The Dignity Digest

Issue # 153 September 11 , 2023
The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

Editor's note	**Starting with Issue # 154, *The Dignity Digest* will be distributed on Tuesday. The next issue will be released on Tuesday, September 19, 2023.**
	***May require registration before accessing article.**
Spotlight	***HHS Proposes Minimum Staffing Standards to Enhance Safety and Quality in Nursing Homes*** **Centers for Medicare and Medicaid Services** **HHS Minimum Staffing Standards** **September 1, 2023** Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), issued a proposed rule that seeks to establish comprehensive staffing requirements for nursing homes—including, for the first time, national minimum nurse staffing standards—to ensure access to safe, high-quality care for the over 1.2 million residents living in nursing homes each day. This proposed rule builds on the President's historic Action Plan for Nursing Home Reform launched in the 2022 State of the Union. Today's action is one among many advanced by the Biden-Harris Administration to build a long-term care system where all older Americans can age with dignity, where people with disabilities can receive high quality services in the setting of their choice, where family caregivers are adequately supported, and where there is a pipeline of direct care workers into good-paying jobs with the free and fair choice to join a union. "Establishing minimum staffing standards for nursing homes will improve resident safety and promote high-quality care so residents and their families can have peace of mind," said HHS Secretary Xavier Becerra. "When facilities are understaffed, residents suffer. They might be unable to use the bathroom, shower, maintain hygiene, change clothes, get out of bed, or have someone respond to their call for assistance. Comprehensive staffing reforms can improve working conditions, leading to higher wages and better retention for this dedicated workforce." "CMS is proud to be leading the President's initiative to improve the lives of over 1.2 million residents who reside in Medicare and Medicaid-certified long-term care facilities, and those who will need that care in the future," said CMS Administrator Chiquita Brooks-LaSure. "Today, we took an important first step to propose new staffing requirements that will hold nursing homes accountable and

make sure that residents get the safe, high-quality care that they deserve."

Under CMS's proposal, nursing homes participating in Medicare and Medicaid would be required to meet specific nurse staffing levels that promote safe, high-quality care for residents. Nursing homes would need to provide residents with a minimum of 0.55 hours of care from a registered nurse per resident per day, and 2.45 hours of care from a nurse aide per resident per day, exceeding existing standards in nearly all states. CMS estimates approximately three quarters (75%) of nursing homes would have to strengthen staffing in their facilities. As the long-term care sector continues to recover from the COVID-19 pandemic, the proposed standards take into consideration local realities in rural and underserved communities through staggered implementation and exemptions processes.

In addition, nursing homes would also be required to ensure a registered nurse is on site 24 hours per day, 7 days per week and to complete robust facility assessments on staffing needs. Facilities would continue to be required to provide staffing that meets the needs of the individual residents they serve, which may require higher levels of staffing above the proposed minimum standards.

CMS also proposes to require states to collect and report on compensation for workers as a percentage of Medicaid payments for those working in nursing homes and intermediate care facilities. These policies build on CMS' recent proposals to support compensation for direct care workers in home- and community-based settings and to publish Medicaid data on average hourly pay rates for home care workers. This enhanced transparency will aid efforts to support and stabilize the long-term care workforce across settings.

The Biden-Harris Administration remains committed to strengthening access to high-quality long-term care both at home, in the community as well as in nursing homes and other facilities.

Additionally, CMS announced a national campaign to support staffing in nursing homes. As part of the HHS Workforce Initiative, CMS will work with the Health Resources and Services Administration (HRSA) and other partners to make it easier for individuals to enter careers in nursing homes, investing over $75 million in financial incentives, such as scholarships and tuition reimbursement. This staffing campaign builds on other actions by HHS and the Department of Labor to build the nursing workforce.

"Wages are an important part of job quality and drive challenges in recruitment and retention of direct care workers. Our research shows that in many places these workers can earn higher wages doing other entry-level work," said Miranda Lynch-Smith, Senior Official Performing the Duties of the Assistant Secretary for Planning and Evaluation.

More than 500,000 direct care workers provide care in nursing

homes, assisting residents with daily tasks, such as bathing, dressing, mobility, and eating. This work, performed primarily by women of color, is significantly undervalued. Direct care workers across long-term care settings earn low wages, rarely receive health and retirement benefits, and experience high injury rates. Improving working conditions and wages will lead to improvements in the recruitment and retention of direct care workers and enable nursing staff to provide safer care.

Findings published by the Office of the Assistant Secretary for Planning and Evaluation show that wages for direct care workers trail other entry-level jobs. In 2019, median wages for nursing assistants were lower than the wages of other entry level jobs in 40 states and the District of Columbia. As an example, the median wage for nursing assistants in Louisiana is $10.90 per hour, compared to $13.41 for other entry-level positions. This is despite the significant demands of direct care jobs and their essential role in meeting the long-term care needs of older adults and people with disabilities.

Other announcements from CMS and the HHS Office of the Inspector General (HHS-OIG) made today would increase transparency, enhance enforcement of existing standards, increase accountability, and ensure safe, high-quality, and dignified care for people living in nursing homes. These announcements include:

- **Increasing Audits of Nursing Homes' Staffing**: CMS is expanding audits of the direct care staffing data that nursing homes must report to make sure that federal and state inspectors, as well as residents and their families, have accurate information, including through Nursing Home Care Compare, CMS' informational website that families and prospective residents use to learn about facilities.
- **Improving Nursing Home Inspections**: CMS will undertake new analyses of state inspection findings to ensure cited deficiencies receive the appropriate consequence, particularly in incidences involving resident harm. These analyses will ensure citations are applied more consistently and reflect the seriousness of the deficiency, permitting appropriate follow-through and enforcement.
- **Ensuring Taxpayer Dollars Go Toward Safe, High-Quality Care**: HHS-OIG is performing new oversight work to follow the money on how nursing homes spend the taxpayer funds they receive. This will include analysis of how nursing homes may profit at the expense of taxpayers and residents by using services, suppliers, or facilities controlled by parties they own or are otherwise connected to, rather than from vendors who might charge a more competitive price. These "related party transactions," have not only obscured how taxpayer funds are being used by nursing homes, but also prevent a transparent and accurate assessment of whether profits and payouts to shareholders are prioritized above investments in resident safety and fair wages for workers.

	• **Cracking Down on Inappropriate Antipsychotic Prescribing Practices and Risks:** Grave concerns persist that nursing homes are overprescribing dangerous antipsychotic drugs to residents. To support efforts to reduce the misuse of these powerful medications, HHS-OIG is examining risks at nursing homes that have concerning prescribing practices. This builds on recent actions by CMS to increase oversight of inappropriate use of antipsychotic medication. • **Enhancing Resident Safety During Emergencies:** Nursing home residents are often among the most vulnerable to public health emergencies and recent emergencies have exposed weaknesses in nursing home emergency planning and harm to residents who suffered from inadequate care. The HHS-OIG is undertaking a new effort to improve resident safety during emergencies, including launching a national study of nursing home preparedness and key challenges and identifying practices to strengthen protections for residents. The proposed rule is available at https://www.federalregister.gov/public-inspection/current The ASPE report is available at: https://aspe.hhs.gov/reports/dcw-wages The CMS fact sheet is available at: https://www.cms.gov/newsroom/fact-sheets/medicare-and-medicaid-programs-minimum-staffing-standards-long-term-care-facilities-and-medicaid **HHS Minimum Staffing Standards**
Providing Comment on the Proposed Rules [Note: DignityMA will be developing a statement which will be circulated for endorsement prior to submission. If you would like to provide input into the development of the statement, contact Dick Moore at rmoore8743@charter.net or Paul Lanzikos at paul.lanzikos@gmail.com. Individuals are encouraged also to submit their own comments directly to CMS.]	***Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting*** **Opportunity for Comment** **A Proposed Rule by the Centers for Medicare & Medicaid Services on September 6, 2023.** Information published in the *Federal Register* **AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). **ACTION:** Proposed rule. **SUMMARY:** This proposed rule would establish minimum staffing standards for long-term care facilities, as part of the Biden-Harris Administration's Nursing Home Reform initiative to ensure safe and quality care in long-term care facilities. In addition, this rule proposes to require States to report the percent of Medicaid payments for certain Medicaid-covered institutional services that are spent on compensation for direct care workers and support staff. **DATES:**

