The Dignity Digest

Issue # 293 July 28, 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

"It is healthy to realize that aging is part of the marvel of creation. The elderly teach us that salvation is not found in autonomy, but in humbly recognizing one's own need... so that the measure of our humanity is not given by what we can achieve, but by how we care for one another."

Pope Leo XIV, *delivered during a Vatican audience* (*October 3, 2025*) to international delegates at a conference organized by the Dicastery for Laity, Family and Life on the pastoral care of the elderly

Guide to news items in this week's *Dignity Digest*

Nursing Homes

- *Swapping a nursing home for 'neighborhoods': Long Beach VA unveils new care facility* **(Long Beach Post News,** July 24, 2026)
- *Nursing Homes Without Walls participants highly satisfied with care in program* **(McKnights Long-Term Care News,** July 24, 2026)
- *Federal nursing home inspection changes raise concerns among advocates for residents* **(The Jersey Vindicator,** July 23, 2026)
- *CMS to Launch Nursing Home Risk-Based Survey Nationwide September 8, 2026* **(PALTmed,** July 21, 2026)

Housing

- *Governor Healey Launches Statewide Program to Help Homeowners Build Accessory Dwelling Units* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** July 21, 2026)

Aging Topics

- *Nearly $75K-a-year eldercare costs are erasing middle-class inheritances as more Americans die broke* **(Yahoo! Finance,** July 26, 2026)
- *Let us thank God for the elderly!* **(Aleteia,** July 26, 2026)

Caregiving

- *My mom stepped up to care for my grandma. If I need to, I'll do the same.* **(Boston Globe (free access),** July 19, 2026)
- *CareScout Releases 2025 Cost of Care Survey Results* **(Genworth,** March 2, 2026)

Hospice

- *Hospices worry patients will be unfairly punished amid fraud crisis* **(*Washington Post,** July 26, 2026)

End of Life

- *Most Americans prefer to die at home, but the U.S. healthcare system often prevents it* **(Philly Voice,** July 26, 2026)

Incarcerated Persons

- *Severely Ill Prisoners Granted Early Release Are Left Stuck Behind Bars* **(The Good Men Project,** July 26, 2026)

Workforce

- *'One Main Pillar': The Rising Presence of NPs in Nursing Homes Driven by Surveys, Rising Acuity, Managed Care* **(Skilled Nursing News,** July 24, 2026)
- *End of migrant protections creates elder care staffing challenges* **(PBS News Hour,** July 23, 2026)
- *Florida's Nursing Homes Are Bracing for Life Without Haitian TPS Workers* **(Mother Jones,** July 20, 2026)

Alzheimer's and Other Dementia

- *Altercations Between Residents in Dementia Care Is a Frequent Danger* **(KFF Health News,** July 24, 2026)

Office of Attorney General Andrea Campbell

- *Massachusetts Hospitals And HMOs Report Contributing Approximately $1.6 Billion In Community Benefits In Fiscal Year* **(Office of Attorney General Andrea Campbell,** July 22, 2026)

State Policy

- *'People were blindsided by this rule': Paratransit riders face a greater challenge after MBTA policy change* **(*Boston Globe,** July 26, 2026 (updated))
- *I led efforts to increase primary care spending in Rhode Island. Here are the things Massachusetts must get right.* **(CommonWealth Beacon,** July 25, 2026)

Federal Policy

- *CMS's New Risk-Based Survey Policy for Nursing Homes Puts Vulnerable Residents at Risk* **(Long Term Care Community Coalition,** July 23, 2026)
- *Fraud warning added to nursing home vote guidance* **(Axios,** July 23, 2026)
- *Congress must get the Older Americans Act reauthorization across the finish line* **(The Hill,** July 22, 2026)
- *The CHARTS Act would establish a pilot grant program to help nursing homes and home health providers adopt electronic health records, improving patient care and reducing costly*

	medical errors. **(Office of U.S. Representative Emanuel Cleaver, II (D-MO),** July 22, 2026) From Around the Country • *150+ residents evacuated after roof collapses at Bradenton assisted living facility* **(WFLA,** July 26, 2026) • *'We will all go to prison:' Supervising nurse accused of waiting to call 911 after patient found unresponsive in Windsor Locks* **(WTNH,** July 21, 2026) From Our Colleagues from Around the Country • *In this issue* **(Consumer Voice,** July 21, 2026) • *Week in Review* **(American Geriatric Society,** July 17, 2026)
Quotes	*"I don't know how we're going to survive this [the ending of Temporary Protected Status (TPS) for Haitian refugees]. The workers are suffering, but the patients are going to suffer more."* Margarette Nerette, a vice president for the 1199SEIU Florida, who is Haitian and is a US citizen and left her country more than 30 years ago, *Florida's Nursing Homes Are Bracing for Life Without Haitian TPS Workers* **(Mother Jones,** July 20, 2026) *[The ending of Temporary Protected Status (TPS) for Haitian refugees] means that, in one fell swoop, organizations will lose in some cases 40 workers, in other cases 16 workers, all at the same time. And these are people who are providing -- they're nurses in some cases. They're nursing assistants. They might be housekeepers. They might be providing culinary services. But these are all essential services leading to the quality of life of older adults.* Katie Smith Sloan, President and CEO, LeadingAge, *End of migrant protections creates elder care staffing challenges* **(PBS News Hour,** July 23, 2026) *"Caregiving is real work. What would our economy look like if we didn't have people raising kids or taking care of elders or taking care of family members with disabilities?"* Kathleen Romig, senior fellow at the Center on Budget and Policy Priorities, *My mom stepped up to care for my grandma. If I need to, I'll do the same.* **(Boston Globe (free access),** July 19, 2026)

"I wish that when this decision was made, they had included persons with disabilities and our seniors. To eliminate shopping carts and say this is a safety issue, without hearing from us, is wrong."

Daniela Depina, who is visually impaired and has been a RIDE user for 22 years, *'People were blindsided by this rule': Paratransit riders face a greater challenge after MBTA policy change* **(*Boston Globe,** July 26, 2026 (updated))

[Massachusetts] hospitals and HMOs reported spending approximately $577 million on Community Benefits programs in FY25. $323 million was allocated to one of four statewide health priorities—chronic disease ($160 million), housing stability and homelessness ($14.5 million), mental health ($127 million), and substance use disorder ($22.2 million).

Massachusetts Hospitals And HMOs Report Contributing Approximately $1.6 Billion In Community Benefits In Fiscal Year **(Office of Attorney General Andrea Campbell,** July 22, 2026)

"For decades, comprehensive nursing home surveys have served as the nation's primary means for protecting residents from abuse, neglect, substandard care, and violations of their fundamental rights. Protecting residents requires robust inspections, meaningful enforcement, and unwavering accountability. . . This is the time to strengthen oversight, not weaken it."

Long Term Care Community Coalition statement, *Federal nursing home inspection changes raise concerns among advocates for residents* **(The Jersey Vindicator,** July 23, 2026)

"Together, let us give thanks to the Lord for the gift that the elderly are to the Church and society. Let us also commit ourselves to respecting and valuing the precious role they play, and to ensuring that they

always receive the care, attention and assistance they deserve."

