



The Dignity Digest

Issue # 296

August 18, 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

Honoring Older Adults Through Action, Not Just Words

“To care for those who once cared for us is one of the highest honors.”

Nishan Panwar, a young writer from India who has a habit of posting profound thoughts and insights through his various social media channels

During August—the month designated to honor older adults ([National Senior Citizens Day](#) - August 21)—we are reminded that celebration without advocacy falls short. Honoring elders requires more than ceremonial proclamations; it demands structurally sound long-term care, robust community-based services, fair wages for direct care workers, and an unwavering commitment to personal autonomy. Respecting older adults and individuals with disabilities means building a system where aging in place is emphasized and supported, institutional care is safe and dignified, and every voice is heard and respected.

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

FY 2027 State Budget

- [Annual state revenues cleared benchmark by nearly \\$1.93 billion](#) (**State House News**, August 13, 2026)
- [MassBudget In-Depth Analysis of FY 2027 General Appropriations Act \(GAA\)](#) (**Massachusetts Policy and Budget Center**, July 21, 2026)

2026 Elections

- [Voter Registration Deadline](#) (**State House News**, August 17, 2026)
- [Early Voting Begins](#) (**State House News**, August 17, 2026)
- [Democrats Warn New Federal Guidance May Harm Nursing Home Residents' Voting Rights](#) (**Truthout**, August 14, 2026)

Economics

- [Family Wealth in Massachusetts](#) (**The Boston Foundation**, August 12, 2026)

	Nursing Homes • <u>Nursing Home Closures Held Steady Despite the Pandemic But Rural Access Worsened</u> (Leonard Davis Institute of Health Economics, August 11, 2026) Housing • <u>More Than 2,000 ADUs Approved Under Governor Healey's Housing Bill</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 12, 2026) Homelessness • <u>Updates to HUD Homelessness Funding</u> (Justice in Aging, August 14, 2026) • <u>AG Campbell Secures Victory In Lawsuit Protecting Federal Support For Homelessness Services</u> (Office of Attorney General Andrea Campbell, August 10, 2026) Disability Topics • <u>ADA marks 36 years as federal enforcement priorities shift</u> (McKnights Senior Living, July 26, 2026) Health Care Topics • <u>What's Going on With Fall COVID and Flu Shots?</u> (MedPage Today, August 14, 2026) Caregiving • <u>A mother has spent years caring for her special-needs child. The toll quietly grew.</u> (Washington Post, August 16, 2026) • <u>How to Start 'the Talk' With Aging Parents</u> (Wall Street Journal, July 25, 2026) Workforce • <u>State grants nearly \$500,000 to train local nursing assistants</u> (The New Bedford Light, August 16, 2026) Climate Issues • <u>Most Americans have been affected by extreme heat this year</u> (AP NORC Poll, August 6, 2026) State Policy • <u>Healey-Driscoll Administration Announces First Statewide Heat Resilience Officer</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 13, 2026) • <u>Healey-Driscoll Administration Awards \$45 Million to Protect Massachusetts Communities from Flooding, Extreme Heat and Climate Impacts</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 12, 2026) • <u>Governor Healey Launches Statewide Campaign to Help MassHealth Members Keep Their Health Coverage After Trump Cuts</u> (Office of Governor Maura Healey and Lt. Kim Driscoll, August 11, 2026) Federal Policy • <u>Senate Budget Hearing on Medicaid</u> (Justice in Aging, August 14, 2026)
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	From Around the Country • <u><i>TIMELINE: Troubled nursing home forced to close after years of scrutiny</i></u> (13WHAM ABC News, August 15, 2026) • <u><i>Severe nursing home violations surge 77% in Virginia following reform efforts, data shows</i></u> (WTVR (video), August 14, 2026) From Our Colleagues from Around the Country • <u><i>New Justice in Aging Resources</i></u> (Justice in Aging, August 14, 2026)
Quotes	<i>“The failure to eliminate multi-bedded rooms inflicts a profound, daily toll on the fundamental human rights, privacy, and dignity of residents.”</i> Dignity Alliance Massachusetts statement, <u><i>Nursing home settlement allows homes to gain exemptions to room occupancy limits</i></u> (Cambridge Day, August 15, 2026) <i>“The nation’s 1.2 million nursing home residents face unique problems in obtaining access to the voting booth and must not be denied their rights because they are disabled, elderly, lack transit, or face difficulties in obtaining a ballot or voting in person.”</i> In a <u>letter</u> sent to CMS Administrator Mehmet Oz, Sens. by Alex Padilla (D-Calif.), <u>Elizabeth Warren</u> (D-Mass.), and 11 other Democrats, <u><i>Democrats Warn New Federal Guidance May Harm Nursing Home Residents’ Voting Rights</i></u> (Truthout, August 14, 2026) <i>“Policymakers should consider targeted interventions, such as enhanced payments and workforce supports, that ensure that [nursing] facilities serving geographically isolated communities are both financially viable and equipped to deliver high-quality care.”</i> <u><i>Nursing Home Closures Held Steady Despite the Pandemic But Rural Access Worsened</i></u> (Leonard Davis Institute of Health Economics, August 11, 2026) <i>The FY 2027 General Appropriations Act (GAA) brings together resources for public investments that support a higher quality of life across the Commonwealth. However, Massachusetts faces</i>

tremendous fiscal uncertainty that puts at risk our ability to make those investments. OB3 is severely cutting human service programs that families with low and moderate incomes rely on to make ends meet, like Medicaid and SNAP, while providing significant tax breaks that largely benefit the wealthiest individuals and corporations. The loss of these and other federal funding – such as federal financial aid for college education, Head Start, Section 8 housing vouchers, and changes in eligibility to enroll in the Affordable Care Act – mean that the FY 2027 Massachusetts budget could experience significant cuts after it is enacted.

[MassBudget In-Depth Analysis of FY 2027 General Appropriations Act \(GAA\)](#) (Massachusetts Policy and Budget Center, July 21, 2026)

“Healthcare is a necessity.”

Congresswoman Lori Trahan (D, MA-3), [Governor Healey Launches Statewide Campaign to Help MassHealth Members Keep Their Health Coverage After Trump Cuts](#) (Office of Governor Maura Healey and Lt. Kim Driscoll, August 11, 2026)

“Massachusetts needs infrastructure that can withstand flooding, extreme heat and severe storms.”

Governor Maura Healey, [Healey-Driscoll Administration Awards \\$45 Million to Protect Massachusetts Communities from Flooding, Extreme Heat and Climate Impacts](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 12, 2026)

“Extreme heat is the deadliest weather hazard in the U.S., killing more Americans than hurricanes, floods, tornadoes and other weather hazards combined.”

Massachusetts Climate Chief Melissa Hoffer, [Healey-Driscoll Administration Announces First Statewide Heat Resilience Officer](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 13, 2026)

“The Court has ruled that the Trump Administration cannot arbitrarily rip stable housing away from more than 90,000 families across the country and block our efforts to end homelessness.”

