's recent State of the Union Address and unpacking its health care and health policy talking points, including most-favored nation drug pricing, health savings accounts, and if there's a path toward codification for either.</p> <p>16. Healthcare Drive February 25, 2026 <i>Trump's State of the Union trumpets healthcare greatest hits, but no new policies</i> By Rebecca Pifer Parduhn In his 2026 State of the Union address, President Trump dedicated a brief portion of his speech to recounting healthcare "greatest hits," emphasizing his administration's efforts to lower prescription drug prices through "most-favored nation" policies and the newly launched direct-to-consumer platform, TrumpRx. While urging Congress to codify his "Great Healthcare Plan," he reiterated a commitment to maximum price transparency and criticized the Affordable Care Act, arguing for a system that bypasses large insurance companies to provide funds directly to consumers. The address also highlighted a federal crackdown on healthcare fraud and a stance against gender-affirming care for minors without parental consent, yet notably omitted discussion of recent controversial measures, such as significant Medicaid cuts or changes to national vaccine policies. Overall, the speech served more as a victory lap for existing initiatives than a launchpad for major new healthcare legislation.</p> <p>17. *Washington Post February 26, 2026 <i>RFK Jr.'s war on vaccines is coming for the elderly</i> By Donald G. McNeil Jr. <i>The miseries of aging are more linked to late-life infections than was previously understood.</i> In a February 2026 opinion piece for <i>The Washington Post</i>, the author examines the expanding scope of Health and Human Services Secretary Robert F. Kennedy Jr.'s vaccine policies, arguing that the administration's skepticism has pivoted from childhood immunizations to critical senior health protections such as shingles, pneumonia, and RSV vaccines. The article details how overhauls of the CDC's advisory committees and the promotion of an "opt-in" model over standard clinical recommendations could lead to a dangerous decline in vaccination rates among the elderly, who face significantly higher mortality from preventable respiratory infections. Critics cited in the piece warn that prioritizing "natural immunity" over proven preventive medicine constitutes a form of age-based negligence that threatens to shorten life expectancy and overwhelm the Medicare system with costly, avoidable hospitalizations. Ultimately, the editorial calls on healthcare providers and families to reject shifting political rhetoric in favor of established medical common sense to preserve the health of the 65-and-older population.</p>
State Policy	<p>18. *Boston Globe March 4, 2026 <i>'They don't even pretend to comply': Mass. agencies, cities, and towns openly flout open record law</i> By John Hilliard</p>

	<p><i>“It’s among the worst states when it comes to public records access,” said a freedom of information expert</i></p> <p>On March 4, 2026, the <i>Boston Globe</i> reported on a heated legislative hearing where State Auditor Diana DiZoglio advocated for a ballot initiative to extend the Massachusetts public records law to the State Legislature and the Governor’s office, which are currently exempt. While DiZoglio and transparency advocates argue that these exemptions foster government opacity and concentrate power among a select few, lawmakers expressed strong resistance, suggesting that publicizing their internal deliberations could compromise constituent privacy and lead to misrepresentations of their work. This ongoing conflict highlights Massachusetts’ unique position as an outlier in government transparency, as it is currently the only state where the legislature, the governor’s office, and the judiciary all maintain broad exemptions from public records requests.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p>

	<p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u> By Alex Green <u>Buy the book here</u></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By <u>Margaret Morganroth Gullette</u> <u>Buy the book here.</u></p> <p>Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> • 499 people who have returned and are active in the community • Efforts to validate status of 63 others who are in the community • Target for 2025 and 2026 is 600 transitions • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. <p>The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.</p>
<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and</p>

	<p>maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>		
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>		
<p>Websites</p>			
<p>Blogs</p>			
<p>Podcasts</p>			
<p>YouTube Channels</p>			
<p>Previously recommended websites</p>	<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>		
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>		
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: https://dignityalliancema.org/about/organizations/</p>		
<p>Contact information for reporting complaints and concerns</p>	<table border="0"> <tr> <td data-bbox="488 1167 764 1377"> <p>Nursing home</p> </td> <td data-bbox="764 1167 1521 1377"> <p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p> </td> </tr> </table>	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
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<p>MassHealth Eligibility Information</p>	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</p> <p>Table of Contents (Last updated: December 16, 2024)</p> <p>Massachusetts Medicaid Long-Term Care Definition</p> <p>Income & Asset Limits for Eligibility</p> <p>Income Definition & Exceptions</p> <p>Asset Definition & Exceptions</p> <p>Home Exemption Rules</p> <p>Medical / Functional Need Requirements</p> <p>Qualifying When Over the Limits</p> <p>Specific Massachusetts Medicaid Programs</p> <p>How to Apply for Massachusetts Medicaid</p>		

Money Follows the Person	<p>MassHealth <u>Money Follows the Person</u> 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 <u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u> <u>MFP Demonstration Brochure - Accessible Version</u> <u>MFP Demonstration Fact Sheet</u> <u>MFP Demonstration Fact Sheet - Accessible Version</u></p>																												
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>																												
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: <u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u> Approved May 5, 2025</p>																												
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of <u>Special Focus Facilities</u> (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.</p>																												
Nursing Home Inspect	<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 <u>(What do the severity ratings mean?)</u></p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td><u>Tag B</u></td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td><u>Tag C</u></td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td><u>Tag D</u></td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td><u>Tag E</u></td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td><u>Tag F</u></td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td><u>Tag G</u></td> </tr> </tbody> </table>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	<u>Tag B</u>	C	77	63	<u>Tag C</u>	D	5,993	1,193	<u>Tag D</u>	E	1,872	630	<u>Tag E</u>	F	446	226	<u>Tag F</u>	G	420	278	<u>Tag G</u>
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F	446	226	<u>Tag F</u>																										
G	420	278	<u>Tag G</u>																										

	<p>H 54 30 Tag H</p> <p>I 2 1 Tag I</p> <p>J 64 31 Tag J</p> <p>K 30 9 Tag K</p> <p>L 7 2 Tag L</p> <p style="text-align: center;">Updated October 15, 2025</p>																																																	
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>																																																	
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																																	
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																																	
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																																	
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td rowspan="2">General Membership</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Paul Lanzikos</td> <td>paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Farrow</td> <td>lfarrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>Dickmoore1943@gmail.com</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td rowspan="2">Transportation</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Chris Hoeh</td> <td>cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning	bhenning@bostoncil.org	Paul Lanzikos	paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Farrow	lfarrow@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	baskinfrank19@gmail.com	Chris Hoeh	cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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<p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>			
<p><i>Bringing People Home: Implementing the Marsters class action settlement</i></p>	<p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p>		
<p><i>REV UP Massachusetts</i></p>	<p>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.</p>		
<p><i>The Dignity Digest</i></p>	<p>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</p>		
<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Wynn Gerard • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			