Pope Leo XIV on the 6th World Day for Grandparents and the Elderly, *Let us thank God for the elderly!* **(Aleteia,** July 26, 2026)

When caregivers and patients feel empowered in the choices they make toward the end of life, the dying process can happen with fewer shocks and emergencies – and more intention, care and dignity. But that will require significant systemic change to become a reality.

Most Americans prefer to die at home, but the U.S. healthcare system often prevents it **(Philly Voice,** July 26, 2026)

"Hospice, when done well, is one of the most compassionate and meaningful benefits in health care. We should be working to protect that, not inadvertently erode confidence in it."

Skelly Wingard, CEO of By the Bay Health in northern California, *Hospices worry patients will be unfairly punished amid fraud crisis* **(*Washington Post,** July 26, 2026)

The Older Americans Act is now 61 years old and has met every criterion of a successful program providing us both a human and a financial return on investment. Every federal Older Americans Act dollar generates $4 in non-federal support.

Congress must get the Older Americans Act reauthorization across the finish line **(The Hill,** July 22, 2026)

*The **Washington Post** looked at thousands of seniors' finances in their final decade and learned the median American spent $19,179 out of pocket on healthcare — but one in six spent more than $50,000, and one in 20 spent more than $100,000.*

Nearly $75K-a-year eldercare costs are erasing middle-class inheritances as more Americans die broke **(Yahoo! Finance,** July 26, 2026)

The reality is that long-term care remains one of the most significant financial challenges individuals and their families face as they age.

Samir Shah, CEO of CareScout, *CareScout Releases 2025 Cost of Care Survey Results* **(Genworth,** March 2, 2026)

"With most older adults wanting to age in place and the healthcare system seeking solutions to alleviate current occupancy pressures, innovative programs such as [Nursing Home Without Walls] NHWW are essential. Tested in four communities, the evidence-based approach had positive impacts that contributed to older adults feeling they could remain at home. NHWW addressed the need for guidance and accompaniment in the complex system that is healthcare, provided social health initiatives to counter social isolation and loneliness, and supplied opportunities to learn about aging while creating community awareness of aging populations and age-friendly communities (AFC)."

Nursing Homes Without Walls participants highly satisfied with care in program **(McKnights Long-Term Care News,** July 24, 2026)

"Everyone deserves access to high-quality health care close to home, no matter where they live. [The Rural Health Transformation Program Community Advisory Council] will help ensure that communities across rural Massachusetts have a real voice in shaping investments that strengthen local health care systems, improve outcomes, and support providers, workers, and families for years to come."

Lieutenant Governor Kim Driscoll (*Healey-Driscoll Administration Announces Membership of the Rural Health Transformation Program Community Advisory Council,* July 23, 2026)

The Trump administration has quietly changed guidance on nursing home residents' right to vote,

	folding in increased warnings about fraud and coercion. Why it matters: The move could signify that officials will keep a close eye on long-term care facilities during the midterm elections. *Fraud warning added to nursing home vote guidance* **(Axios,** July 23, 2026) *"Healthcare doesn't stop when a patient leaves the hospital, and neither should access to their medical records. Too many seniors experience fragmented care simply because the providers caring for them don't have the tools to communicate effectively with one another. Whether someone is transitioning from a hospital to a rehabilitation facility, a nursing home, or receiving care at home, their health information should move with them. The CHARTS Act is a commonsense investment that will improve care, reduce unnecessary costs, and give healthcare professionals more time to focus on what matters most: their patients."* U.S. Representative Emanuel Cleaver, II (D-MO), *The CHARTS Act would establish a pilot grant program to help nursing homes and home health providers adopt electronic health records, improving patient care and reducing costly medical errors.* **(Office of U.S. Representative Emanuel Cleaver, II (D-MO),** July 22, 2026)
Appointments	**Post-Acute and Long-Term Care Medical Association (PALTmed)** July 23, 2026 *Former Massachusetts State Senator Richard T. Moore Appointed to National Government Affairs Committee of the Post-Acute and Long-Term Care Medical Association* Dignity Alliance Massachusetts Co-founder, Member of the Coordinating Committee, and Chair, Legislative Workgroup Richard T. Moore, a key architect of the Commonwealth's landmark 2006 health care reform and 2012 cost containment laws, has been appointed to the Government Affairs Committee of the Post-Acute and Long-Term Care Medical Association (PALTmed). In this national leadership role, Moore will collaborate with physician leaders and policy experts to shape federal legislative, regulatory, and public policy agendas

impacting post-acute and long-term care medicine. Drawing on his extensive background—including his leadership with Dignity Alliance Massachusetts and the National Consumer Voice for Quality Long-Term Care—Moore emphasized that public policy must move beyond basic care management to transform long-term services and supports by prioritizing dignity, independence, accountability, and person-centered care for older adults and individuals with disabilities.

PALTmed is the premier medical specialty society representing clinicians across the post-acute and long-term care spectrum, including skilled nursing facilities, assisted living, home health, hospice, and PACE programs. Through its advocacy, research, and Certified Medical Director (CMD) credentialing, the association works to empower clinicians and elevate healthcare excellence across the care continuum. Reflecting on his appointment, Moore underscored the critical need for cross-sector collaboration among clinicians, consumers, advocates, and policymakers to build a responsive, sustainable long-term care system that ensures every individual is treated with compassion and respect.

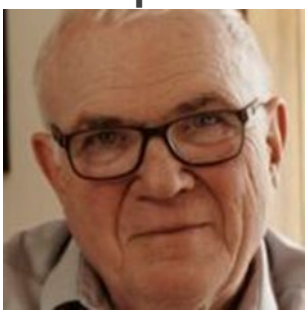
Healey-Driscoll Administration Announces Membership of the Rural Health Transformation Program Community Advisory Council

July 23, 2026

The Healey-Driscoll Administration announced the appointed membership of the Rural Health Transformation Program (RHTP) Community Advisory Council, a body assembled to guide the Executive Office of Health and Human Services (EOHHS) in distributing $162 million in first-year federal funding from the Centers for Medicare & Medicaid Services (CMS). Comprising a diverse group of regional leaders, healthcare providers, municipal officials, and resident advocates—from the Berkshires to the Cape and Islands—the council will provide on-the-ground insights and strategic feedback to ensure community-informed decision-making across seven core initiatives, including workforce development, emergency medical service integration, technology interoperability, facility modernization, and preventive care. Led by EOHHS in coordination with state public health and rural affairs agencies, the advisory council aims to maximize the five-year federal grant to expand healthcare access, improve care quality, and address longstanding systemic challenges in rural communities across the Commonwealth.

James Lomastro, PhD, member of DignityMA's Coordinating Committee and Chair of the Facilities and Veterans Workgroups has been appointed to Massachusetts Rural Health Transformation Program's (RHTP) Rural Healthcare Transformation Advisory Group. Jim is a resident of Conway, MA, a community in Franklin County with a population of 1,760 (2020 census. The geography consists of 37.9 square miles of rolling hills, farmlands, state forests, and rivers.

Commentary Offered by DignityMA Participants



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.

The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.

Medical Debt, Aging, and Disability: The Hidden Financial Crisis Inside Massachusetts Health Care

July 27, 2026

By James Lomastro, PhD

Massachusetts is frequently presented as proof that universal health coverage can work in the United States. The Commonwealth has among the nation's lowest uninsured rates, an extensive Medicaid program through MassHealth, and a long history of healthcare reform that predates the Affordable Care Act. On paper, Massachusetts appears to have solved the access problem.