	To be assured consideration, comments must be received at one of the addresses provided below, by November 6, 2023. **ADDRESSES:** In commenting, please refer to file code CMS–3442–P. Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed): 1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the "Submit a comment" instructions. 2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3442–P, P.O. Box 8016, Baltimore, MD 21244–8016. Please allow sufficient time for mailed comments to be received before the close of the comment period. 3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3442–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850. For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section. **FOR FURTHER INFORMATION CONTACT:** The Clinical Standard Group's Long Term Care Team at *HealthandSafetyInquiries@cms.hhs.gov* for information related to the minimum staffing standards. Anne Blackfield, (410) 786–8518, for information related to Medicaid institutional payment transparency reporting. **SUPPLEMENTARY INFORMATION:** *Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: *http://www.regulations.gov.* Follow the search instructions on that website to view public comments. CMS will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the individual will take actions to harm the individual. CMS continues to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments. To assist readers in referencing sections contained in this document, we are providing the following Table of Contents.

	Table of Contents I. Executive Summary A. Purpose B. Summary of Major Provisions C. Summary of Cost and Benefits II. Minimum Staffing Standards for Nursing Homes in Response to the Presidential Initiative A. Background B. Provisions of the Proposed Regulations III. Medicaid Institutional Payment Transparency Reporting Provision IV. Collection of Information Requirements V. Response to Comments VI. Regulatory Impact Analysis **For complete text and tables in each section see:** **Federal Register: Minimum Staffing**
Webinars regarding Proposed Nursing Home Staffing Rule	**The Consumer Voice** ***Unpacking CMS's Proposed Nursing Home Staffing Rule*** **Wednesday, September 13, 2023, 2:00 to 3:00 p.m.** **REGISTER** Please join us as we unpack CMS's Notice of Proposed Rule Making (NPRM) that would implement a minimum staffing standard in nursing homes. We will walk you through the rule and its provisions. Additionally, the rule relies heavily on a staffing study conducted last year. We will explain this study and how CMS used it to come to the proposed standard in the rule. This webinar is the first step in a series of events that will provide you with the information necessary to comment and make this rule stronger. **REGISTER** **Long Term Care Community Coalition** ***New Proposed Federal Nursing Home Standard: The Good, The Bad, and The Data Essentials*** **Tuesday, September 19, 2023, 2:00 to 3:00 p.m.** **Register: http://bit.ly/nh411-sept2023** **Editor's Note: Dignity Alliance Massachusetts plans to conduct a webinar on *CMS's Proposed Nursing Home Staffing Rule*.** Further information will be posted in *The Dignity Digest* and on www.DignityAllianceMA.org when available.
Published articles regarding CMS's Proposed Nursing Home Staffing Rule.	**Forbes** September 5, 2023 *What New Nursing Home Staffing Rules Would Mean for Residents and Patients* By Howard Gleckman In a long-awaited and highly controversial decision, the federal Centers for Medicare and Medicaid Services (CMS) has proposed that

nursing homes provide at least three hours of staff time daily for every patient or resident.

Would it meaningfully improve care at nursing facilities? Not by much. The rule would require facilities to provide enough staff to deliver 33 minutes (.55 hours) of nursing care and 2 hours, 27minutes (2.45 hours) of nursing assistant time each day. A registered nurse would have to be on site 24/7. Separately, the agency asked for comment on a minimum standard of 3.48 hours.

And in a provision that suggests CMS may be considering an entirely different standard, the agency wants to require states to report what share of Medicaid payments each nursing home spends on direct care workers. That and other reporting eventually could be used to require facilities to dedicate a minimum percentage of their revenue to staffing, rather than (or perhaps in addition to) mandating specific hours.

The proposal, which still is subject to public comment, would take effect slowly. Urban facilities would be given three years to hit the minimum target for aides and two years for those 24/7 RNs. Rural facilities would have five years to hire more aides and three years to bring on extra nurses. Facilities in communities with insufficient workers could request exemptions.

Costs And Benefits

CMS estimates the increased staffing would cost about $5.7 billion annually, once fully effective. But it also figures it would lower annual Medicare medical costs by about $300 million since it assumes better staffing at nursing homes would reduce hospital care.

The modest standard hasn't satisfied patient advocacy groups who believe it falls far short of what is necessary to provide quality care. At the same time, many nursing home operators insist the standard is unattainable.

The American Health Care Assn, which represents mostly for-profit facilities, called the proposed rule "unfathomable." Leading Age, which represents mostly non-profit facilities, said it was "disappointed" in the proposal and said, "There are simply no people to hire—especially nurses."

Would It Matter?

What would this new standard mean for residents and patients? There seems to be little clear benefit, in part because the requirement is so modest and in part because the relationship between staffing and quality is ambiguous at best. And there is a high risk of unintended consequences.

The Kaiser Family Foundation estimates that about 85 percent of nursing home residents already live in facilities that meet a standard of three hours of resident care per day. Many states already have tougher requirements. New York State has just begun enforcing a rule that requires nursing homes to provide 3.5 hours. Pennsylvania has

increased its minimum standard from 2.7 hours of daily direct care to 2.87 hours. A year from now, it is scheduled to rise to 3.2 hours.

Most researchers conclude that low staffing is *associated* with poor quality. And higher RN staffing levels are linked to fewer pressure ulcers and other infections; less pain, dehydration, and weight loss; and reductions in hospital emergency room visits and readmissions. A good summary of these findings by University of California, San Francisco professor Charlene Harrington is here.

Staffing And Quality

But *associated* does not mean that low staffing *causes* poor quality. Harvard University's David Grabowski, who authored many of these studies, calls low staffing a "symptom" but "not a root cause" of nursing home problems.

For example, facilities with relatively few staff also may have higher turnover rates, make little use of technology such as mechanical lifts, serve worse food, and provide little resident-centric care. They may also have a more hierarchical management structure and low staff morale.

A few studies have looked at what happened in facilities before and after states imposed minimum staffing rules. One 2015 study by Grabowski and Min Chen found quality may improve, but the results were ambiguous.

A new report by the consulting firm Abt Associates added to the ambiguity by concluding this: "There is no obvious plateau at which quality and safety are maximized or 'cliff' below which quality and safety steeply decline."

That report was funded by CMS but removed from the agency's website after a *Kaiser Health News* report disclosed its contents.

Unintended Consequences

Facilities themselves readily acknowledge they are short-staffed but say the causes are beyond their control—the effects of the pandemic, limits on immigration, and, most of all, low payment rates by Medicaid, which funds more than 90 percent of long-stay nursing homes residents.

There are plenty of risks to poorly designed minimum staffing rules. For example, in almost every other industry, firms are rewarded for using technology and other tools to make workers more productive. But if a facility must meet minimum staffing levels, it may lose any incentive to boost productivity, especially since it generally is paid a fixed amount for each patient by Medicare and Medicaid.

Another problem: Unscrupulous nursing home operators could meet minimum staffing levels by relying on low- paid, poorly trained employees who stay for a few months, only to be replaced with other low-quality staff. They could also cut staff and services that are not subject to the new rules.

Is There Enough Money?

Then, there is the issue of supply. The nursing shortage is caused in part by a lack of nursing teachers, a problem that won't be fixed anytime soon. And nursing homes must compete for workers with hospitals, which generally offer higher pay.

For their part, aides are leaving the profession to take jobs in occupations that not only pay more but are less dangerous.

Finally, there is the matter of those Medicaid payment rates. Yes, they are less than half of what Medicare pays. And many nursing facilities, especially not-for-profits, are in deep financial trouble. But many other facilities are highly profitable. That suggests there is money in the system to hire more staff. But it is not evenly distributed and many facilities, especially mission-based non-profits, could be forced to close if their labor costs rise more than they already have.