Attorney General Andrea Campbell, [AG Campbell Secures Victory In Lawsuit Protecting Federal Support For Homelessness Services](#) (Office of Attorney General Andrea Campbell, August 10, 2026)

“There’s always going to be a need for CNAs [certified nursing assistants in nursing homes].”

Michael Santos, MassHire Greater New Bedford Workforce Board’s executive director and CEO, [State grants nearly \\$500,000 to train local nursing assistants](#) (The New Bedford Light, August 16, 2026)

Ninety percent of adults say extreme heat has had at least a minor impact on their lives, up from 83% two years ago, according to a [July 2024 AP-NORC poll](#). Adults have also become more likely to report major impacts across nearly every item.

[Most Americans have been affected by extreme heat this year](#) (AP NORC Poll, August 6, 2026)

Family caregivers — who provide ongoing support for children or adults with chronic, disabling or serious health conditions — now number roughly 63 million Americans, up from 43.5 million a decade earlier. . . [This] enormous, largely invisible workforce is in part due to an aging population, rising rates of chronic disease and one of the most consequential shifts in U.S. social policy of the past half-century.

[A mother has spent years caring for her special-needs child. The toll quietly grew.](#) (Washington Post, August 16, 2026)

By this time of year, both the FDA and CDC normally have weighed in on fall respiratory virus vaccine recommendations. But given ongoing controversies over vaccination spurred by the Trump

	<i>administration, a wrench has once again been thrown into the gears of that process.</i> <u>What's Going on With Fall COVID and Flu Shots?</u> (MedPage Today, August 14, 2026) <i>According to the results of its latest American Community Survey, from 2024, 45% of all noninstitutionalized people aged 75 or more years are disabled. Disabilities in this age group:</i> • <i>28.8% have ambulatory difficulties</i> • <i>20.8% have independent living difficulties</i> • <i>20.5% have hearing difficulties</i> • <i>11.5% have cognitive difficulties</i> • <i>11% have self-care difficulties</i> • <i>8.1% have vision difficulties</i> <u>ADA marks 36 years as federal enforcement priorities shift</u> (McKnights Senior Living, July 26, 2026)
Public Hearing	Department of Public Health <i>Transfer of Ownership: Royal Nursing Homes</i> When: Aug 27, 2026 06:00 PM Eastern Time Topic: Royal Transfer of Ownership Join from PC, Mac, iPad, or Android: <u>https://zoom.us/j/99216755328</u> Phone one-tap: +19294362866,,99216755328# US (New York) Join via audio: +1 929 436 2866 US (New York) Webinar ID: 992 1675 5328 International numbers available: <u>https://zoom.us/u/acRzAbyxrB</u> Nursing homes involved with the proposed transfer of ownership: Royal Cape Cod Nursing & Rehabilitation Center, Buzzards Bay; Royal Meadow View Center, North Reading; Royal Braintree Nursing and Rehabilitation Center, Braintree; Royal Norwell Skilled Nursing Center, Norwell; Royal Westborough Nursing & Rehabilitation Center, Westborough; Royal of Cotuit Skilled Nursing Center, Mashpee; Royal Falmouth Nursing

	Center, Falmouth; Royal Wood Mill Center, Lawrence; Royal Health Care Center, Lowell; Royal Nursing & Rehabilitation Center, Falmouth.
DignityMA in the News	Cambridge Day August 15, 2026 <u>Nursing home settlement allows homes to gain exemptions to room occupancy limits</u> By Sue Reinert Summary: <i>Cambridge Rehab & Nursing was one of the plaintiffs that sued for exemption to two-person room limits. Advocates condemned the agreement.</i> A recent court settlement between the Massachusetts Department of Public Health (DPH) and 33 nursing homes—including Cambridge Rehabilitation & Nursing Center—has established a new pathway for facilities to bypass state limits restricting rooms to a maximum of two residents. The lawsuit originated after nursing home operators challenged a pandemic-era state regulation, slated to take effect in April 2022 to curb infectious disease transmission, arguing that mandatory room limits exceeded state authority and infringed on property rights. Under the new agreement dismissing the lawsuit, nursing homes seeking exemptions from the two-bed cap now only need to satisfy any five of eight designated criteria (such as minimum square footage, quality scores, and recent infection control records) rather than meeting all standards. State health officials report that 126 nursing homes statewide currently operate rooms with more than two beds, with 16 facilities submitting new waiver applications following the settlement. Operators, including Cambridge Rehabilitation, argued that eliminating three- and four-bed rooms would force them to take vital beds out of service and increase operating costs. DPH spokeswoman Ann Scales noted that the department has begun reviewing the new requests and that nursing homes have until next April to apply for exemptions under the newly established criteria. The settlement drew sharp condemnation from elder and disability advocacy organizations, notably Dignity Alliance Massachusetts, which warned that maintaining crowded multi-bed rooms compromises resident privacy, fundamental human rights, and clinical safety. In a formal letter to public health leadership, advocates urged the state to require facilities to meet all eight standards—rather than an elective five—while also mandating compliance with the state's minimum direct-

	care staffing requirement of 3.58 hours per resident-day. Advocacy groups also called for full transparency, asking the state to publicly post all granted waivers, their underlying justifications, and measurable progress toward eventual room modernization.
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. The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.	<i>Don't Preserve Nursing-Home Beds at the Expense of Nursing-Home Care</i> <i>Massachusetts already knows that better-paid caregivers mean better access to care. It should apply the same lesson to nursing homes.</i> By Richard T. Moore <i>Former Senate Chair, Joint Committee on Health Care Financing and Co-Founder, Dignity Alliance Massachusetts</i> August 15, 2026 A new Harvard study reported in the <i>Boston Globe</i> this week offers a surprisingly simple answer to Massachusetts' child-care crisis: pay child-care workers more. Harvard Kennedy School professor Jeffrey Liebman surveyed 1,001 Massachusetts mothers and found that 89 percent would use formal child care if they could afford it, compared with just 53 percent who currently do. His proposal is to raise early-educator wages by \$6 an hour, with additional state support helping providers expand capacity. He estimates that enrollment could rise from 53 percent to 65 percent within five years. The logic is straightforward: better compensation attracts and retains more workers; more workers create more capacity; more capacity allows more people to receive the care they need. Massachusetts should apply exactly the same logic to another care crisis — the shortage of nurses and direct-care workers in nursing homes. But there is an important difference. In nursing homes, the Commonwealth already spends billions of public dollars on care. And Massachusetts already has laws and regulations intended to make sure some of that money actually produces direct care. The question is whether those requirements are strong enough to do the job. We already know what the standard is Since 2020, Massachusetts has required nursing facilities participating in MassHealth to meet a 75 percent Direct Care Cost Quotient, or DCC-Q. The current regulation requires qualifying direct-care workforce expenses to equal at least 75 percent of defined facility revenue. Facilities that fall below the threshold face a reduction in their MassHealth nursing and operating payments. The Commonwealth also requires nursing homes to provide an average of at least 3.58 hours per patient day of nursing staff time. Beginning with quarters starting October 1, 2025, facilities falling below that standard face additional payment reductions, ranging

from 0.5 percent to 3 percent depending on how far below the standard they fall. Those are not merely suggestions. They are Massachusetts' own determination of what taxpayers should expect in return for public reimbursement.