Yet beneath this achievement lies a quieter and more troubling reality: substantial numbers of Massachusetts residents remain financially vulnerable to illness itself.

Medical debt persists even among the insured. Older adults and people with disabilities remain particularly exposed. And the burden extends far beyond unpaid bills. Medical debt increasingly functions as a destabilizing force affecting housing, caregiving, community living, retirement security, and disability independence.

The issue is not simply that healthcare is expensive. It is that the architecture of care financing continues to shift risk downward onto individuals and families precisely when illness, aging, or disability reduce their economic resilience.

Nationally, the scale of the problem is enormous. The KFF (Kaiser Family Foundation) estimates that roughly 100 million Americans carry some form of healthcare debt. The Consumer Financial Protection Bureau (CFPB) has estimated that Americans owe at least $220 billion in medical debt. Medical collections have historically appeared on tens of millions of credit reports, shaping access to housing, loans, transportation, and employment opportunities.

But aggregate national statistics obscure a crucial reality: medical debt does not fall evenly across the population. It concentrates among those with the greatest medical needs and the fewest financial protections.

For older adults, Medicare substantially reduces exposure to catastrophic hospital costs, but major gaps remain. Medicare generally does not cover extended custodial nursing home care, most dental services, hearing aids, vision care, or many long-term home- and community-based supports. Even with supplemental insurance, older adults face deductibles, copayments,

prescription costs, and uncovered long-term care expenses that can accumulate rapidly.

The result is a paradox at the center of aging policy: the period of life associated
with the highest healthcare utilization often coincides with reduced earning capacity, fixed incomes, and diminished financial flexibility.
A 2024 CFPB analysis found that approximately 4.5 million Americans age sixty-five and older carried medical debt prior to the pandemic. Older adults with medical debt were disproportionately likely to report lower incomes, poorer health status, and broader financial insecurity. The burden falls especially hard on those living just above Medicaid eligibility thresholds — financially insecure enough to struggle with healthcare costs, but not poor enough to qualify for comprehensive public assistance.
The situation is even more severe for people with disabilities. Disability frequently entails recurring medical expenses, durable medical equipment costs, transportation expenses, home modifications, prescription drug costs, personal care supports, and ongoing service needs. Simultaneously, many disabled
individuals experience reduced lifetime earnings, interrupted employment histories, lower savings accumulation, and dependence on fragmented public benefit systems.
This creates a structural asymmetry that defines much of disability economics in the United States: the populations with the highest healthcare utilization are frequently the least financially protected from healthcare costs.
For many disabled individuals, medical debt is not episodic. It is cumulative. It
emerges not from a single catastrophic illness, but from continuous friction between human need and fragmented financing systems.
The consequences extend far beyond credit balances. Research from KFF and the CFPB shows that medical debt contributes to delayed medical care, skipped
prescriptions, food insecurity, housing instability, depleted retirement savings, and psychological stress. People with medical debt are more likely to postpone
treatment, worsening the very health conditions that generated the debt in the first place.
Medical debt therefore becomes recursive. Illness produces debt. Debt then
produces barriers to care. Barriers to care worsen illness. The cycle reinforces itself.
Massachusetts illustrates this contradiction with unusual clarity. The Commonwealth has among the nation's strongest insurance coverage rates, yet
a 2025 study by the Massachusetts Center for Health Information and Analysis
(CHIA), reported extensively in the Boston Globe, found that more than twelve percent of Massachusetts residents still carried medical debt. Most were insured.
Deductibles, copayments, and underinsurance — not lack of insurance itself — were major drivers.
The Globe's reporting documented that medical debt in Massachusetts contributes to food insecurity, housing instability, and delayed care even within one of the nation's most insured healthcare systems. Former CHIA

Executive Director Lauren Peters described this contradiction as “a hollow victory,” a phrase that captures the deeper structural problem. Massachusetts largely solved access to insurance. It did not solve financial exposure to illness.

Recent efforts to remove medical debt from consumer credit reporting systems represent an important acknowledgment that healthcare debt differs fundamentally from ordinary consumer debt. Illness is not a discretionary purchase. Older adults and disabled individuals do not freely choose the conditions that generate many of these obligations.

Beginning in 2022 and 2023, the three major credit reporting agencies — Equifax, Experian, and TransUnion — announced changes removing many forms of medical debt from consumer credit reports, including paid medical collections and certain smaller balances. The CFPB has also argued that medical debt is a poor predictor of consumer creditworthiness and reflects failures in healthcare financing more than individual irresponsibility.

These reforms matter. Damaged credit scores can affect housing access, transportation, employment opportunities, borrowing costs, and financial stability. Restricting medical debt reporting may therefore reduce important secondary harms, particularly for economically vulnerable households.

But not reporting medical debt to credit agencies is only a first step. It addresses one downstream consequence of healthcare debt while leaving intact the underlying structures that continue producing debt in the first place. An older adult who spends down retirement savings for assisted living or home care may avoid formal credit damage while still losing long-term financial security. A disabled individual facing recurring uncovered healthcare costs may avoid collections reporting while continuing to live under chronic economic precarity.

The debate over medical debt reporting risks narrowing the issue to visibility rather than production. The central policy question is not simply whether medical debt should appear on credit reports. It is why healthcare systems continue generating large-scale debt among medically vulnerable populations in the first place.

This distinction matters profoundly for older adults and people with disabilities because healthcare costs for these populations are rarely limited to episodic medical treatment. They are embedded in the daily infrastructure of living itself.

Long-term services and supports remain among the largest gaps in the American healthcare system. Medicare does not cover extended custodial long-term care. Families often spend down savings for nursing home care, assisted living, home care, or personal assistance services before qualifying for Medicaid. Middle-income older adults can therefore experience a form of slow financial erosion rather than sudden catastrophe — years of accumulated caregiving costs, medication expenses, and support service payments gradually exhausting household stability. The impact on community living is significant.

Massachusetts has invested heavily in programs designed to support aging in place and disability integration, including home- and community-based services, the Frail Elder Waiver, and initiatives tied to the Commonwealth's obligations under disability integration settlements. These policies recognize an important truth: institutional care is often more expensive, less humane, and less desired than community-based living.

Yet medical debt and healthcare-related financial instability quietly undermine these same goals. When older adults and disabled individuals lose savings, accumulate debt, damage credit, or face housing instability due to healthcare costs, the ability to remain safely in community settings deteriorates. Family caregivers absorb additional burdens through unpaid labor, reduced workforce participation, and financial sacrifice.

Financial instability becomes a hidden institutionalization pressure.

In this sense, medical debt is not peripheral to long-term care policy. It is embedded within it.

The issue also exposes a deeper contradiction inside healthcare financing itself.

Systems ostensibly designed to preserve health increasingly generate financial precarity among the populations most dependent upon them.

This tension becomes especially visible in Massachusetts through the Commonwealth's historical Medicaid estate recovery practices. In 2024, the Boston Globe documented how Massachusetts had maintained one of the nation's most aggressive estate recovery programs, seeking repayment for certain MassHealth expenditures from the estates of deceased beneficiaries.