Minimum staffing may be a rough proxy for quality and minimum requirements may discourage bad management from endangering residents and patients by skimping on nurses and aides. But they come with costs and the CMS version, at least, isn't likely to solve the problems faced by nursing facilities and their residents.

What New Rules Mean

PBS News Hour (video report)

September 8, 2023

Why new federal staffing requirements for nursing homes could be difficult to meet

By Amna Nawaz

The Biden administration has proposed new staffing standards to improve care for the 1.3 million Americans living in nursing homes. And while it's the biggest change to regulations in three decades, many patient advocates say it still falls short of what's needed. Stephanie Sy discussed the plan with David Grabowski, a healthcare policy expert and professor at Harvard Medical School.

https://www.youtube.com/watch?v=BEmsXoKZGDE

KKF Health News and New York Times (free access0

September 1, 2023

Biden Administration Proposes New Standards to Boost Nursing Home Staffing

By Jordan Rau

The nation's most thinly staffed nursing homes would be required to hire more workers under new rules proposed on Friday by the Biden administration, the greatest change to federal nursing home regulations in three decades.

The proposed standard was prompted by the industry's troubled performance earlier in the coronavirus pandemic, when 200,000 nursing home residents died. But the proposal falls far short of what both the industry and patient advocates believe is needed to improve care for most of the 1.2 million Americans in nursing homes.

The proposal, by the Centers for Medicare & Medicaid Services, would

require all facilities to increase staff up to certain minimum levels, but it included no money for nursing homes to pay for the new hires.

CMS estimated that three-quarters of the nation's roughly 15,000 homes would need to add staff members. But the increases at many of those facilities would be minor, as the average nursing home already employs nurses and aides at, or very close to, the proposed levels.

"The standards are a lot lower than what a lot of experts, including myself, have called for over the years," said David Grabowski, a professor of health care policy at Harvard Medical School. "There are some real positives in here, but I wish the administration had gone further."

The government said it would exempt nursing homes from punishment if they could prove that there was a local worker shortage and that the facilities had made sincere efforts to recruit employees.

"Fundamentally, this standard is wholly inadequate to meet the needs of nursing home residents," said Richard Mollot, executive director of the Long Term Care Community Coalition, an advocacy group based in New York.

Executives in the nursing home industry said that without extra money from Medicare or Medicaid — the two federal insurers that pay for most nursing home care — the requirement would be financially unattainable.

"It's meaningless to mandate staffing levels that cannot be met," Katie Smith Sloan, the president and chief executive of LeadingAge, an association that includes nonprofit nursing homes, said in a statement. "There are simply no people to hire — especially nurses. The proposed rule requires that nursing homes hire additional staff. But where are they coming from?"

The new staffing standard would require homes to have daily average nurse staffing levels amounting to at least 0.55 hours per resident. That translates to one registered nurse for every 44 residents. But that is below what the average nursing home already provides, which is 0.66 hours per resident, a 1:36 ratio, federal records show.

At least one registered nurse would have to be on duty at all times under the proposed plan — one of the biggest changes for the facilities, as they currently must have nurses for only eight consecutive hours each day.

The proposed rule also calls for 2.45 nurse aide hours per resident per day, meaning a ratio of about one aide for every 10 residents. While the federal government sets no specific staffing requirements for nurse aides, the average home already provides 2.22 nurse aide hours a day, a ratio of about 1:11.

"The federal minimum staffing standards proposed by CMS are robust yet achievable," the agency said in a statement. "The proposal also makes clear that the numerical staffing levels are a floor — not a

ceiling — for safe staffing."

Registered nurses are at the top of the chain of command at nursing homes, overseeing assessments of residents, and handling complex clinical tasks. Nurses delegate more straightforward clinical roles to licensed practical nurses.

Certified nursing assistants, often called nurse aides, are generally the most plentiful in a nursing home and help residents with basic needs like bathing, getting out of bed and eating.

On average, registered nurses make $37 an hour while licensed practical nurses earn $28 an hour, according to CMS. Aides often start at minimum wage or slightly above, earning $17 an hour on average.

"People have more choice," said Tina Sandri, the chief executive of Forest Hills of DC, a nursing home in Washington, D.C., referring to nursing home staff. "They can go to hospitals and make more and do less than they do here in a nursing home."

"We've lost staff to hospitals that had $20,000 signing bonuses," she added, "and as a nonprofit, we can't compete with that."

Nursing home officials say they cannot afford to pay higher wages because state Medicaid programs reimburse them too little. Patient advocates, however, note that some for-profit homes are providing substantial returns to investors.

Medicare and Medicaid spent $95 billion on nursing home care and retirement community care in 2021, according to CMS. The agency estimated that the new standards would cost homes an additional $4 billion in three years, when all homes except those in rural areas would need to comply. Rural homes would have five years.

Ellen Quirk, a retired certified nursing assistant in Hayes, Virginia, recalled that sometimes she would care for all of the residents on a single floor in the nursing home, which could be 20 or more people, by herself. It's challenging for an aide to care for more than five to seven people at a time, she said.

"If it's more than that, then things aren't done properly," Quirk, 63, said. "Things are skipped over, like a bath or changing them every couple of hours or feeding them properly."

"I've seen patients that roll over and fall out of bed," she added. "Sometimes they get bedsores because beds are saturated in urine for hours and hours."

The nursing home industry has been pressing federal and state governments to pay for a bevy of enticements to long-term care workers, including educational subsidies for those who have worked in nursing homes, loan forgiveness, and career opportunities for certified nursing assistants working toward their nursing degrees.

The administration said it would offer $75 million in scholarships and tuition as part of the new proposal. The administration is accepting comments for the next 60 days before it finalizes the new standard.

Boost Nursing Home Staffing Standards

KFF Health News
August 29, 2023
CMS Study Sabotages Efforts to Bolster Nursing Home Staffing, Advocates Say
By Jordan Rau

The Biden administration last year promised to establish minimum staffing levels for the nation's roughly 15,000 nursing homes. It was the centerpiece of an agenda to overhaul an industry the government said was rife with substandard care and failures to follow federal quality rules.

But a research study the Centers for Medicare & Medicaid Services commissioned to identify the appropriate level of staffing made no specific recommendations and analyzed only staffing levels lower than what the previous major federal evaluation had considered best, according to a copy of the study reviewed Monday by KFF Health News. Instead, the new study said there was no single staffing level that would guarantee quality care, although the report estimated that higher staffing levels would lead to fewer hospitalizations and emergency room visits, faster care, and fewer failures to provide care.

Patient advocates said the report was the latest sign that the administration would fall short of its pledge to establish robust staffing levels to protect the 1.2 million Americans in skilled nursing facilities. Already, the administration is six months behind its self-imposed deadline of February to propose new rules. Those proposals, which have not been released, have been under evaluation since May by the Office of Management and Budget. The study, dated June 2023, has not been formally released either, but a copy was posted on the CMS website. It was taken down shortly after KFF Health News published this article.

"It's honestly heartbreaking," said Richard Mollot, executive director of the Long Term Care Community Coalition, a nonprofit that advocates for nursing home patients in New York state. "I just don't see how this doesn't ultimately put more residents at risk of neglect and abuse. Putting the government's imprimatur on a standard that is patently unsafe is going to make it much more difficult for surveyors to hold facilities accountable for the harm caused by understaffing nursing homes."

For months, the nursing home industry has been lobbying strenuously against a uniform ratio of patients to nurses and aides. "What is clear as you look across the country is every nursing home is unique and a one-size-fits-all approach does not work," said Holly Harmon, senior vice president of quality, regulatory, and clinical services at the American Health Care Association, an industry trade group.

Nursing home groups have emphasized the widespread difficulty in finding workers willing to fill existing certified nursing assistant jobs, which are often grueling and pay less than what workers can make at retail stores. Homes say their licensed nurses are often drawn away

by other jobs, such as better-paying hospital positions. “The workforce challenges are real,” said Katie Smith Sloan, president and CEO of LeadingAge, an association that represents nonprofit nursing homes.