Yet the staffing problem persists.

Recent reporting found that roughly half of Massachusetts nursing homes are understaffed under the state's requirements. The state has documented persistent failures to meet the minimum staffing standards, even after the Commonwealth established financial penalties for noncompliance. That should force us to ask a basic question: **If 3.58 hours is the minimum staffing level**

Massachusetts says residents need, why isn't meeting that standard a condition of receiving the full public payment?

A penalty is not the same thing as accountability

The current system imposes financial penalties, but they may be too small to change behavior. Under the DCC-Q, a facility loses 0.5 percent of its nursing and operating standard payments for every percentage point it falls below the 75 percent threshold, with the reduction capped at 5 percent.

The staffing penalty is similarly limited. A facility substantially below the state's minimum can therefore calculate the financial consequence of noncompliance as another cost of doing business. That is not what accountability should mean.

If Massachusetts has determined that residents require a minimum level of staffing, the Commonwealth should not create a system in which a nursing home can effectively choose between meeting the standard and paying a relatively modest financial penalty. **A minimum standard should be a minimum standard.**

And the two requirements should not operate in isolation.

A facility should have to demonstrate both that it is putting sufficient resources into direct care **and** that residents are actually receiving the minimum amount of nursing care. Money is an input. Staffing is the result. Residents need the result.

But what about the nursing-home beds?

There is an obvious counterargument. State officials and nursing-home operators have warned that aggressive enforcement could cause some financially struggling facilities to close, reducing the number of nursing-home beds available to an aging population. That concern deserves to be taken seriously. But it cannot be the end of the argument.

We should not preserve a nursing-home bed at the expense of the person occupying it.

	A licensed bed is not necessarily a usable bed. If a nursing home has 100 licensed beds but cannot recruit enough qualified workers to safely staff them, it does not really have 100 units of safe care capacity. It has 100 licenses. The Commonwealth's own regulations recognize the tension between nursing-facility capacity and workforce requirements. They explicitly direct facilities to use certain increased funding to support workforce, direct-care staffing, and capacity. That suggests a better answer than tolerating substandard care. If a nursing home is essential to a community but needs help to meet the standards, help it meet them. Provide targeted workforce assistance. Help recruit and train workers. Improve reimbursement for facilities that actually deliver the required care. Facilitate partnerships or transitions when appropriate. But if a facility's business model depends upon chronically understaffing residents, Massachusetts should not subsidize that business model simply to preserve the appearance of bed capacity. We should not confuse preserving a license with preserving care. Pay the caregivers — and make the money count This brings us back to the Harvard child-care study. Liebman's argument is that higher wages should not be viewed simply as another cost. They are an investment in the workforce needed to expand access to care. That is precisely the conversation Massachusetts should have about nursing homes. If we want more nurses and direct-care workers, we have to compete for their labor. And if we are going to invest additional Medicaid dollars in nursing homes, we should make sure those dollars actually strengthen the workforce. The Commonwealth should therefore build on—not abandon—its existing 75 percent DCC-Q requirement. It should: • maintain the 75 percent direct-care spending floor; • require facilities receiving full MassHealth reimbursement to meet the 3.58 HPPD minimum; • separately disclose how much facilities spend on wages and benefits for CNAs, LPNs, RNs and other direct-care workers; • reward facilities that exceed minimum staffing standards and demonstrate lower turnover; • impose stronger, graduated consequences for persistent violations; and
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	• provide targeted assistance to facilities that are genuinely needed in their communities but need help becoming financially and operationally viable. The goal should not be to drive nursing homes out of business. The goal should be to drive bad care out of the system. That is an important distinction. Massachusetts cannot afford to choose between adequate staffing and adequate capacity. It needs both. And if a facility cannot provide the minimum level of care that Massachusetts has determined residents require, the answer cannot simply be to lower the standard because enforcing it might cause the facility to close. Residents do not become less deserving of adequate care because their nursing home is financially troubled. Indeed, the opposite should be true. The public dollars that sustain nursing homes should come with public expectations. We should pay caregivers enough to attract and retain them. We should require facilities to provide the staffing residents need. We should reward those that provide more than the minimum. And when a facility cannot meet the standard, we should help a viable provider improve or ensure that residents have a safe alternative. What we should not do is pay taxpayers' money to preserve substandard care. The Harvard study gives Massachusetts a simple lesson: if you want more care, invest in the people who provide it. For nursing homes, there is a second lesson: If Massachusetts is going to pay for care, it should insist on getting care in return. A nursing-home bed is not the public good. The caregiver standing beside the resident is.
Commentary Offered by DignityMA Participants  James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance	<u><i>My wife, our campervan, and me</i></u> Boston Globe Magazine By James Lomastro August 14, 2026 (updated) <i>We've logged thousands of miles on our campervan. First as a young couple, then new parents, and now grandparents.</i> The most honest record of my marriage is not in photographs or letters. It is in the mileage log of a recreational vehicle that has traveled 55,000 miles over 20 years. I sit behind the wheel of that camper, with Ellen, my wife, beside me. I calculated it on a quiet morning: At an average speed of 45 miles per hour, those miles add up to roughly 1,200 hours on the road. At about five hours per driving day (how we actually traveled), that's about 240 days in transit. Then add the days

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.

parked beside oceans and rivers, at campgrounds from Florida to Maine, and at Salisbury Beach in Massachusetts, where I have been going since I was 7 years old.

At some point, the vehicle ceased to be a vehicle. It became the autobiography of a relationship.

Not officially. Not the one with anniversary photographs or family records. This one is measured in departures and arrivals, in what happens between two people as they move through an unfamiliar landscape together, with nowhere to perform and nothing to maintain except each other's company.

A marriage lived largely in 240 square feet has no room for the public version of yourself. The road strips that away gradually and then all at once. What remains after enough miles is the actual person: the one who gets irritable when hungry, who argues about routes he is wrong about, who stops the camper to fix a curtain that is bothering his wife because it is the only useful thing to do in that moment.

The long silences between us were never a distance. They were comfortable, and we settled into them. They required no explanation.

I have been trying to understand this marriage for 54 years. I do not claim to have succeeded. The understanding I have arrived at hasn't come from the ceremonial occasions, though those were real. It comes from the accumulated weight of ordinary movement through space together.

Arguments that seem important in the moment become impossible to reconstruct. I defend wrong turns as improvisation; Ellen always correctly identifies them as stubbornness. The weather — because in a camper you are not insulated from the weather — is the condition of the day, and you adapt to it together or suffer the consequences.