In practice, this often meant that older adults and disabled individuals who relied on Medicaid-funded long-term care could lose family homes or leave diminished inheritances to surviving relatives. Disability advocates interviewed by the Globe described the policy as punitive toward vulnerable populations and destructive to intergenerational financial stability.

Estate recovery reveals something important about the moral architecture of American healthcare financing. The system frequently treats illness and dependency not merely as conditions requiring support, but as opportunities for downstream financial extraction.

The problem is not simply insufficient compassion. It is structural design.

Healthcare financing in the United States remains fragmented across Medicare, Medicaid, private insurance, out-of-pocket payments, managed care arrangements, pharmaceutical pricing systems, and long-term care exclusions. Each subsystem manages its own financial exposure by shifting costs elsewhere — often downward onto households themselves. Older adults and disabled individuals become the balancing mechanism within this fragmentation.

Massachusetts further illustrates this instability through recurring financial pressures affecting organizations that serve medically complex populations. The Globe's 2025 reporting on the financial crisis at Commonwealth Care Alliance

highlighted the fragility of integrated care systems serving disabled and low-income elderly residents. Financial instability within these systems threatens continuity of care, independent living supports, and community integration efforts for populations already living close to the margins of economic security.
This raises a broader policy question that extends beyond insurance coverage alone.
Can healthcare systems legitimately claim to promote health while simultaneously generating widespread financial insecurity among the populations most dependent upon care?
The answer increasingly appears to be no.
Medical debt is not simply a consumer finance issue. It is an aging policy issue, a
disability rights issue, a housing stability issue, and a governance issue. It shapes
whether people seek care early, remain independent, avoid institutionalization,
maintain housing, preserve family assets, or participate fully in community life.

The Massachusetts experience is therefore instructive nationally. The Commonwealth demonstrates that expanding insurance coverage, while critically
important, is insufficient by itself. Insurance without financial protection can still
produce chronic insecurity. Coverage without long-term care reform can still
generate household collapse. Access without affordability can still destabilize lives.
The deeper challenge is architectural.
The United States built a healthcare financing system oriented primarily around
acute medical treatment rather than the long-term social realities of aging, disability, and chronic illness. Yet modern demographics increasingly center exactly those realities. The aging of the population, longer survival with chronic disease, rising disability prevalence, and escalating long-term care needs are colliding with financing structures designed for episodic illness rather than sustained human dependency.
As a result, older adults and disabled individuals increasingly experience healthcare not only as a source of treatment, but also as a source of economic vulnerability.
That vulnerability has moral consequences. A society reveals its ethical priorities not only by whom it treats, but by whom it protects from ruin while seeking treatment. The persistence of medical debt among older adults and disabled people — even in Massachusetts — suggests that the American healthcare system continues to confuse access to medicine with genuine security in illness.
They are not the same thing.

Selected Sources and URLs

KFF – Medical Debt in the United States: https://www.kff.org/health-costs/the-burden-of-medical-debt-in-the-united-states/
Consumer Financial Protection Bureau – Medical Debt Among Older Adults:

	https://www.consumerfinance.gov/data-research/research-reports/data-spotlight-medical-debt-among-older-adults-before-pandemic/full-report/ Boston Globe – Medical Debt Coverage: https://www.bostonglobe.com/ CHIA – Massachusetts Center for Health Information and Analysis: https://www.chiamass.gov/ CFPB – Medical Debt and Credit Reporting: https://www.consumerfinance.gov/archive/newsroom/cfpb-proposes-to-ban-medical-bills-from-credit-reports/
Commentary Offered by DignityMA Supporters  George Fleischner is a western Massachusetts-based executive and disability rights advocate who serves as the President and CEO of Nonotuck Resource Associates, Inc., a Northampton-based non-profit organization providing community-based support, shared living, and adult family care services. The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.	***Community a civil right worth protecting*** **Daily Hampshire Gazette** June 30, 2026 By George Fleischner Summary: In an opinion piece for the *Daily Hampshire Gazette*, Northampton resident George Fleischner reflects on the historical shift in disability rights away from institutional segregation and toward community integration. He highlights landmark milestones—such as the Americans with Disabilities Act and the Supreme Court's landmark *Olmstead v. L.C.* decision—which established that individuals with disabilities and older adults have a fundamental civil right to receive care and live in the most integrated settings possible. Fleischner emphasizes that community-based support transforms lives by fostering personal autonomy, self-determination, and genuine social connection, allowing individuals to remain active, valued members of their local neighborhoods alongside friends and family. Fleischner raises grave concerns regarding a recent Office of Legal Counsel opinion under the Trump administration that rejects community living protections for people with disabilities. While noting the opinion does not directly overturn federal law or the *Olmstead* ruling, he warns that it signals a dangerous willingness to retreat from fifty years of civil rights progress by challenging public funding frameworks that favor community-based care over institutional placement. Ultimately, Fleischner argues that community inclusion is not merely a policy debate or a financial equation, but a fundamental question of human dignity and belonging, urging advocates, policymakers, and communities to fiercely defend full inclusion and resist returning to systems of segregation.
Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	***1. Hearing: Medical Debt Reporting Requirements for Health Care Providers Licensed by Boards Within the Department of Public Health*** **Massachusetts Department of Public Health** Tuesday, July 28, 2028, 10:00 a.m. Proposed regulation regarding restrictions on medical debt reporting to consumer protection agencies for all health care providers licensed by boards within the Department (e.g., physicians, nurses, dentists, etc.). • Public Hearing Notice • Proposed Regulation – 140 CMR 2.00

	2. ***Hearing: Hospital Assessment for Health Safety Net Fund*** Friday, July 31, 2026, 10:00 a.m. **Executive Office of Health and Human Services** Executive Office of Health and Human Services holds a public hearing on proposed regulatory changes to hospital assessments, including boosting the total assessment by $50 million. The change could offer relief for the Health Safety Net Fund, which covers the cost of care for uninsured and underinsured Bay Staters and is expected to see massive deficits once healthcare provisions of the federal One Big Beautiful Bill Act take effect. The proposal would also update inpatient and outpatient assessment rates, plus update the base rate from 2019 to 2023. Hospital Assessment
Webinars and Online Sessions	**3.** ***Accessible Voting in Tribal and Rural Communities*** Thursday, August 6, 2026, 2:30 to 4:00 p.m. **United States Access Board and The Native American Disability Law Center (NADLC)** This webinar will cover NADLC's report of polling place accessibility in Navajo Nation and Hopi Tribal elections, discuss community-led advocacy to affect changes in accessibility, and discuss strategies and lessons for self-advocates, families, and professionals to utilize in their work. Additional resources on polling place accessibility will be provided. **Accessible Voting Registration**
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	**1. Long Beach Post News** July 24, 2026 *Swapping a nursing home for 'neighborhoods': Long Beach VA unveils new care facility* By John Donegan Officials at the Tibor Rubin VA Medical Center in Long Beach unveiled a new $189 million Community Living Center designed to replace an aging 1960s-era facility and serve as a modern framework for long-term veteran care. Moving away from standard institutional nursing home layouts, the 181,350-square-foot facility houses 120 private beds divided into 10 residential "neighborhoods"—named after local landmarks like Naples, Marina, and Belmont—each featuring its own kitchen, dining area, lounge, quiet room, and access to courtyards and patios. In addition to providing 24-hour skilled nursing, hospice care, and a specialized dementia unit, the new center offers acute inpatient rehabilitation and caregiver respite programs. Residents and staff began transitioning into the facility in late June, with officials currently operating at 40% capacity while planning a phased rollout to reach full operation by 2028. The development represents a key component of a broader

$387 million effort to modernize the 100-acre hospital campus, which treats over 65,000 Southern California veterans annually.