The industry has also argued that if the government wants it to hire more workers it needs to increase the payments it makes through state Medicaid programs, which are the largest payor for nursing home care. Advocates and some researchers have argued that nursing homes, particularly for-profit ones, can afford to pay employees more and hire additional staff if they forsake some of the profits they give investors.

“Certainly, facilities haven’t put all the dollars back into direct care over the years,” said David Grabowski, a professor of health care policy at Harvard Medical School. “But for certain facilities, it’s going to be a big lift to pay for” higher staffing levels, he said in an interview last week.

In a written statement to KFF Health News, Jonathan Blum, CMS’ principal deputy administrator and chief operating officer, said the study had been posted in error. “CMS is committed to holding nursing homes accountable for protecting the health and safety of all residents, and adequate staffing is critical to this effort,” he said. “CMS’s proposal is being developed using a rigorous process that draws on a wide range of source information, including extensive input from residents and their families, workers, administrators, experts, and other stakeholders. Our focus is on advancing implementable solutions that promote safe, quality care for residents.” Blum’s statement called the study a “draft,” although nothing in the 478-page study indicated it was preliminary.

The study has been widely anticipated, both because of the central role the administration said it would play in its policy and because the last major CMS study, conducted in 2001, had concluded that nursing home care improves as staffing increases up to the level of about one worker for every six residents. The formal metric for that staffing level was 4.1 staff hours per resident per day, which is calculated by dividing the number of total hours worked by nurses and aides on duty daily by the number of residents present each day.

CMS never adopted that staffing ratio and instead gave each nursing home discretion to determine a reasonable staffing level. Regulators rarely cite nursing homes for insufficient staffing, even though independent researchers have concluded low staffing is the root of many nursing home injuries. Too few nurse aides, for instance, often means immobile residents are not repositioned in bed, causing bedsores that can lead to infection. Low staffing also is often responsible for indignities residents face, such as being left in soiled bedsheets for hours.

The new research was conducted by Abt Associates, a regular

	contractor for CMS that also performed the 2001 study. But the report, in an implicit disagreement with its predecessor, concluded there was "no obvious plateau at which quality and safety are maximized or 'cliff' below which quality and safety steeply decline." Abt referred questions about the study to CMS. The study evaluated four minimum staffing levels, all of which were below the 4.1 daily staff hours that the prior study had identified as ideal. The highest was 3.88 daily staff hours. At that level, the study estimated 0.6% of residents would get delayed care and 0.002% would not get needed care. It also said that staffing level would result in 12,100 fewer hospitalizations of Medicare residents and 14,800 fewer emergency room visits. The report said three-quarters of nursing homes would need to add staff to meet that level and that it would cost $5.3 billion extra each year. The lowest staffing level the report analyzed was 3.3 daily staffing hours. At that level, the report said, 3.3% of residents would get delayed care and 0.04% would not get needed care. That level would reduce hospitalizations of Medicare residents by 5,800 and lead to 4,500 fewer emergency room visits. More than half of nursing homes would have to increase staff levels to meet that ratio, the report said, and it would cost $1.5 billion more each year. Charlene Harrington, a professor emeritus of nursing at the University of California-San Francisco, said CMS "sabotaged" the push for sufficiently high staffing through the instructions it gave its contractor. "Every threshold they looked at was below 4.1," she said. "How can that possibly be a decent study? It's just unacceptable." **Nursing Home Staffing** The federal government tallies the number of nurse and aide staffing hours each day for residents at each of the nation's roughly 15,000 nursing homes. It ranks each facility on a five-star scale, with five as the highest, after taking into account how frail the home's patients and residents are. This chart also displays the percentage of the home's staff who leave within a year. The national turnover average is 54%; lower turnover rates are considered superior. [See article online for chart displaying turnover rates by state.] CMS Study Sabotages
Quotes	*"Establishing minimum staffing standards for nursing homes will improve resident safety and promote high-quality care so residents and their families can have peace of mind. When facilities are understaffed, residents suffer. They might be unable to use the bathroom, shower, maintain hygiene, change clothes, get out of bed, or have someone respond to their call for assistance.*

Comprehensive staffing reforms can improve working conditions, leading to higher wages and better retention for this dedicated workforce."

Health and Human Services Secretary Xavier Becerra, *HHS Proposes Minimum Staffing Standards to Enhance Safety and Quality in Nursing Homes,* **Centers for Medicare and Medicaid Services,** September 1, 2023, HHS Minimum Staffing Standards

"Today, we took an important first step to propose new staffing requirements that will hold nursing homes accountable and make sure that residents get the safe, high-quality care that they deserve."

Chiquita Brooks-LaSure, Center for Medicare and Medicaid Services, *HHS Proposes Minimum Staffing Standards to Enhance Safety and Quality in Nursing Homes,* **Centers for Medicare and Medicaid Services,** September 1, 2023, HHS Minimum Staffing Standards

In a long-awaited and highly controversial decision, the federal Centers for Medicare and Medicaid Services (CMS) has proposed that nursing homes provide at least three hours of staff time daily for every patient or resident.
Would it meaningfully improve care at nursing facilities? Not by much.

What New Nursing Home Staffing Rules Would Mean For Residents And Patients, **Forbes,** September 5, 2023, What New Rules Mean

CMS "sabotaged" the push for sufficiently high staffing through the instructions it gave its contractor. "Every threshold they looked at was below 4.1. How can that possibly be a decent study? It's just unacceptable."

Charlene Harrington, professor emeritus of nursing at the University of California-San Francisco, *CMS Study Sabotages Efforts to Bolster Nursing Home Staffing, Advocates Say,* **KFF Health News,** August 29, 2023, CMS Study Sabotages

"Fundamentally, this standard is wholly inadequate to meet the needs of nursing home residents."

Richard Mollot, executive director of the Long Term Care Community Coalition, *Biden Administration Proposes New Standards to Boost Nursing Home Staffing,* **KKF Health News and New York Times (free access),** September 1, 2023, Boost Nursing Home Staffing Standards

"The standards are a lot lower than what a lot of experts, including myself, have called for over the year. There are some real positives in here, but I wish the administration had gone further."

David Grabowski, a professor of health care policy at Harvard Medical School, Biden Administration Proposes New Standards to Boost Nursing Home Staffing, **KKF Health News and New York Times (free access),** September 1, 2023, Boost Nursing Home Staffing Standards

In 2020 the share of people 65 or older reached 17 percent, according to the Census Bureau. By 2034, there will be more Americans past retirement age than there are children.

The challenge the country faces transcends ideology, geography and ethnic or racial category, and American leaders, regardless of their party, need to confront it with the appropriate urgency.

Editorial Board, *An Aging America Needs An Honest Conversation about Growing Old,* **New York Times (free access),** September 10, 2023, Aging America

Many older people in the United States say they feel invisible in a country that has long been obsessed with youth, avoiding the inevitability — and possibilities — of old age. Americans of every generation owe it to themselves and their families to begin asking the question: Is this a challenge we want to handle on our own? Or is it something that we as a society should confront together?

Editorial Board, *An Aging America Needs An Honest Conversation about Growing Old,* **New York Times (free access),** September 10, 2023, Aging America

"Furthermore, our findings may also incentivize government investment in preventative health care and health promotion given the greater cost associated with caring for people in institutions. This will require a shift in health policy towards preventative health."

Alice A. Gibson, BSc, APD, PhD, a research fellow at the University of Sydney in Australia, and colleagues, *Unhealthy lifestyle factors associated with increased risk nursing home admission,* **Healio,** September 1, 2023, Increased Risk of Nursing Home Admissions

For many of us, leaving our homes and navigating the outside world doesn't require much effort. But for older adults, our towns and cities are filled with obstacles — stairs, unsafe sidewalks and crossings, inadequate lighting — that grow increasingly difficult for them as they age. On top of that, most American cities lack robust public transportation. These challenges combine to keep many older Americans at home, isolated from social and cultural activities that are proven to keep conditions like dementia at bay, from essential medical care, from the world around them.