Now our dog, Pumpkin, rides between us on trips, or sits with her head at the passenger window or with her body against Ellen's leg. Sometimes she sits in back where grandchildren once sat, looking out windows that have framed thousands of miles. She is the latest in a lineage of travelers this vehicle has carried, and she has become, without any announcement, part of the story as well.

	There is something else the camper has taught me, and it took me a while to put it into words: Every arrival carries within it all previous arrivals. When we approach Salisbury Beach, we are never simply arriving there. It's every Salisbury Beach visit we have ever known together — as the young couple who were not yet sure about each other, the parents bringing children to the ocean for the first time, the grandparents watching grandchildren run into the surf. The present trip overlays all the previous ones. We are all of those people simultaneously, and we know it, and we do not need to say so. As a child, I used to look for the roller coaster before I could see the ocean. It was my signal that we had arrived. The roller coaster is gone now. I still look for it. That is what a long marriage does, too. It makes you carry all your earlier selves into every present moment, with someone who knew those selves and is still by your side. It isn't about where we went. It's about who we became while traveling there together. Remarkably, after 54 years, I am still finding out.
Recruitment	See: Listings on MASterList.com's Job Board for all current listings
Rev Up Massachusetts	REV UP MA Election Season Meeting Signup The next meetings will take place on: • Thursday, August 20th at 11 AM: We will discuss Disability Voting Rights Week, Voter Registration Drive Updates and Signups, and Signups for Polling Place Accessibility Surveys • Thursday, September 24th at 1 PM (Agenda Forthcoming) • Thursday, October 15th at 11 AM (Agenda Forthcoming) If you already signed up for automatic invites to our meetings, you do not need to fill out this survey! You will receive a calendar invite the week before our next meeting. Sign Up Form Contact bzimmerman@dlc-ma.org with any questions.
In Person and / or Online Events	1. <u>Public Listening Sessions to Lower Health Care Costs for Massachusetts Families and Small Businesses</u> Division of Insurance to host six virtual forums gathering stakeholder input lowering out-of-network costs and making coverage more affordable for individuals and small businesses. Listening Session Schedule

	DOI will hold all six listening sessions virtually. Additional information, including topics and registration details for each session, will be available as the dates approach: • Wednesday, September 9 at 11:00 AM • Thursday, October 1 at 10:00 AM • Monday, October 5 at 10:00 AM • Monday, October 19 at 10:00 AM • Monday, November 2 at 10:00 AM • Thursday, November 5 at 10:00 AM
Webinars and Online Sessions	2. <u>Safety and Medication Concerns Facing Older Drivers Today</u> Conversations for Caring series offered by Greater Lynn Senior Services Tuesday, August 25, 2026, 2:00 to 3:30 p.m. Operating a vehicle is sometimes problematic for older drivers, and new classes of medications and adverse interactions can affect the abilities of even the most skilled drivers. In this webinar we'll explore the adverse effects of what providers and individuals should be aware of as the landscape of over-the-counter medications and prescription drugs grows more complicated. We will also look at Massachusetts' self-reporting policy: If an individual has a medical condition that affects their driving, they must self-report to the RMV at the time the condition appears/occurs, regardless of license renewal period. We'll also review older driver safety measures including the risks facing older and potentially unsafe drivers. Presenters: • Abby Winter, Associate Teaching Professor of Pharmacy, University of Washington • Michele Ellicks, Outreach Coordinator, Massachusetts Registry of Motor Vehicles <u>Older Driver Registration</u> 3. <u>Public Charge Final Rule: What Advocates Need to Know</u> Justice in Aging Wednesday, August 26, 2026, 2:00 p.m. The Department of Homeland Security (DHS), published a new rule regarding public charge determinations, which will negatively impact certain older immigrants and their families. Public charge determinations are relevant for people seeking admissibility into the United States and people seeking to adjust their immigration status to Lawful Permanent Resident (LPR), also known as "green card" holders. The new rule enables immigration officers to consider a wide variety of factors when determining if someone may depend on the government as their main source of support in the future. The new rule takes effect September 18, 2026. In this webinar, presenters will provide an overview of the new public charge rule, including what has changed from the previous rule, and provide advocates with resources to stay up-to-date on public charge changes. This webinar will be most important for legal and aging services providers who work with older immigrants and immigrants with disabilities on public benefits issues or immigration-related matters. After attending this presentation, participants will:

- Understand the federal laws and new regulation on the public charge grounds of inadmissibility
- Gain strategies on how to advise older immigrant clients who may have questions about public charge determinations and use of benefits
- Access resources to learn more about public charge as the new rule is implemented.

[Public Rule Change Registration](#)

4. [**Public Health in Pursuit of Voting Rights for All**](#)

Network for Public Health Law

Thursday, August 27, 2026, 12:30 to 2:00 p.m.

Join the Network as they host the Southern Poverty Law Center and Health & Democracy Partners for a discussion about voting rights and public health. Southern Poverty Law Center will unpack what the U.S. Supreme Court decision in *Louisiana v. Callais* means for voting rights, the public's health, and public health. Speakers will discuss the connections between health and democracy—for individuals, communities, and the public health system—and identify ways for public health to join the voting rights movement to increase civic and voter participation.

Attend this webinar to:

- Learn about the relationship between health and democracy
- Explore the ways in which our votes shape the systems and institutions responsible for protecting and improving our health, including what health departments and other institutions and actors are legally empowered to do, the resources with which they may operate, the processes they must undergo to take actions, and who makes what decisions and who must be involved in decision-making processes
- Familiarize yourself with recent voting rights developments that have major health and equity implications
- Connect with a community interested in making government and public health work for the people
- Contribute to efforts seeking to build systems that increase trust in government, and in turn, a healthy democracy that enables the public's health to also flourish

Speakers:

- Carlos Andino, Senior Staff Attorney, Southern Poverty Law Center
- Gnora Mahs, Senior Advisor, Health & Democracy Partners
- Darlene Huang Briggs, Deputy Director of Special Projects, Network for Public Health Law

Moderator:

- Nina Belforte, Deputy Director, Strategic Communications, Network for Public Health Law

[Voting Rights Registration](#)

5. [**Accessible Parking: Pushing Beyond Minimum Requirements to Meet Today's Demand**](#)

U.S. Access Board

Thursday, September 3, 2026, 2:30 to 4:00 p.m.