2. **McKnights Long-Term Care News**
   July 24, 2026
   Nursing Homes Without Walls participants highly satisfied with care in program
   By Foster Stubbs
   An evaluation of Canada's "Nursing Home Without Walls" (NHWW) initiative shows that participants report high satisfaction with the program, which leverages existing long-term care infrastructure and staff to help older adults age safely in their own homes. Pioneered in New Brunswick by researcher Dr. Suzanne Dupuis-Blanchard and expanded across Canadian provinces through Healthcare Excellence Canada, the model provides community-dwelling seniors with direct access to facility-based services—such as adult day support, respite, equipment sharing, meal programs, and social outings—alongside system navigation to combat isolation and delay premature nursing home placement. Survey findings and program evaluations demonstrate near-universal participant satisfaction (reaching up to 100% in pilot sites), with findings highlighting enhanced feelings of security, reduced loneliness, improved quality of life, and a nearly 30% reduction in non-urgent emergency room visits among enrolled seniors.
3. **The Jersey Vindicator**
   July 23, 2026
   Federal nursing home inspection changes raise concerns among advocates for residents
   By Krystal Knapp
   Critics say the new risk-based CMS survey system could weaken oversight and mislead families about the quality of care
   Starting September 8, the Centers for Medicare & Medicaid Services (CMS) will roll out a nationwide risk-based oversight framework that scales back annual inspections at roughly 12% of qualifying, higher-performing nursing homes—a move health officials argue will help state agencies stretch stagnant survey budgets to focus on higher-risk facilities, but one that has sparked sharp criticism from resident advocacy groups. Organizations like the Long Term Care Community Coalition and the National Consumer Voice for Quality Long-Term Care are calling on CMS to withdraw the plan, warning that streamlined, shorter surveys create a dangerous loophole where sudden deteriorations in care—often triggered by rapid staffing turnover, management changes, or financial distress—will go unnoticed. Advocates also caution that placing a "gold trophy" icon on the federal Nursing Home Care Compare website to designate eligible facilities will give families a false sense of security, misrepresenting a cost-saving reduction in federal oversight as a seal of superior care while leaving vulnerable residents at heightened risk of undetected abuse and neglect.
4. **PALTmed**
   July 21, 2016

	CMS to Launch Nursing Home Risk-Based Survey Nationwide September 8, 2026 Starting September 8, 2026, the Centers for Medicare & Medicaid Services (CMS) will require state survey agencies to implement the Risk-Based Survey (RBS) for qualifying, high-performing nursing homes—a streamlined recertification process designed to reduce survey duration, sample size, and staffing requirements for lower-risk facilities. Under CMS memorandum QSO-26-14-NH, nursing homes must meet strict eligibility criteria to participate, including maintaining a 5-star overall rating, a health inspection score in the top half of their state, no recent harm or immediate jeopardy citations, and no recent ownership changes or staffing waivers. CMS explains that the policy responds to flat federal inspection funding since 2015 alongside a 20% surge in complaint investigations, allowing regulators to shift resources toward higher-risk facilities while highlighting qualifying nursing homes with a new icon on the federal Care Compare website starting September 30. Read the memo.
Housing	**5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll** July 21, 2026 *Governor Healey Launches Statewide Program to Help Homeowners Build Accessory Dwelling Units* *New program will help homeowners determine whether an ADU is right for their property* The Healey-Driscoll Administration launched Phase One of a statewide Accessory Dwelling Unit (ADU) Incentive Program to help Massachusetts homeowners determine whether building an ADU—such as a basement apartment or backyard cottage—is feasible on their property. Administered by the Massachusetts Housing Partnership (MHP) in collaboration with the Executive Office of Housing and Livable Communities (HLC) and supported by $10 million in funding over two years, the initiative connects residents with a directory of professional study providers to evaluate site conditions, local zoning, utility needs, and high-level cost estimates prior to investing in construction. The program builds on the state's Affordable Homes Act, aiming to lower housing costs, increase inventory, and provide flexible living arrangements for families, caregivers, and renters across the Commonwealth.
Caregiving	**6. Boston Globe (free access)** July 19, 2026 *My mom stepped up to care for my grandma. If I need to, I'll do the same.* By Lauren Booker *Long-term caregiving for a family member is a labor of love — and a financial burden.* This *Boston Globe* article explores the "caregiver penalty," detailing how individuals—disproportionately women—who exit the workforce or reduce their hours to provide care for aging parents face long-term financial instability. By removing themselves from the labor market, these caregivers suppress their lifetime earnings, which directly results in reduced Social Security retirement benefits later in life. The piece

	highlights the growing tension between our aging population's dependency on informal, unpaid family care and a public policy infrastructure that fails to recognize this labor, ultimately arguing for systemic reforms such as Social Security "caregiver credits" to protect those who sacrifice their own financial security to support their loved ones. **7. Genworth** March 2, 2026 *CareScout Releases 2025 Cost of Care Survey Results* The latest CareScout Cost of Care Survey from Genworth reveals that while long-term care expenses remain historically high across the United States, year-over-year rate growth moderated significantly in 2025, with most care settings seeing increases between 1% and 5% alongside a notable 5% price decline for adult day health care ($24,700 annually). Based on over 25,000 provider rates collected nationwide, the 2025 data shows national annual medians rising to $80,080 for in-home non-medical caregiving (up 3%), $74,400 for assisted living communities (up 5%), $114,975 for a semi-private nursing home room (up 2%), and $129,575 for a private nursing home room (up 1%), alongside newly reported private duty nursing rates averaging $90 per hour. CareScout CEO Samir Shah emphasized that despite this period of relative stabilization following years of rapid acceleration, long-term care continues to pose one of the most substantial financial challenges facing aging adults and their families, underscoring the urgent need for early planning, cost transparency, and funding solutions. On CareScout.com, there is an array of resources including: • The CareScout Cost of Care Survey tool, an interactive web-based tool to help calculate the median cost of long-term care services in your area. • National and state median data, alongside ranked state data tables, to help you compare care-type costs at-a-glance. • Care Plans, which provide families with a clearer starting point by helping them understand care needs and next steps through a personalized evaluation. • The CareScout Quality Network, a first-of-its-kind network of long-term care providers who meet high standards for quality, person-centered care. • Funding Aging Care, information about solutions designed to help families plan for and fund future care needs.
Hospice	**8. *Washington Post** July 26, 2026 *Hospices worry patients will be unfairly punished amid fraud crisis* By Laurie Udesky, KFF Health News n an article co-reported with KFF Health News, *The Washington Post* examines growing concerns among hospice providers and health policy researchers that widespread media coverage and escalating federal crackdowns on hospice fraud could inadvertently harm terminally ill patients. As regulators enact stricter oversight to curb fraudulent billing schemes and predatory operators in the industry, legitimate end-of-life care providers warn that overly punitive rules, increased administrative