The City Looks Different When You're Older, **New York Times (free access),** September 8, 2023, Different When You Are Older

Enacting elder parole bills, which do not guarantee release based on age but rather allow older adults to be individually considered for release by a parole board, can help resolve the crisis of aging behind bars, save substantial money, and return people to the community to repair the harm they long ago caused — before they are on death's doorstep.

Carol Shapiro, New York, *Compassionate Release for Those Aging Behind Bars,* ***New York Times,** August 21, 2023, Compassionate Release

Compassionate release laws at the state and federal levels should make dementia an explicit criterion for early release. Facilities should also screen older patients for dementia on a regular basis and develop protocols for requesting compassionate release and expediting placement in memory care facilities. The U.S. prison population is aging and change is urgently needed.

Caitlin Farrell, Nicole Mushero, William Weber, physicians volunteering with the Medical Justice Alliance, *Compassionate Release for Those Aging Behind Bars,* ***New York Times,** August 21, 2023, Compassionate Release

"When you give increased odds to people who may be more impacted by a disease, you are not putting any one group in front of the other, you are weighting the odds to makes sure no one group is being left behind."

Erin McCreary, director of infectious diseases improvement and clinical research innovation at the University of Pennsylvania Medical Center, *How a 'weighted lottery' helped underserved patients get a scarce Covid drug,* **STAT News,** September 1, 2023, Weighted Lottery

"I thought you, like, forgot where you parked your car. I didn't think you forgot how to walk, how to eat, how to breathe eventually and I didn't realize essentially how someone in the throes of dementia required 24 hours a day, seven days a week care and supervision."

Seth Rogen commenting on how debilitating Alzheimer's is, *How Seth Rogen and Lauren Miller Rogen are using comedy to support Alzheimer's care,* **STAT News,** September 8, 2023, Seth Rogen

"The experience of navigating these illnesses affects the entire family … it was given to Brian as a death sentence, and to me, frankly, it felt like imprisonment. Brian's caregiving costs upwards of $300,000 a year, out of pocket, no insurance coverage, and the only way we've been able to manage it is by friends and family pitching in."

Sandra Abrevaya, wife of Brian Wallach who has amyotrophic lateral sclerosis (ALS), *ALS advocates say criticism of new drugs misses bigger picture,* **STAT News,** September 8, 2023, ALS Advocates

What does a 48-year-old woman look like now? Are 82-year-olds all supposed to look like recent Sports Illustrated Swimsuit cover model Martha Stewart? And what about being in your late 20s or early 30s, when your face begins to look more adult? What does "more adult" mean when anyone can pay to give themselves the smooth, immobile face of the moment?
In other words: What does it look like to age?

What aging looks like now, ***Washington Post,** August 29, 2023, What Aging

Looks Like Now

"I think aging is a beautiful thing," she said. "I think if you're not aging, you're dead. The goal is to age as beautifully as you want to, for yourself."

Shereene Idriss, a New York-based dermatologist, *What aging looks like now,* ***Washington Post,** August 29, 2023, What Aging Looks Like Now

After all, in 1926, when [Elaine] LaLanne was born, few Americans made exercising a part of their daily lives. Nearly a century later, Ms. LaLanne is a "testament to the efficacy of a lifelong exercise habit" — and perhaps even more important, the power of choosing how you want older age to look and feel.

Shelly McKenzie, an independent scholar and the author of "Getting Physical: The Rise of Fitness Culture in America." *At 97, the First Lady of Fitness Is Still Shaping the Industry*, ***New York Times,** September 6, 2023 (Updated), First Lady of Fitness

"You have to move. If you don't move, you become immovable."

Elaine LaLanne *At 97, the First Lady of Fitness Is Still Shaping the Industry*, ***New York Times**, September 6, 2023 (Updated), First Lady of Fitness

"There's almost no organ system long Covid doesn't touch."

Dr. Ziyad Al-Aly, a clinical epidemiologist at Washington University School of Medicine, *Long Covid Poses Special Challenges for Seniors,* **New York Times,** September 3, 2023, Special Challenges for Seniors

"The current framework for disasters centers on the quantifiable damage to physical infrastructure and its corresponding economic costs. This emphasis, unfortunately, neglects the human impacts, an omission that is particularly troubling regarding extreme heat."

Jordan Clark, who studies federal heat policy at Duke University's heat policy innovation hub, *A harrowing summer': extreme weather costs hit US as 60m under heat alerts,* **The Guardian,** September 6, 2023, Harrowing Summer

Dignified home care, i.e., work that pays a living wage and takes into account the well-being and agency of both the

care worker as well as the clients who receive care—is a powerful multi-solver in the movement for well-being, equity, and racial justice.

Healing Home Care: How Shared Stewardship Can Amplify the Dignity of Home Care Work, **The Rippel Foundation,** Undated, **Read the Blog**

"It's unacceptable that some nursing homes do not provide a full public accounting of who their medical director is. Our bipartisan bill will rectify that and require transparency that families need to have faith in their nursing homes."

Representative Mike Levin (D-CA), *Rep. Levin's First Legislation of the 118th Congress Would Improve Public Disclosure of Medical Directors,* **Office of Mike Levin**, January 10, 2023, Public Disclosure of Medical Directors

Climate change threatens our health by producing extreme weather events, increasing the prevalence of communicable disease, and jeopardizing our access to food, fresh water, and clean air. Research shows that older adults are particularly susceptible to the health impacts of climate change. . .

Because of the normal changes that come with aging, older adults are more vulnerable to heat illnesses, which occur when the body is exposed to high temperatures and cannot cool itself. Preexisting medical conditions, such diabetes or heart disease, increase the chances an older adult will have a negative reaction when exposed to high temperatures.

Effects of Climate Change on Older Adults, **Aging and Climate Change Clearinghouse – Cornell University,** https://climateaging.bctr.cornell.edu/

Approximately 40% of all inpatient operations are performed on patients aged 65 years and older, and nearly one-third of older Americans face surgery in their last year of life. Compared with younger people, older adults are at a higher risk of postoperative mortality and complications due to decreased physiological reserve and

	diverse factors that contribute to frailty. *Racial disparities in inpatient palliative care consultation among frail older patients undergoing high-risk elective surgical procedures in the United States: a cross-sectional study of the national inpatient sample*, **Scholar,** July 13, 2023, Racial Disparities Among Frail Older Adults *What's needed is a new kind of "neighborhood watch," where neighbors make deliberate efforts to get to know each other – not just for a friendly wave across the fence or from one door to the next. . . If I know my neighbor does not have family nearby or is in need of insulin, I can be a better neighbor in an emergency.* *Nobody should be facing the climate crisis alone; Unfortunately, the elderly are often alone and vulnerable*, **CommonWealth,** August 28, 2023, Facing Climate Crisis Alone *Unfortunately, people over 65 also include the highest percentage of those who do not want to accept the scientific consensus on climate change. It's high time, therefore, for grandchildren to sit down their grandparents and have "the talk."* *Nobody should be facing the climate crisis alone; Unfortunately, the elderly are often alone and vulnerable*, **CommonWealth,** August 28, 2023, Facing Climate Crisis Alone
New York Times editorial [This editorial is the introduction to a series of aging related articles published in the *Sunday Opinion* section of the **New York Times** on September 10, 2023 including: An honest conversation about growing old. Safer streets. Sustainable caregiving. Flexible housing. Entrepreneurs who pay attention. To see and be seen. These articles will be included in the next issue of *The*	**1. New York Times (free access)** September 10, 2023 *An Aging America Needs an Honest Conversation about Growing Old* Editorial Board America may still think of itself as a young nation, but as a society, it is growing old. Thanks to falling birthrates, longer life expectancy and the graying of the baby boomer cohort, our society is being transformed. This is a demographic change that will affect every part of society. Already, in about half the country, there are more people dying than being born, even as more Americans are living into their 80s, 90s and beyond. In 2020 the share of people 65 or older reached 17 percent, according to the Census Bureau. By 2034, there will be more Americans past retirement age than there are children. The challenge the country faces transcends ideology, geography and ethnic or racial category, and American leaders, regardless of their party, need to confront it with the appropriate urgency. It has been decades since lawmakers last came to a consensus about what old age in America should look like: In 1935 the passage of the Social Security Act was meant to ensure that older people would not die destitute because they could no longer work. In 1965 aging was included as part of the vision of the Great Society. Our society now faces another moment when it is up to us to