While the 2010 ADA Accessibility Standards and Architectural Barriers Act define the minimum number of accessible parking spaces and their design, data from state agencies and community reporting make clear

	that policy change is required to address a nationwide crisis of accessible parking availability. This session will review the minimum design requirements for accessible parking and potential solutions to address the needs of those who require it. Presenters will propose improvements that can be made at a state or local government level, including the need to increase the proportion of accessible spaces relative to all parking, educating the public to help make people aware of accessible parking and who needs it, and steps that can improve enforcement and ensure those who need parking can access it. This webinar will include video remote interpreting (VRI) and real-time captioning. Participants may submit questions in advance of the webinar during the registration process or may ask questions during the live session. Speakers • Stephen Lieberman, Senior Director of Advocacy & Policy, United Spinal Association • Josh Schorr, Technical Assistance Coordinator, U.S. Access Board 6. <u>Residents' Decision-Making Rights in Nursing Facilities and Assisted Living</u> Justice in Aging Tuesday, September 8, 2026, 2:00 p.m. Under federal law, residents of long-term care facilities have broad rights to make decisions regarding their lives. This webinar will include information on law and advocacy strategies that enable residents to participate in care planning, control the health care and medication that they receive, accept visitors at any hour of the day or night, and vote in the upcoming elections. In general, the assisted living discussion will apply to facilities that accept Medicaid payment for services. Who Should Attend: This training will provide strategies for professionals assisting nursing facility and assisted living facility residents, including: • Long-term care ombudsman representatives. • Legal services attorneys and paralegals. • Other aging network professionals. Key Takeaways: After attending this presentation, participants will: • Understand federal and state authorities' protections enforcing residents' decision-making rights. • Identify and assess common issues preventing residents from exercising their rights. • Develop and implement effective advocacy solutions to protect resident choices. Decision Making Rights Registration 7. <u>Webinar on Caring With Confidence: Building Resilience for Dementia Caregivers</u> National Alzheimer's and Dementia Resource Center Wednesday, September 16, 2026, 2:00 to 3:00 p.m. Caring for a person living with dementia is a meaningful journey that can bring both rewards and challenges for caregivers and families. In this
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	webinar, Oakwood Creative Care will highlight how its Alzheimer's Disease Programs Initiative (ADPI) grant from the Administration for Community Living (ACL) is expanding innovative caregiver support services that foster resilience, emotional well-being, and meaningful connections. Presenters will provide an overview of Oakwood Creative Care's mission, the communities it serves across Arizona, and its expanded commitment to supporting caregivers of people living with dementia. Participants will learn about Resilient Together, Oakwood's six-week support program designed to help caregivers, care partners and families build resilience through emotional support, grief resources, practical guidance, and opportunities for connection. Through real-world examples and case studies, attendees will explore how resilience-based approaches can empower caregivers, strengthen family relationships, enhance well-being, and help families navigate the dementia journey with greater confidence and support. Presenters: • Tara Krantzman, Chief Operations Officer, Oakwood Creative Care • Lorena Diaz, MSW, LMSW, Oakwood Creative Care
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
FY 2027 Massachusetts State Budget	8. State House News August 13, 2026 <u>Annual state revenues cleared benchmark by nearly \$1.93 billion</u> Massachusetts state tax collections for fiscal year 2026 exceeded \$45.54 billion, clearing the state's year-to-date benchmark by nearly \$1.93 billion (4.4%) and outpacing fiscal year 2025 collections by approximately \$1.84 billion (4.2%), according to data released by the Department of Revenue (DOR). The \$1.9 billion revenue surplus was primarily fueled by strong gains in wage withholding, sales and use tax, estate taxes, and especially significant returns from the state's surtax and capital gains collections—which reached preliminary totals of \$3.38 billion and \$3.22 billion, respectively. These increases successfully offset a noticeable decline in corporate and business tax receipts resulting from lower estimated payments and higher refunds. While baseline collections excluding surtax and capital gains revenue were virtually flat against expectations (rising just \$58 million or 0.1% over benchmark), strong June collections of \$4.83 billion capped off a robust fiscal year ahead of any final adjustments from an upcoming closeout supplemental budget. 9. Massachusetts Policy and Budget Center July 21, 2026 <u>MassBudget In-Depth Analysis of FY 2027 General Appropriations Act (GAA)</u> By MassBudget Staff MassBudget's in-depth analysis of the signed \$63.42 billion FY 2027 General Appropriations Act (GAA)—which reaches \$70.6 billion when

	accounting for pre-budget transfers—highlights a balanced, modest budget growth of 4.0% (1.7% adjusted for inflation) with no new broad taxes or fees. Supported heavily by \$2.7 billion in Fair Share surtax revenues directed toward public education and transportation, the budget sustains critical ongoing programs like universal free school meals, community college access, and transit system improvements, while boosting housing investments by 5.4% to \$1.21 billion. However, the report cautions that looming federal policy shifts and corporate tax cuts under the 2025 "One Big Beautiful Bill Act" (OB3)—along with potential reductions in federal reimbursements for MassHealth and SNAP—could significantly squeeze state revenues starting in FY 2028, necessitating proactive state tax policy safeguards and progressive revenue options to maintain fiscal stability. This analysis covers the following topics (click on one to be taken to that section): Overall FY 2027 Budget Size, Revenue, Fair Share surtax spending, Housing, Transportation, Early Education and Care, K-12 Education, Higher Education, and Additional Areas of Note.
2026 Elections	10. State House News August 17, 2026 Voter Registration Deadline Saturday, August 22 is the deadline to register to vote in the Sept. 1 primary elections. The deadline to register is the same day early voting begins. The deadline is 10 days before the primary election. Former Gov. Baker signed a law in 2022 reducing the voter registration deadline prior to an election from 20 days to 10, in an effort to expand access to the ballot. A question on the Nov. 3 general election ballot would change that further — enabling people to register and vote on election day. The main proponent is Secretary of State William Galvin, who pushed the petition onto the ballot after lawmakers repeatedly declined to take it up over multiple sessions. The Legislature had the option to pass the same-day registration law, which would have allowed people to register right up through the primary election this year on Sept. 1, including at the polls, but since they didn't act, the registration blackout periods will remain in place for the 2026 elections. It's now up to the voters in November instead. 11. State House News August 17, 2026 Early Voting Begins Early voting for the Sept. 1 Primary Election begins across Massachusetts and continues through Friday, Aug. 28. Voters can cast their ballots at any early voting location in the city or town where they're registered to vote, per Secretary of State William Galvin's website. At least one early voting site will be provided in each community. Early Voting Dates and Locations 12. Truthout August 14, 2026 Democrats Warn New Federal Guidance May Harm Nursing Home Residents' Voting Rights