	burdens, and heightened scrutiny may cause doctors to hesitate before referring patients or lead facilities to turn away complex cases, ultimately restricting access to essential end-of-life care for vulnerable individuals.
End of Life	**9. Philly Voice** July 26, 2026 *Most Americans prefer to die at home, but the U.S. healthcare system often prevents it* By Karen Lutfey Spencer, University of Colorado Denver and Jane Callahan, North Carolina Central University Although the vast majority of Americans express a preference to spend their final days at home, only about one-third actually do, largely due to a U.S. healthcare system that prioritizes aggressive, life-extending medical interventions over quality of life and patient choice. Authors Karen Lutfey Spencer and Jane Callahan argue that a "fix-it-at-all-costs" clinical culture, coupled with short-term hospice enrollments—where the median stay is under three weeks—routinely leads to crisis-driven hospitalizations and unwanted interventions. To bridge this gap, the authors emphasize early adoption of palliative care (which manages symptoms alongside treatment at any stage of illness) and end-of-life doulas (who provide holistic guidance and logistical support), noting that earlier planning and self-advocacy can help shift end-of-life care from reactive medical *crises toward greater dignity, comfort, and personal autonomy.*
Workforce	**10. Skilled Nursing News** July 24, 2026 *'One Main Pillar': The Rising Presence of NPs in Nursing Homes Driven by Surveys, Rising Acuity, Managed Care* By Amy Stulick In an article for *Skilled Nursing News*, Amy Stulick reports on the rapidly expanding role of nurse practitioners (NPs) in long-term care facilities, where they are increasingly viewed as a central pillar for managing rising resident medical acuity, improving state survey outcomes, and driving quality assurance initiatives. Driven by evolving regulatory frameworks like Quality Assurance and Performance Improvement (QAPI) programs, complex survey processes, and Medicare value-based care models such as the Transforming Episode Accountability Model (TEAM), nursing home operators are shifting away from traditional models where NPs merely supported visiting primary care physicians. Instead, forward-looking operators (such as Vierra Communities) are embedding dedicated, full-time NPs directly within single facilities to deliver continuous on-site clinical oversight, reduce preventable hospital readmissions, maintain regulatory compliance, and fulfill the growing clinical demands of managed care partnerships. **11. PBS News Hour** July 23, 2026 *End of migrant protections creates elder care staffing challenges* By Geoff Bennett and Jonah Anderson In an interview on *PBS NewsHour*, Geoff Bennett speaks with Katie Smith Sloan, President and CEO of LeadingAge, about the severe

	operational crisis facing the senior care industry following the Supreme Court decision allowing the Trump administration to terminate Temporary Protected Status (TPS) for Syrian and Haitian nationals. Sloan highlights that foreign-born workers constitute 25% to 30% of the nationwide aging services workforce—with Haitian caregivers playing a particularly vital role—and warns that revoking their work authorization forces long-term care facilities to abruptly lose dozens of essential staff at once, including nurses, certified nursing assistants, and support personnel. Emphasizing that this sudden disruption shatters long-standing, family-like relationships between caregivers and residents, Sloan cautions that providers unable to replace lost staff are being forced to take nursing home beds offline, close wings, or halt new home health admissions, shifting an immense caregiving burden onto family members and compounding costly discharge delays at acute care hospitals. **12. Mother Jones** July 20, 2026 *Florida's Nursing Homes Are Bracing for Life Without Haitian TPS Workers* By Laura C. Morel In a report for *Mother Jones*, Laura C. Morel details how Florida's long-term care industry is bracing for catastrophic staffing shortages following a Supreme Court ruling that cleared the Trump administration to terminate Temporary Protected Status (TPS) for approximately 350,000 Haitians nationwide. Florida—home to roughly half of the country's Haitian TPS recipients—faces an acute crisis, as an estimated 35,000 Haitian immigrants in the state work in healthcare occupations, primarily as certified nursing assistants, home health aides, and nurses. Long-term care providers and industry groups like the Florida Health Care Association have warned that stripping work authorization from these essential caregivers will disrupt continuity of care for vulnerable seniors, aggravate pre-existing labor shortages, and force facilities to cut bed capacities, while affected workers face the terrifying prospect of being deported back to a country destabilized by severe gang violence and ongoing conflict.
Aging Topics	**13. Yahoo! Finance** July 26, 2026 *Nearly $75K-a-year eldercare costs are erasing middle-class inheritances as more Americans die broke* By Emma Caplan-Fisher This Yahoo Finance report highlights the severe financial strain facing American families as annual eldercare costs approach $75,000, rapidly eroding nest eggs and slashing generational inheritances. Driven by high out-of-pocket expenses for assisted living, home health aides, and long-term care facilities, these soaring healthcare expenses are forcing many older adults to exhaust their lifetime savings, effectively doubling the rate of Americans who die with zero financial assets. As middle-class families increasingly absorb these overwhelming costs to care for aging parents, financial experts warn that the trend is undermining

	intergenerational wealth transfer and exposing systemic gaps in the nation's long-term care safety net. **14. Aleteia** July 26, 2026 *Let us thank God for the elderly!* By Kathleen N. Hattrup Marking the sixth World Day for Grandparents and the Elderly, Pope Leo XIV used his Sunday Angelus address in Castel Gandolfo to highlight the invaluable contributions of older adults to both the Church and society. Drawing from the biblical theme "I will never forget you" (Isaiah 49:15), the Pope urged the faithful to give thanks for the gift of the elderly, respect their precious role in community life, and commit to ensuring they consistently receive the care, attention, and support they deserve.
Alzheimer's and Other Dementia	**15. KFF Health News** July 24, 2026 *Altercations Between Residents in Dementia Care Is a Frequent Danger* By Jordon Rau In this edition of *The Week in Brief*, Jordan Rau highlights a KFF Health News investigation into the underreported danger of resident-on-resident altercations in memory care facilities and nursing homes, where cognitive decline impairs threat assessment and impulse control. Analyzing state and federal records, the investigation uncovered more than 700 citations for physical, verbal, or sexual abuse between residents since January 2024, noting that in the first quarter of 2026, resident clashes emerged as the single most frequent category of abuse or neglect cited by inspectors—outnumbering staff mistreatment and unsupervised elopements. Highlighting tragic cases of severe injury and death, as well as research suggesting that up to 20% of nursing home residents experience such aggression monthly, Rau emphasizes that warning signs are routinely missed and safeguards fall short when understaffed facilities admit or retain agitated residents without adequate supervision or updated care plans.
Incarcerated Persons	**16. The Good Men Project** July 26, 2026 *Severely Ill Prisoners Granted Early Release Are Left Stuck Behind Bars* By Kaiser Health News In a report republished by *The Good Men Project* from KFF Health News, Ashley Mizuo details how severely ill and incapacitated prisoners across the country who have been granted compassionate release remain stranded behind bars for months or years because long-term care facilities routinely refuse to admit them due to safety concerns, criminal backgrounds, or staffing shortages. The crisis is exacerbated by federal policy changes under the One Big Beautiful Bill Act, which shortened the retroactive Medicaid reimbursement window for new applicants from three months to 30 days, leaving care facilities financially disincentivized to accept formerly incarcerated individuals whose public coverage applications are delayed. While four states—Connecticut, Georgia, Massachusetts, and Vermont—have attempted to