Dignity Digest (#154).]	decide what America's future will be. This shift has major implications. A drop in the working-age population typically means labor shortages, productivity declines and slower economic growth. Places like Japan, with the highest proportion of people 65 or older in the world, offer a hint of what the near future might look like for America. In Japan, especially in rural areas, schools shut their doors because there are no longer enough children to fill them; births fell below 800,000 in 2022, and about 450 schools close every year. With fewer young people working, revenue for retirement programs is shrinking, and there is a chronic labor shortage. Japanese people increasingly work into their 60s, 70s and beyond, often in physically demanding but low-paid jobs such as making deliveries and cleaning offices. That means employers have to adjust, adding rest areas, ramps, and handrails in workplaces to accommodate older workers' needs. Aging societies have different needs from young ones, and while America is far from the only country facing this shift, it has been slow to address it. The strains are showing in everything from health care and housing to employment and transportation. With an average of 10,000 boomers turning 65 each day, these pressures are steadily intensifying and will continue to do so, especially if current immigration policies hold. The recent decline in Americans' life expectancy over the past few years is especially alarming. It reflects deaths from Covid and drug overdoses, as well as higher mortality rates among children and teenagers from violence and accidental deaths, but that does not change the underlying demographic shift. By 2053, more than 40 percent of the federal budget will go toward programs for seniors, primarily Social Security and Medicare — but those programs are not designed for or prepared to handle the new demographic reality. The challenges of an ageing population are also deeply personal. Among the most elemental questions are where and how we will spend the closing years of our lives. Millions of Americans are already grappling with these dilemmas for themselves and for their loved ones. A cottage industry of products and services has emerged to help people adjust their homes and their lives for aging. A demographic shift this significant calls for a broad-based response, and the longer the challenges go unaddressed, the more formidable they become. There are many pieces to this puzzle, including who will care for older people, where they will live, how our cities are designed and how businesses will adapt. Many older people in the United States say they feel invisible in a country that has long been obsessed with youth, avoiding the inevitability — and possibilities — of old age. Americans of every generation owe it to themselves and their families to begin asking the question: Is this a challenge we want to handle on our own? Or is it something that we as a society should confront together? Aging America
Public Health Council Meeting	**2. Massachusetts Department of Public Health** *Public Health Council Meeting* Wednesday, September 13, 2023, 9:00 a.m. Agenda (**Emphasis added)** **1.** ROUTINE ITEMS a. Introductions. b. Updates from Commissioner Robert Goldstein. c. Record of the Public Health Council Meeting held August 9, 2023 (Vote). **2.** REGULATIONS

	a. Request to promulgate amendments to: – 105 CMR 130.000, *Hospital Licensure* (Vote). – 105 CMR 140.000, *Licensure of Clinics* (Vote). – **105 CMR 141.000, *Licensure of Hospice Programs* (Vote).** – **105 CMR 150.000, *Standards for Long-Term Care Facilities* (Vote).** – **105 CMR 158.000, *Licensure of Adult Day Health Programs* (Vote).** – 105 CMR 170.000, *Emergency Medical Services System* (Vote). **3. PRELIMINARY REGULATIONS** a. **Overview of proposed rescission of 105 CMR 159.000, *COVID-19 vaccinations for certain staff providing home care services in Massachusetts.*** **4.** INFORMATIONAL PRESENTATIONS a. Overview of Healthcare Associated Infections, 2022. b. **Massachusetts Healthcare Personnel Influenza Vaccination in Health Care Facilities, 2022-2023.** Members of the public may listen to the meeting proceedings by using the information below: Join by Web: https://us06web.zoom.us/j/84531158520?pwd=VGlUeWZvc1djRWNiME9RVVZLMnhkUT09 Dial in Telephone Number: 929-436-2866 Webinar ID: 845 3115 8520 Passcode: 136632
Netflix series *Live to 100: Secrets of the Blue Zones*	**3. Netflix** *Live to 100: Secrets of the Blue Zones* Trailer for five-part series based on Dan Buettner's book, *The Blue Zones* (https://www.bluezones.com/#). Travel around the world with author Dan Buettner to discover five unique communities where people live extraordinarily long and vibrant lives. https://www.youtube.com/watch?v=it-8MIm29bI
Opportunity to Comment	**4. Administration on Community Living** *HHS Proposes to Strengthen Protections Against Discrimination Based on Disability* September 7, 2023 Today's proposed rule is one of several federal actions that strengthen anti-discrimination protections, and ensure equal opportunity, for people with disabilities. It complements the disability provisions in the proposed rule implementing Section 1557 of the Affordable Care Act published earlier this year, as well as the rule on web accessibility for public entities under the Americans with Disabilities Act (ADA) proposed by the Department of Justice (which is open for public comment through October 3, 2023). The proposed update to the HHS Section 504 regulations clarifies obligations in several crucial areas that are not explicitly addressed in the current rule and improves consistency with legislative developments since the current regulations were issued. OCR has put together a detailed factsheet, and OCR and ACL will jointly host a webinar for stakeholders on the proposed rule on September 11 at 1:00 PM ET (register here). Several highlights of the new areas in the proposed rule include: • *Discrimination in medical treatment*: Ensures that medical treatment decisions are not based on biases or stereotypes about people with disabilities, judgments that an individual will be a burden on others, or

beliefs that the life of an individual with a disability has less value than the life of a person without a disability. These include, for example, decisions about life-sustaining treatment, organ transplantation, rationing care in emergencies, and other vital medical decisions.

- *Accessibility of medical equipment*: Adopts the U.S. Access Board's accessibility standards for medical equipment to address barriers like exam tables that are inaccessible because they are not height-adjustable, weight scales that cannot accommodate people who use wheelchairs, and mammogram machines that require an individual to stand to use them. The rule would require most doctor's offices to have an accessible exam table and weight-scale within two years.
- *Web, mobile app, and kiosk accessibility*: Adopts the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA accessibility standards for websites and mobile applications. It also requires self-service kiosks to be accessible. These provisions are particularly important given the increased use of websites, apps, telehealth, video platforms, and self-service kiosks to access health care.
- *Child welfare programs and activities*: Clarifies requirements in HHS-funded child welfare programs and activities to help eliminate discriminatory barriers faced by children, parents, caregivers, foster parents, and prospective parents with disabilities, such using the presence of a disability or an individual's IQ score alone as a reason for removal of a child, prohibiting disabled parents from serving as foster parents, or failing to place disabled children who need services in the most integrated settings appropriate to their needs.
- *Community integration*: Clarifies obligations to provide services in the most integrated setting appropriate to a person's needs, consistent with the Supreme Court's decision in *Olmstead v. L.C.* This provision has been central to vindicating the right to community living.
- *Value assessment methods*: To establish whether a particular intervention, such as a medicine or treatment, will be provided and under what circumstances, health care organizations often use a variety of methods to evaluate whether the benefits of the intervention outweigh the costs. These "value assessment methods" are an increasingly significant tool for cost containment and quality improvement efforts, but they may discriminate against people with disabilities when they place a lower value on extending the life of a person with disability. The proposed rule prohibits the discriminatory use of such methods to deny or limit access to aids, benefits, or services.

Since the 504 regulations were originally published, the Rehabilitation Act has been amended and the ADA was passed. Because Congress directed that Section 504 and the ADA be interpreted consistently, the proposed rule also aligns HHS' 504 regulations with newer ADA regulations. For example, the proposed rule requires recipients of HHS funding to allow the use of trained service animals in most circumstances and to ensure effective communications by providing, when necessary, accommodations such as qualified interpreters, text telephones, and information in Braille, large print, or electronically for use with a computer screen-reading program.