	By Jake Johnson <i>The memo removes recommendations on how nursing home staff can assist residents with exercising their right to vote.</i> Democratic lawmakers and long-term care advocates are sounding the alarm over new guidance issued by the Centers for Medicare & Medicaid Services (CMS) under Administrator Dr. Mehmet Oz, warning that it will intimidate nursing home staff and disenfranchise vulnerable residents. Led by U.S. Senators Elizabeth Warren and Alex Padilla alongside 11 colleagues, the lawmakers wrote to CMS urging the agency to repeal its July memo, which eliminated previous federal instructions on how facility staff can assist residents with mail-in and absentee voting. In its place, the new guidance focuses heavily on preventing voter fraud, citing a contested Texas prosecution and warning staff of potential criminal penalties for violating state or federal election laws. Advocacy leaders, including Richard Molloy of the Long Term Care Community Coalition, warned that threatening legal scrutiny and removing affirmative support directives will have a profound chilling effect on facility workers, effectively blocking many of the nation's 1.2 million elderly and disabled nursing home residents from exercising their constitutional right to vote.
Economics	13. The Boston Foundation August 12, 2026 <u>Family Wealth in Massachusetts</u> <i>Findings from the 2025 Massachusetts Economic Conditions and Household Opportunity Survey (Mass ECHOS)</i> The most comprehensive survey of its kind in Massachusetts, the Mass ECHOS survey collected usable responses from approximately 5,000 families across the state on family wealth components and used these to calculate net wealth, along with analyses of gifts, inheritances, and estate planning. The Boston Foundation and strategic partners including the Barr Foundation, Eastern Bank Foundation and Greater Boston Chamber of Commerce providing funding support for the data collection across Massachusetts. That data, which was then independently analyzed by the Boston Fed, highlights some of the major wealth gaps between and within demographic groups, with breakdowns by race/ethnicity, geography, homeownership, educational attainment and more. Key Findings • According to Mass ECHOS data, in 2025, the estimated median family net wealth in Massachusetts was \$374,000 (95% confidence interval [CI]: \$305,900–\$442,100). The 25th percentile was \$10,000 (\$2,300–\$17,700), meaning that a quarter of the population held wealth at or below this value. The 75th percentile was \$1,090,000 (\$957,700–\$1,222,300). Further, 15.7% (13.8%–17.8%) of respondents report zero wealth or negative wealth (debts that surpassed the value of their assets). • Descriptive analyses, unadjusted for differences in other characteristics, suggest that family wealth varied within the state by family characteristics, including educational attainment,

	homeownership, age, and race/ethnicity. In Massachusetts in 2025, high estimated median family net wealth was associated with: ○ Families with higher education levels. Those with a respondent or spouse/partner holding a graduate degree reported a median family net wealth of \$947,400 (\$787,200–\$1,107,700). ○ Homeowners: median family net wealth \$790,500 (\$698,900–\$882,100). ○ Families with the respondent or spouse/partner 65 or older: \$702,500 (\$607,900–\$797,100). ○ White families: \$549,200 (\$469,900–\$628,500). ○ Families living in rural areas: \$465,000 (\$235,400–\$694,700), and those living in suburban areas: \$447,100 (\$369,600–\$524,500; see main text for our characterization of rural, suburban, and urban). • Those with the lowest estimated median net wealth in the state included: ○ Families with less than a high school education, who reported median family net wealth of \$1,100 (–\$1,400–\$3,500), and those with no respondent or spouse/partner holding higher than a high school degree or GED: \$11,000 (–\$18,800–\$40,800). ○ Hispanic families: \$1,200 (–\$1,400–\$3,800), and Black families: \$7,800 (–\$7,600–\$23,300). ○ Renters: \$1,500 (\$100–\$2,900).¹ ○ Younger families, with a respondent or spouse/partner under 45: \$97,000 (\$47,100–\$146,900). ○ Families living in cities: \$110,000 (–\$7,500–\$227,500). • An estimated 35.4% (32.7%–38.1%) of families in the state said they could not cover a \$400 emergency expense with cash or its equivalent. • About a third of Massachusetts families (33.2%, 30.4%–36.2%) had a will or estate plan in 2025 Download the Report
Nursing Homes	14. Leonard Davis Institute of Health Economics August 11, 2026 <i>Nursing Home Closures Held Steady Despite the Pandemic But Rural Access Worsened</i> By Joanna Kim, MPH <i>Chart of the Day: LDI Study Suggests Rural Nursing Homes Need More Help</i> A study from the Leonard Davis Institute of Health Economics (LDI) by Andrew Olenski and Rachel M. Werner shows that while overall U.S. nursing home closure rates remained steady between 2016 and 2025 (averaging 0.9% pre-pandemic versus 1.1% from 2020 to 2025), access to long-term care disproportionately deteriorated in rural areas. Nearly 29% of facility shutdowns left entire communities without a nursing home within 10 miles or in regions where nearby options lacked capacity for displaced residents, with these shortages concentrated most heavily in rural areas across the Midwest and Great Plains.

	Although federal provider relief funds helped prevent a nationwide surge in closures during COVID-19, the researchers emphasize that geographically isolated facilities need targeted policy interventions—such as enhanced payment structures and workforce support—to maintain financial viability and ensure adequate access for rural populations. The LDI study outlines several targeted policy interventions designed to stabilize financially vulnerable, geographically isolated facilities and prevent long-term care "deserts" in rural communities: • Enhanced Payment Structures: Federal and state policymakers should implement targeted reimbursement increases or supplemental payments specifically for facilities operating in isolated markets. Rather than applying broad rate increases across all providers, funds should focus on offsetting lower occupancy rates and higher per-resident operational costs common in rural settings. • Dedicated Workforce Supports: To mitigate severe local staffing shortages, recommendations include targeted subsidies, retention incentives, and state-level recruitment support tailored for rural healthcare workers to ensure facilities remain adequately staffed without relying on costly temporary agency labor. • Preserving Access vs. Quality Oversight: Because closures disproportionately affect low-star facilities, researchers emphasize that quality enforcement and staffing mandates must be paired with financial and technical support. This helps struggling rural providers meet care standards rather than shutting down and leaving surrounding areas completely without local access. • Sustained Federal Relief Mechanisms: Building on the stabilizing impact of COVID-19 Provider Relief Funds, the study points to the need for permanent emergency or bridge-funding frameworks that can intervene before a rural facility reaches total insolvency.
Housing	15. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 12, 2026 <u>More Than 2,000 ADUs Approved Under Governor Healey's Housing Bill</u> <i>854 permits approved during the first half of 2026 as Governor Healey expands support for homeowners</i> Under the landmark provisions of Governor Maura Healey's Affordable Homes Act, Massachusetts has reached a milestone with the approval of more than 2,000 <u>accessory dwelling units</u> (ADUs) across the Commonwealth. The legislation, which permitted ADUs by right in single-family zoning districts statewide, aims to significantly expand housing production, lower living costs, and provide flexible living options for seniors, multigenerational families, and caregivers. The rapid milestone reflects strong municipal and homeowner adoption, highlighting the role of regulatory streamlining in tackling the state's housing supply shortage while enabling older adults and family members to age in place within their own communities. 70 percent of communities in Massachusetts have approved at least one ADU and an updated interactive map tracking ADU applications and approvals is available at <u>Mass.gov/ADUtracker</u>.