	bridge this gap by contracting directly with specialized nursing networks like iCare Health Network's MissionCare Health to house formerly incarcerated residents, advocates stress that without comprehensive state statutes establishing formal placement pathways, terminally ill and paralyzed individuals will continue to languish in prison infirmaries or die in custody while waiting for community care options.
Office of Attorney General Andrea Campbell	**17. Office of Attorney General Andrea Campbell** July 22, 2026 *Massachusetts Hospitals And HMOs Report Contributing Approximately $1.6 Billion In Community Benefits In Fiscal Year* *Investment in Programs Targeting Priority Areas of Chronic Disease, Mental Illness, Housing, and Substance Use Increased Since 2018 Community Benefit Guidelines Updates* The Massachusetts Attorney General's Office announced that 51 hospitals and five Health Maintenance Organizations (HMOs) across the state contributed approximately $1.6 billion in total Community Benefits expenditures during fiscal year 2025. According to reports published by the AGO, $1.1 billion was provided by 49 non-profit hospitals (including $120 million for free and discounted care), while HMOs contributed $494 million, with the vast majority ($476 million) directed to the state's Health Safety Net for uninsured and underinsured residents. Out of $577 million spent directly on targeted community programs, $323 million went toward key statewide health priorities—specifically chronic disease, mental health, substance use disorder treatment, and housing stability—reflecting a 63% increase in spending on these core areas since the AGO updated its program guidelines in 2018.
State Policy	**18. *Boston Globe** July 26, 2026 (updated) *'People were blindsided by this rule': Paratransit riders face a greater challenge after MBTA policy change* By Diti Kohli The *Boston Globe* report highlights concerns from seniors and disability advocates over updated MBTA policies for "The RIDE"—the agency's paratransit service for passengers with disabilities and mobility challenges—which stipulate that drivers will no longer carry riders' personal items or groceries. Under the rule, riders or an accompanying personal care attendant must be able to carry all baggage to and from the vehicle in a single trip and fit items entirely within their personal onboard space. Advocates argue this restriction severely impacts vulnerable seniors and disabled individuals who rely on the service for essential errands like grocery shopping, as many are physically unable to carry multiple or heavy bags unassisted, risking their independence and access to basic necessities. **19. CommonWealth Beacon** July 25, 2026 *I led efforts to increase primary care spending in Rhode Island. Here are the things Massachusetts must get right.* By Christopher Koller In an opinion piece for *CommonWealth Beacon*, Christopher Koller, the health insurance commissioner in Rhode Island, urges Massachusetts

	lawmakers to pass Senate bill S-3116, which would reallocate health care funding to increase primary care spending from less than 7% to at least 15% starting in 2028 without raising overall premium costs or patient cost-sharing. Drawing from his experience leading similar reform efforts in Rhode Island, Koller refutes pushback from insurers and large health systems, emphasizing that Massachusetts' proposed legislation improves upon past state models by holding both insurers and large health systems accountable, adopting MassHealth's value-based payment model, and establishing a dedicated Office of Primary Care Policy within the Health Policy Commission. He cautions the House against yielding to healthcare industry opposition, arguing that prioritizing investment in primary care is essential to achieving longer life expectancy, improved equity, and a sustainable health system for the Commonwealth.
Federal Policy	**20. Long Term Care Community Coalition** July 23, 2026 *CMS's New Risk-Based Survey Policy for Nursing Homes Puts Vulnerable Residents at Risk* In an alert released July 23, 2026, the Long Term Care Community Coalition (LTCCC) strongly opposes the Centers for Medicare & Medicaid Services' (CMS) decision to implement a nationwide "Risk-Based Survey" (RBS) process starting September 8, 2026. Under the new CMS policy (QSO-26-14-NH), approximately 12 percent of U.S. nursing homes designated as "lower risk" will receive streamlined annual inspections with smaller resident samples and reduced review activities. LTCCC argues that scaling back comprehensive inspections for over 1,000 facilities severely undermines resident protections and government accountability, warning that the policy relies on flawed, easily manipulated quality metrics and historical inspection records that frequently underreport harm and fail to reflect sudden drops in care quality brought on by staffing shortages, management turnover, or ownership changes. While CMS claims the streamlined process will help state survey agencies manage flat funding and growing complaint backlogs, LTCCC contends that weakening oversight is a dangerous response to administrative resource constraints. Instead of cutting back survey depth for selected facilities, the coalition urges CMS to make the existing inspection system smarter and more effective by leveraging actionable data—such as low staffing levels, high turnover, elevated hospitalization rates, and financial red flags—to target inspections. Furthermore, LTCCC criticizes CMS's plan to award a "gold trophy" icon on Care Compare to qualifying facilities, cautioning that it misleads consumers into believing a nursing home delivers superior care when it simply signifies that the facility is receiving a less rigorous, abbreviated inspection. **21. Axios** July 23, 2026 *Fraud warning added to nursing home vote guidance* By Maya Goldman

An Axios report details how the Trump administration rescinded previous federal guidance from the Centers for Medicare & Medicaid Services (CMS) that affirmed voting rights for nursing home residents, replacing it with a new memorandum that heavily emphasizes safeguards against potential voter fraud, coercion, and improper staff influence. While CMS reiterates that residents retain their constitutional right to vote and states that the memo imposes no new regulatory mandates, the updated guidance shifts the federal focus toward preventing misconduct—citing alleged election-related violations in Texas and Wisconsin and warning facilities against registering residents without consent or filling out ballots on their behalf. The policy change encourages long-term care facilities to utilize bipartisan election workers where permitted by state law, signaling to providers that federal survey and enforcement oversight will focus more closely on documentation, resident consent, and strict adherence to state election laws as the 2026 midterm elections approach.

22. **The Hill**
    July 22, 2026
    Congress must get the Older Americans Act reauthorization across the finish line
    By Bob Blancato
    This Hill opinion piece argues that the U.S. House of Representatives must urgently pass the reauthorization of the Older Americans Act (OAA) to protect vital, community-based support services for the nation's rapidly growing aging population. Enacted in 1965, the OAA funds critical programs—including home-delivered meals (such as Meals on Wheels), family caregiver support, adult day care, senior center operations, and the Long-Term Care Ombudsman Program—that enable millions of older adults to age in place with dignity and avoid costly institutional care. The author emphasizes that delay or inaction in the House jeopardizes federal funding for local Area Agencies on Aging (AAAs) and community partners, leaving low-income and vulnerable seniors at risk of losing essential safety-net protections and nutritional assistance.
23. **Office of U.S. Representative Emanuel Cleaver(D-MO)**
    July 22, 2026
    The CHARTS Act would establish a pilot grant program to help nursing homes and home health providers adopt electronic health records, improving patient care and reducing costly medical errors.
    U.S. Representative Emanuel Cleaver, II (D-MO) introduced the Connecting Health and Records Technology for Seniors (CHARTS) Act to help long-term and post-acute care (LTPAC) providers—such as nursing homes, skilled nursing facilities, and home health agencies—modernize their electronic health record (EHR) systems and improve care coordination for older adults. Addressing a major technological gap stemming from the 2009 HITECH Act, which excluded long-term care providers from federal EHR adoption incentives and left many struggling with prohibitive implementation costs ($100,000 to $250,000 per facility), the legislation establishes a competitive HHS pilot grant program authorizing $5 million annually in FY2027 and FY2028 with individual