For 60 days starting on September 14, HHS will be seeking public comment on the proposed rule. Input from the disability and aging communities is essential!

	(We will share instructions for submitting comments as soon as the information is available.) The updated Section 504 rule will be a critical tool for fighting disability discrimination, and ACL is proud to have worked with OCR in developing it. Of course, these updated regulations are only the first step. Once finalized, ACL is committed to supporting OCR's technical assistance and enforcement efforts to translate the new rule into reality. This is the disability community's rule. It reflects your input, the issues you have raised, and your priorities. We look forward to your input on the proposed rule. Thank you for your advocacy, your partnership, and your hard work to make the world a more just place for everyone. **Learn more:** • **Stakeholder Call**: On Monday, September 11, at 1:00 PM, the Office for Civil Rights will walk through key provisions of the proposed rule in a webinar hosted by ACL. The webinar will be recorded, and ASL and CART will be provided. Advance registration is required. • **Fact sheet** from the HHS Office for Civil Rights (available in multiple languages) • **Press Release**: *HHS Issues New Proposed Rule to Strengthen Prohibitions Against Discrimination on the Basis of a Disability in Health Care and Human Services Programs* • **Federal Register notice**: Full text of the proposed regulations • **About the Rehabilitation Act of 1973** We've compiled all the resources listed here into one webpage that can be found on ACL.gov/504rule.
Dignity Alliance Study Sessions *Live one-hour sessions with key individuals or specific topics. Open to all via Zoom. Sessions will be recoded and posted on DignityMA website.*	**5. Edward Augustus, Secretary of the Executive Office of Housing and Livable Communities** Wednesday, September 13, 2023, 1:00 p.m. Zoom Link: https://us02web.zoom.us/j/85203719039?pwd=dWRUaHJIYkdlblY4K1FGeGJJRHBrdz09 Meeting ID: 852 0371 9039 Passcode: 947907 One tap mobile: +13052241968,,85203719039#,,,,*947907# US Telephone: 305 224 1968; 309 205 3325 **6. Using Class Actions to Promote System Change** Presenter: Steven Schwartz, JD, Legal Director Center for Public Representation Friday, September 22, 2023, 2:00 p.m. Zoom link: https://us02web.zoom.us/j/82279049961?pwd=RjN4VzhwdG9BdjUvbVhmb01BWTVDZz09 Meeting ID: 822 7904 9961 Passcode: 391230 One tap mobile: +16469313860,,82279049961#,,,,*391230# US Telephone: +1 646 931 3860 US **7. The Future of Nursing Homes: Navigator Homes of Martha's Vineyard – A case Study** Presenters: Patricia Moore, Founding Member

	David Roush, President, Strategic Care Solutions, LLC Wednesday, September 27, 2023, 2:00 p.m. Zoom link: https://us02web.zoom.us/j/88482595765?pwd=S0pWL0wzSFdzalJ0aTRzZmZPMytTdz09 Meeting ID: 884 8259 5765 Passcode: 128306 One tap mobile: +19294362866,,88482595765#,,,,*128306# US Telephone: +1 305 224 1968 US **8. PACE Program 101 and More** Presenter: Candace Kuebel, LCSW, MSW, MBA, Executive Director, MassPACE Association Wednesday, October 18, 2023, 10:00 a.m. Zoom link: https://us02web.zoom.us/j/81798483893?pwd=cWZXdlZvWG12WGMva2VUSUUrbDQxUT09 Meeting ID: 817 9848 3893 Passcode: 334338 One tap mobile: +13052241968,,81798483893#,,,,*334338# US Telephone: +1 305 224 1968 US **9. ReFraming Aging** Presenter: Melissa Donegan, LSW, Director, Healthy Living Center of Excellence, AgeSpan Wednesday, November 8, 2023, 10:00 a.m. Join Zoom Meeting https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVIxa01mZz09 Meeting ID: 856 6669 8185 Passcode: 394342 One tap mobile: +13052241968,,85666698185#,,,,*394342# US Telephone: +1 305 224 1968 US
Webinars and Other Online Sessions	**10. Administration for Strategic Preparedness & Response at the U.S. Department of Health and Human Services (HHS)** Tuesday, September 19, 202, 1:00 to 3:00 p.m. The Administration for Strategic Preparedness & Response at the U.S. Department of Health and Human Services (HHS) is hosting the next virtual joint meeting of the National Advisory Committee on Seniors and Disasters (NACSD) and the National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD). The NACSD and NACIDD will provide expert advice and guidance to HHS and discuss recommendations regarding the specific needs of older adults and people with disabilities, respectively, related to disaster preparedness and response. Anyone may submit questions or comments ahead of the meeting to the committee members by emailing NACSD@hhs.gov or NACIDD@hhs.gov. If time allows, committee members will address as many written comments as possible. All meeting materials, including drafts of the recommendations for public review, will be available on the NACSD and NACIDD public meeting page. American Sign Language translation and CART will be provided during the

	meeting. If you want to apply to speak at the meeting, request accessibility accommodations, or have other questions, email NACSD@hhs.gov. Register for the webinar
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	**11. Healio** September 1, 2023 *Unhealthy lifestyle factors associated with increased risk nursing home admission* By Andrew Rhoades **Key takeaways:** • .An unhealthy lifestyle was associated with a "marked increased risk" of admission to a nursing home • Researchers said evidence could be a "powerful motivator" for healthier lifestyle changes. Smoking, sedentary behavior and physical inactivity were among lifestyle factors linked to increased risk nursing home admissions, a recent study found. According to **Alice A. Gibson, BSc, APD, PhD,** a research fellow at the University of Sydney in Australia, and colleagues, there is substantial evidence that lifestyle-related risk factors "are associated with the development and progression of multiple common debilitating chronic diseases such as cardiovascular disease, stroke, chronic nephropathy, cancer, dementia and frailty." "However, very little is known about how lifestyle risk factors impact on long-term nursing home placement," they wrote in the *Journal of Epidemiology and Community Health*. So, the researchers aimed to fill gaps in literature by analyzing data 127,108 participants aged 60 years or older from an Australian prospective cohort study. Patients were divided into three risk groups based on five lifestyle categories: smoking status, diet quality, physical activity, sleep duration and sedentary behavior. Among the patients, 25% were in the low-risk, or healthiest, lifestyle group. The unhealthiest, high-risk group comprised 14% of the sample, 62% made up the medium-risk group. Overall, the risk for nursing home admission was 43% (adjusted HR = 1.43; 95% CI, 1.36-1.5) and 12% (aHR = 1.12; 95%CI, 1.08-1.16) greater for those in the high- and medium-risk groups, respectively, compared those in the low-risk group. In the high-risk group, participants aged 60 to 64 years had the highest risk admission (aHR = 2.15; 95%CI, 1.82-2.54). the low-risk group, the mutually aHR for admission among those in the high-risk group was: • 1.55 (95% CI, 1.45-1.66) for smoking; • 1.29 (95% CI, 1.22-1.38) for sleep duration; • 1.19 (95% CI, 1.16-1.23) for physical activity; and • 1.12 (95% CI, 1.07-1.17) for sedentary behavior. Diet quality was the only lifestyle factor that did not have any risk associations. Ultimately, "these findings highlight that lifestyle factors are important in relatively younger age group of 6064 years and have less of an impact on nursing home admission in older age groups where other comorbidities may be driving