Homelessness	16. Justice in Aging August 14, 2026 Updates to HUD Homelessness Funding A new federal court order has blocked the Department of Housing and Urban Development (HUD) from proceeding with harmful changes to HUD's Continuum of Care (CoC) program, which funds permanent supportive housing (PSH) for people experiencing homelessness. Earlier this summer, HUD released its Fiscal Year (FY) 2026 CoC Notice of Funding Opportunity (NOFO), which includes deep cuts to funding for PSH. At least 97,000 PSH residents – the vast majority of whom are older adults and people with disabilities – would be at risk of losing their housing under HUD's FY26 CoC NOFO. A group of states and nonprofits sued HUD, and last week the U.S. District Court of Rhode Island ruled that HUD's issuance of its FY26 NOFO was unlawful. Yesterday, HUD appealed this decision to the First Circuit Court of Appeals. Currently, however, HUD is still barred from implementing its NOFO while an appeal is pending. 17. Office of Attorney General Andrea Campbell August 10, 2026 AG Campbell Secures Victory In Lawsuit Protecting Federal Support For Homelessness Services Massachusetts Attorney General Andrea Joy Campbell, leading a multistate coalition of 22 other states, won a major lawsuit against the U.S. Department of Housing and Urban Development (HUD) over its attempt to restrict federal funding for permanent supportive housing projects under the Continuum of Care (CoC) program. After a previous attempt to cap permanent housing funds was struck down, HUD issued a revised notice of funding opportunity creating a \$1.3 billion set-aside that heavily prioritized transitional housing, effectively creating a de facto cap on permanent housing and threatening the homes of more than 90,000 vulnerable individuals nationwide. The U.S. District Court for the District of Rhode Island granted the coalition's motion for summary judgment, ruling HUD's funding set-aside unlawful and preventing the administration from dismantling long-standing "Housing First" initiatives that provide stable, long-term shelter to individuals and families experiencing homelessness.
Caregiving	18. Washington Post August 16, 2026 A mother has spent years caring for her special-needs child. The toll quietly grew. By Ariana Eunjung Cha Annie Morgan navigates the challenges of caring for her daughter Ava, who has Angelman syndrome, amid a fragmented support system. The U.S. shift from institutional care to family-centered models has left many caregivers overwhelmed. Annie's journey highlights the emotional and physical toll of caregiving, as well as her efforts to find moments of control and connection through social media and dance. Read the full article for more on: • The impact of Angelman syndrome on Ava's daily life and family dynamics.

	- Annie's personal journey from cheerleader to caregiver and her coping mechanisms. - The broader implications of the U.S. shift from institutional to family-centered care. 19. Wall Street Journal July 25, 2026 <i>How to Start 'the Talk' With Aging Parents</i> By Clare Ansberry In <i>The Wall Street Journal</i>, Clare Ansberry examines the critical yet frequently avoided family conversation between adult children and aging parents regarding housing, daily support, medical care, and estate planning. While broaching topics like driving cessation, downsizing, or transitioning out of the family home often provokes discomfort and resistance, experts emphasize that waiting for a sudden health crisis leaves families with fewer options and greater stress. Rather than treating it as a single, high-stakes confrontation, the piece advises initiating a series of gradual, empathetic dialogues that validate parents' desires for autonomy and aging in place while establishing proactive, practical care strategies before emergencies arise.
Workforce	20. The New Bedford Light August 16, 2026 <i>State grants nearly \$500,000 to train local nursing assistants</i> By Anna Albrecht <i>The goal is "to address the ongoing healthcare workforce shortage across Southeastern Massachusetts."</i> Massachusetts has awarded a nearly \$500,000 workforce development grant to the MassHire Greater New Bedford Workforce Board to train and place more than 100 certified nursing assistants (CNAs) across Southeastern Massachusetts. Serving as the lead applicant for workforce boards spanning Bristol County, Brockton, and the South Shore, MassHire aims to train 122 participants over a two-year period beginning in January 2027 to address an immediate regional need for over 226 CNAs and nearly 500 projected vacancies over the next two years. The funding comes at a critical time as the elder care and healthcare sectors face compounding labor pressures, including recent workforce losses among immigrant workers losing Temporary Protected Status (TPS). Partnering with regional community colleges, healthcare training organizations, and eleven area employers—including Alden Court Nursing and Rehabilitation Center, High Point Treatment Center, and Southcoast Hospital Group—the initiative provides four-to-five-week training cohorts and job placement to sustain a vital pipeline of frontline caregivers for area nursing facilities, hospitals, and home health providers.
Disability Topics	21. McKnights Senior Living July 26, 2026 <i>ADA marks 36 years as federal enforcement priorities shift</i> By Lois A. Bowers Writing on the 36th anniversary of the landmark Americans with Disabilities Act (ADA) signed by President George H.W. Bush in 1990, <i>McKnight's Senior Living</i> Editor Lois A. Bowers examines the evolving

	federal enforcement landscape and its direct implications for senior living and assisted living operators. The column highlights how federal regulatory scrutiny and compliance expectations continue to shift, underscoring that senior living providers must remain vigilant regarding physical and digital accessibility standards, non-discrimination policies in admissions and retention, and reasonable accommodation mandates. As federal agencies adapt their civil rights enforcement priorities to modern care settings and rising resident acuity, the piece emphasizes that operators must proactively modernize their risk management, operational procedures, and facility practices to ensure full compliance while advancing the autonomy, integration, and dignity of older adults with disabilities. This table has results by age groups and demographic characteristics.
Health Care Topics	22. MedPage Today August 14, 2026 What's Going on With Fall COVID and Flu Shots? By Jennifer Henderson <i>A key federal advisory committee hasn't weighed in</i> Ahead of the upcoming autumn respiratory virus season, ongoing controversies over federal vaccine guidance have disrupted the standard advisory process for seasonal immunizations, leaving clinicians and the public without official CDC recommendations for fall COVID-19 and influenza shots. While the FDA made its strain composition selections for influenza vaccines in March and updated COVID-19 shots in May, the CDC's Advisory Committee on Immunization Practices (ACIP) has not yet issued clinical guidance on how and to whom the vaccines should be administered after failing to convene for its standard March and June meetings. With the annual immunization rollout approaching, infectious disease specialists warn that the absence of ACIP guidance creates significant clinical and operational uncertainty for healthcare providers and drugmakers attempting to determine patient eligibility, insurance coverage parameters, and optimal product distribution.
Climate Issues	23. AP NORC Poll August 6, 2026 Most Americans have been affected by extreme heat this year <i>Extreme heat has impacted 90% of adults, up from 83% two years ago. However, fewer Americans believe climate change is happening compared with a year ago (66% vs. 73%).</i> A poll from The Associated Press-NORC Center for Public Affairs Research reveals that 90% of U.S. adults have experienced at least minor impacts from extreme heat, up from 83% two years prior. As scorching temperatures become more frequent and severe, Americans report disruption to daily routines, with roughly half citing a major impact on their electricity bills and about 30% noting significant disruption to outdoor activities, alongside widespread effects on sleep, travel plans, exercise, and event timing—most notably across the Midwest and Western states. Despite feeling more personal day-to-day impacts from extreme heat, the overall share of Americans who believe climate change is actively happening dipped slightly to 66% (down from 73%