	awards up to $500,000. Endorsed by advocacy groups like ADVION, the CHARTS Act aims to facilitate real-time information sharing across hospitals, post-acute settings, and home care, reducing medical errors and administrative burdens while aligning long-term care providers with CMS value-based care data standards to deliver safer, person-centered healthcare.
From Our Colleagues from Around the Country	**24. Consumer Voice** July 21, 2026 *In this issue* • Tell Your Representatives: Support the Older Americans Act Reauthorization Act • CMS Updates Guidance Around Voting Rights Protections in Nursing Homes • CMS Plans to Reduce Oversight of Some Nursing Homes through "Risk-Based Survey" System • Updated Fact Sheet: *What Is the Personal Needs Allowance?* and *2026 PNA by State* Chart **25. American Geriatric Society** July 17, 2026 *Week in Review* • Action Alert - Urge Your Representative to Pass Legislation to Reauthorize the Older Americans Act • CMS Releases 2027 Medicare Physician Fee Schedule Proposed Rule • AGS Comments on OMB Proposed Rule for Federal Grantmaking Across Agencies • Cyclospora Outbreak: Updates from Your Local Epidemiologist • Complete the 2026 AGS/ADGAP Compensation & Productivity Survey Today! • AGS/ADGAP Leadership & Life Skills Curriculum – Enrollment Now Open for AGS Early Career Professionals and Fellows in Training Members! • Remembering Dr. Norman S. Weinberg • New Opportunities for Investigators & MyAGSOnline Calendar Events
From Around the Country	**26. WFLA** July 26, 2026 *150+ residents evacuated after roof collapses at Bradenton assisted living facility* By Brianna Leonard Following a partial roof collapse on Saturday evening at Aviata at Bradenton Villas, an assisted living facility in Bradenton, Florida, emergency officials successfully evacuated and relocated approximately 157 residents without any reported injuries. Manatee County Public Safety, EMS, and the Bradenton Fire Department coordinated with regional partners from Hillsborough and Pinellas counties—utilizing ambulances and accessible transit vehicles—to arrange temporary accommodations and safe transportation for the displaced individuals. While the cause of the structural failure remains under investigation, local leaders emphasized that inter-agency coordination ensured the

	residents were safely evacuated and supported during the disruptive emergency response. **27. WTNH** July 21, 2026 *'We will all go to prison:' Supervising nurse accused of waiting to call 911 after patient found unresponsive in Windsor Locks* By Bailey Wright Following an extensive police investigation, two former workers at the now-closed Bickford Health Care Center in Windsor Locks, Connecticut—registered nurse Papy Bibo and certified nursing assistant Uchenna Obi—were arrested in connection with the February 2026 death of 93-year-old resident Margaret Healey, who froze to death after wandering outdoors in near-zero-degree weather. According to court arrest warrants, Healey exited through an unalarmed employee door around 1:55 a.m. while Obi was allegedly asleep on duty, remaining collapsed outside on a snow-covered sidewalk for over three hours before staff noticed her missing. Upon finding Healey cold and unresponsive at 5:11 a.m., staff brought her inside to change her clothes and apply warm blankets rather than immediately summoning emergency medical assistance; witness statements indicate that Bibo initially refused to call 911 because "we will all go to prison," delaying the call for over an hour until 6:23 a.m. after warming efforts failed. Bibo now faces charges of criminally negligent homicide and tampering with physical evidence, while Obi faces charges of first-degree reckless endangerment and evidence tampering, fueling broader calls among state lawmakers to tighten background check requirements and safety oversight in long-term care facilities.
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	***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 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	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green **Buy the book here** 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. ***American Eldercide: How It Happened, How to Prevent It*** By Margaret Morganroth Gullette **Buy the book here.** **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.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/ Marsters data for the calendar year 2025: • 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. 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.
Support Dignity Alliance Massachusetts	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,

Please Donate!	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 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.** **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.** **https://dignityalliancema.org/donate/** Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.
Websites	**ADU Incentive Program** https://www.mhp.net/one-mortgage/adu-incentive-program The ADU Incentive Program is a statewide initiative administered by the Massachusetts Housing Partnership (MHP) in collaboration with the Executive Office of Housing and Livable Communities (HLC) to promote ADU (accessory dwelling unit) construction. The program is designed to help property owners evaluate and advance ADU projects while supporting broader housing goals across Massachusetts. **Health and Retirement Study** https://hrs.isr.umich.edu/ The University of Michigan Health and Retirement Study (HRS) is a longitudinal panel study that surveys a representative sample of approximately 20,000 people in America, supported by the National Institute on Aging (NIA U01AG009740) and the Social Security Administration. Through its unique and in-depth interviews, the HRS provides an invaluable and growing body of multidisciplinary data that researchers can use to address important questions about the challenges and opportunities of aging.

Blogs	***Risking Old Age in America*** **https://okayboomer.substack.com/** By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it.	
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in *The Dignity Digest.*	
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	**Nursing home**	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	**MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care** **Table of Contents** (Last updated: December 16, 2024) **Massachusetts Medicaid Long-Term Care Definition** **Income & Asset Limits for Eligibility** **Income Definition & Exceptions** **Asset Definition & Exceptions** **Home Exemption Rules** **Medical / Functional Need Requirements** **Qualifying When Over the Limits** **Specific Massachusetts Medicaid Programs** **How to Apply for Massachusetts Medicaid**	
Money Follows the Person	**MassHealth** *Money Follows the Person* The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	

<table>
<tr><td>Determination of Need Projects</td><td>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</td></tr>
<tr><td>List of Special Focus Facilities</td><td>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.</td></tr>
<tr><td>Nursing Home Inspect</td><td>ProPublica
Nursing Home Inspect
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?)
<table>
<tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # Reports</th><th>MA facilities cited</th></tr>
<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>
</table>
Updated October 15, 2025</td></tr>
<tr><td>Nursing Home Compare</td><td>Centers for Medicare and Medicaid Services (CMS)
Nursing Home Compare Website
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</td></tr>
<tr><td>Data on Ownership of Nursing Homes</td><td>Centers for Medicare and Medicaid Services
Data on Ownership of Nursing Homes
CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common</td></tr>
</table>

<table>
<tr><td></td><td>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.</td></tr>
<tr><td>DignityMA Call Action</td><td>• 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</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td>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</td></tr>
<tr><td>Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group leaders for more information.</td><td>
<table>
<tr><th>Workgroup</th><th>Workgroup lead</th><th>Email</th></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
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 Forrow</td><td>lforrow@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>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
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>
</table>
</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td>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/</td></tr>
<tr><td>REV UP Massachusetts</td><td>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.</td></tr>
<tr><td>The Dignity Digest</td><td>For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack</td></tr>
</table>

	MailChimp Specialist: Sue Rorke
Note of thanks	Thanks to the contributors to this issue of *The Dignity Digest:* • George Fleischner • Judi Fonsh • Wynn Gerhard • Jim Lomastro • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.* *If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.*

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.