	the previous year), with belief and attribution to human activity continuing to show pronounced generational and partisan divides.
State Policy	24. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 13, 2026 <u>Healey-Driscoll Administration Announces First Statewide Heat Resilience Officer</u> <i>New statewide role will strengthen efforts to protect residents, support communities, and prepare Massachusetts from extreme heat</i> Governor Maura Healey announced the appointment of Katie Schlick as Massachusetts' first statewide Heat Resilience Officer, making the Commonwealth only the second state in the nation to create a dedicated position focused on extreme heat. In this role, Schlick will lead coordination across state agencies and collaborate with municipalities to prepare for rising temperatures, protect public health, and mitigate the risks of extreme heat events—particularly for vulnerable populations such as seniors, outdoor workers, and residents living in urban heat islands. The appointment underscores the administration's whole-of-government approach to climate adaptation, integrating public health data, environmental planning, and community-level resilience initiatives as severe, prolonged heat waves become increasingly common. 25. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 12, 2026 <u>Healey-Driscoll Administration Awards \$45 Million to Protect Massachusetts Communities from Flooding, Extreme Heat and Climate Impacts</u> <i>New “ECO One Stop” combines major state environmental grant applications to make it easier for communities to move resilience projects forward</i> The Healey-Driscoll Administration awarded \$45 million in climate resilience grants to help Massachusetts cities and towns prepare for severe weather, inland and coastal flooding, extreme heat, and other climate impacts. Distributed primarily through the Municipal Vulnerability Preparedness (MVP) program and related environmental resilience funds, the grants support localized infrastructure improvements, nature-based flood mitigation, urban canopy expansion, and comprehensive emergency planning across dozens of communities. State officials emphasized that targeted investments in local climate adaptation are essential to protecting vulnerable populations, safeguarding critical municipal infrastructure, and enhancing long-term environmental sustainability throughout the Commonwealth. To see the full list of projects and communities funded, visit the <u>ECO One Stop grants page</u>. 26. Office of Governor Maura Healey and Lt. Kim Driscoll August 11, 2026 <u>Governor Healey Launches Statewide Campaign to Help MassHealth Members Keep Their Health Coverage After Trump Cuts</u> <i>Outreach campaign will help eligible residents navigate burdensome, new Medicaid requirements imposed by President Trump's law</i> Governor Maura Healey launched a major statewide public awareness and outreach campaign to help MassHealth members maintain their health coverage following federal funding reductions and policy changes

	enacted during the Trump administration. The initiative focuses on ensuring that eligible individuals and families complete their annual redetermination processes, understand newly imposed federal requirements, and access state enrollment support to avoid unnecessary coverage losses. By coordinating with community health centers, local advocacy groups, and municipal agencies, the campaign deploys multilingual resources, targeted direct outreach, and navigators to connect residents with MassHealth or alternative coverage options through the Massachusetts Health Connector, reinforcing the Commonwealth's commitment to universal health access.
Federal Policy	27. Justice in Aging August 14, 2026 Senate Budget Hearing on Medicaid On August 4, the Senate Budget Committee held a hearing called Medicaid: The Reality. The Budget Committee develops the concurrent budget resolution that serves as the framework for congressional spending and can become the basis for budget reconciliation legislation. The hearing was led by new Budget Committee Chair Senator Johnson (R-WI), who used the hearing to draw attention to Medicaid spending and paint the program as allegedly rife with waste, fraud, and abuse. Ranking Member Senator Merkley (D-OR) defended Medicaid spending and used his opening remarks to provide examples of the benefits of Medicaid, including for long-term care. Several other Democratic Committee members spoke to the harmful cuts to Medicaid included in H.R. 1 and urged bipartisan support for strengthening Medicaid. Justice in Aging submitted a statement for the record urging the Committee to reverse harmful cuts, invest in Medicaid, and strengthen services that support older adults' access to critical health care and long-term services. While the potential for a third reconciliation bill is still uncertain, it is important to use opportunities to push back against harmful false narratives that undermine the Medicaid program. For more resources, see Justice in Aging's Health Care Defense page.
From Our Colleagues from Around the Country	28. Justice in Aging August 14, 2026 New Justice in Aging Resources • Resource: Roadmap to Home Care for All Californians (8/13) • Alert: Medicare at Home Act Introduced in the House (8/10) • Issue Brief: Health Care Bills and Dually Eligible Individuals (7/30) • Resource: State Medical Billing Protections for Dually Eligible Individuals (7/30) • Issue Brief: Medicare Premium Bills and Dually Eligible Individuals (7/30) • Fact Sheet: The Supplemental Security Income (SSI) Resource Limit and Common Solutions (Justice in Aging and ABLE National Resource Center) (7/28) • Fact Sheet: Aging in California: The Data (7/22) • Issue Brief: Home and Community-Based Services for American Indians and Alaska Natives: Recommendations for Increasing Access and Recognizing Resiliency (Justice in Aging and Autistic Self Advocacy Network) (7/17)

	• Statement: Justice in Aging Condemns DHS's Final Public Charge Rule (7/16) • Comment Letter: Justice in Aging's Comments for OMB's Proposed Rule on Federal Financial Assistance (7/13) • Fact Sheet: Title II Auxiliary and Survivor Benefits and Eligibility (Justice in Aging and Community Legal Aid Society, Inc. (Delaware)) (7/13)
From Around the Country	29. 13WHAM ABC News August 15, 2026 TIMELINE: Troubled nursing home forced to close after years of scrutiny In a news timeline reported by 13WHAM ABC News, the Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health terminated the operating license and forced the closure of the troubled Waterview Heights Rehabilitation and Nursing Center in Charlotte [14:45] after years of severe scrutiny and failed corrective actions. The facility had been placed on the federal Special Focus Facilities list for more than 20 months due to persistent, egregious violations—including repeat instances of immediate jeopardy, severe resident neglect, medication errors, sexual assault allegations, chronic understaffing, and \$660,000 in state fines [04:44]. Despite previous state interventions that included installing temporary management and transitioning oversight from Grand Healthcare System to Advanced Health Care, the facility failed to remedy its systemic deficiencies [11:33]. Following the license revocation, Waterview Heights was ordered to submit a formal five-day closure plan to safely relocate approximately 130 residents [16:26], leaving families and elder justice advocates scrambling amid regional bed shortages and concerns over resident displacement [18:06]. 30. WTVR (video) August 14, 2026 Severe nursing home violations surge 77% in Virginia following reform efforts, data shows
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	<i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> 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. <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>
Books by DignityMA Participants	<u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green <u>Buy the book here</u> 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. <u>American Eldercide: How It Happened, How to Prevent It</u> By Margaret Morganroth Gullette <u>Buy the book here.</u> 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.
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 Please Donate!	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. 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	
Blogs	<i>Risking Old Age in America</i> 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 <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .

Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025	
Nursing Home Inspect	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			Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	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																																																		
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.																																																		
DignityMA Call Action	• Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content																																																		
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org																																																		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	Workgroup	Workgroup lead	Email																																																
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com																																																
	Assisted Living	John Ford	jford@njc-ma.org																																																
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com																																																
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu																																																
	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net																																																
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org																																																

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	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/		
<i>REV UP Massachusetts</i>	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 .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : • Wynn Gerhard • Jim Lomastro • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. 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.</i> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i> <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>			