	nursing home admissions," the researchers wrote. Evidence that healthy lifestyle habits may reduce the risk for nursing home admission "could be a powerful motivator for many individuals to adopt or maintain a healthier lifestyle" "Furthermore, our findings may also incentivize government investment in preventative health care and health promotion given the greater cost associated with caring for people in institutions," Gibson and colleagues wrote. "This will require a shift in health policy towards preventative health." Increased Risk of Nursing Home Admissions
Workforce / Caregivers	**12. The Rippel Foundation** Undated *Healing Home Care: How Shared Stewardship Can Amplify the Dignity of Home Care Work* By Laila Hussain All of us, at some point in our lives, will require care for ourselves or for a loved one. However, home care work is among the most troubled occupations in the U.S. labor market, primarily due to the ongoing influence of structural racism and sexism. And the effects of these occupational inequities extend beyond care workers themselves and impact their clients, families, related organizations throughout the health care sector, and businesses across a region's economy. Read a new blog post by Rippel's Laila Hussain exploring how shared stewardship can advance the dignity of home care workers, thereby moving forward a shared vision for a better, more equitable health system. Hussain shares ReThink Health's reflections from 18 months of exploratory research on care worker dignity and discusses the multi-solving potential of dignified care work. Also featured in the blog are videos of home care workers sharing their experiences. **Read the Blog**
Covid / Long Covid	**13. *New York Times** September 3, 2023 *Long Covid Poses Special Challenges for Seniors* By Paula Span Ask Patricia Anderson how she is doing, and you probably will not get a routine answer. "Today, I'm working and I'm fine," she said on a recent Tuesday. "Saturday and Sunday, I was bedridden. Long Covid is a roller coaster." Before the pandemic, Ms. Anderson practiced martial arts and did without a car, instead walking and taking buses around Ann Arbor, Mich., where she is a medical librarian. Just before contracting Covid-19 in March 2020, she had racked up — oh, she keeps track — 11,409 steps in one day. The virus caused extreme chills, shortness of breath, a nervous system disorder and such cognitive decline that, for months, Ms. Anderson was unable to read a book. "I was very sick for a long time, and I never really got better," she said. On some days, fatigue cut her step count to three digits. Rehabilitation attempts brought progress, then crashes. The dozens of symptoms collectively known as long Covid, or post-Covid, can sideline anyone who has been infected. But they take a particular toll on some older patients, who may be more prone to certain forms of the illness. About 11 percent of American adults have developed long Covid after an infection, the Centers for Disease Control and Prevention reported last month,

	down from the almost 19 percent recorded from June 2022 to June 2023. The figure suggests that some adults are pulling out of the syndrome as time passes. People over age 60 actually have lower rates of long Covid overall than those aged 30 to 59. That might reflect higher vaccination and booster rates among older Americans, or more protective behavior like masking and avoiding crowds. The C.D.C. says long Covid begins when symptoms persist a month or more after infection. But the World Health Organization defines long Covid as "the continuation or development of new symptoms" three months after the initial infection, lasting at least two months with no other explanation. The extensive list of long Covid symptoms includes breathing difficulties, cardiovascular and metabolic diseases, kidney disease, gastrointestinal disorders, cognitive loss, fatigue, muscle pain and weakness and mental health problems. "There's almost no organ system long Covid doesn't touch," said Dr. Ziyad Al-Aly, a clinical epidemiologist at Washington University School of Medicine and senior author of a recent study showing that these symptoms can persist for two years. "It can affect nearly everyone from children to older adults, across the life span," he said. Though long Covid is more likely to afflict people who become severely ill with Covid and require hospitalization — and long Covid symptoms last longer in those patients — it can also follow mild infections. It can arise after the first bout of Covid, or the second or fourth. While older people are not more prone to long Covid overall, Dr. Al-Aly's research using large Veterans Affairs databases shows that they are more at risk for four particular clusters of symptoms: • Metabolic disorders, including new-onset diabetes and high cholesterol. • Cardiovascular problems, including heart disease, heart attacks and arrhythmias like atrial fibrillation. • Gastrointestinal problems like diarrhea and constipation, pancreatitis, and liver disease. • Strokes, cognitive decline, and other neurological symptoms. Long Covid can also exacerbate the health problems many seniors already contend with. "If they had mild cognitive impairment, do they move into dementia? I've seen that happen," Dr. Verduzco-Gutierrez said. A mild heart condition can become more serious, reducing an older person's mobility, and increasing fall risks. "The best way in the world to prevent long Covid is to prevent Covid," Dr. Al-Aly said. As infection rates tick up across the country, masking again in close quarters and eating outdoors at restaurants can help reduce infection. . . The Biden administration recently announced a new federal office to lead long Covid research, and more clinical trials are beginning. For now, though, many patients rely on groups like Long Covid Support and the Covid-19 Longhauler Advocacy Project, and participate in the Patient-Led Research Collaborative. Special Challenges for Seniors
Alzheimer's Disease and Other Dementia	**14. STAT News** September 8, 2023 *How Seth Rogen and Lauren Miller Rogen are using comedy to support Alzheimer's care* By Nicholas St. Fleur Alzheimer's isn't funny. But comedy can still be a weapon in the fight against this

	deadly degenerative disease. Since 2012, comedian and filmmaker Lauren Miller Rogen and her husband, actor and comedian Seth Rogen, have used humor to help raise awareness for Alzheimer's disease and funds for at-home caregiving through their nonprofit Hilarity for Charity. . . A 2015 study in the Annals of Internal Medicine estimated the cost of care for someone with dementia in the last five years of their life at about $287,038. . . As part of their charity work, the two organize an annual comedy event that brings together comedians like John Mulaney and Tiffany Haddish, as well as other A-listers like Snoop Dogg and John Mayer for a night of laughs and fundraising. So far, they've raised more than $20 million and provided more than 400,000 hours of in-home care to families in need. "Caregivers are 24/7 carrying a huge load, and anything that we could do to lighten that load is what we want to do," said Miller Rogen. "And I wish we could give more." Seth Rogen
Hoarding	**15. *New York Times** September 9, 2023 *My Mother Is a Hoarder. Do I Have to Help Her?* September 9, 2023 *My mother and I have a strained relationship because of her myriad mental-health challenges. Our communication is not great; she lacks self-awareness and can't tolerate any suggestions that force her to face her flaws.* *I first noticed her hoarding after her mother died (which probably began as a result of her inheriting my grandmother's remaining belongings). Now, in my mother's current large home, every room and closet, every tabletop and surface — every single area — is bursting with piles of items.* *I live across the country, so her hoarding bothers me only when I visit. But now I'm visiting more frequently, often for weeks at a time, to help care for my stepdad after his recent cancer diagnosis. The hoarding and disorganization are becoming alarming to me because I fear it will impede his care and cause major stress if they need to sell the home for any reason. Plus, it's stressful when you can't find anything or put anything anywhere because of how much stuff there is.* *I've thought about sending her books about decluttering or mentioning that we should tackle rooms together when I am there. But part of me feels as if it's not my responsibility, and part of me is aware that she most likely won't be receptive to the idea that this is an issue she needs to address. Please help!* — Name Withheld From the Ethicist: Like so many quandaries, yours involves both empirical and moral considerations. Hoarding disorder is a condition recognized in the Diagnostic and Statistical Manual of Mental Disorders (D.S.M.), and, as in your mother's case, it is frequently associated with other psychiatric problems. It can have a genetic component, and it worsens with age. The causes of this condition are not fully understood, and it is not easy to treat. The best studied interventions involve cognitive-behavioral therapy, though some research suggests the approach doesn't work well for older adults (and "improvement," in these studies, is often assessed by self-reporting). Even if you "blitz clean" a hoarder's abode — not to be done without consent — the hoarding will typically start again.

	If it's hard to treat hoarders who want to get better, the challenge is greater still with hoarders who don't recognize themselves as such. And because hoarders find it distressing to get rid of their stuff, simply offering to help clear things away isn't likely to go down well. Nor is pointing out that the items in the hoard are not of any actual use — part of the condition is a tendency to believe that something will come in handy in the future or that disposing of it would be wasteful. Observing that your mother may have to sell the house and dispose of much of the hoard will probably just increase her distress. You should certainly look into contacting a mental-health professional. And, however much she resists it, you ought to broach the topic with your mother directly. Encourage her to recognize that she has a problem and that her hoarding may pose a risk to your stepfather's well-being and to her own. Tell her that there are forms of therapy that might help manage it. Though she won't be grateful, you'll have done right by her. But the odds are slim that you'll be able to resolve the problem on your own. And you can't have real responsibility where you don't have real agency. My Mother Is a Hoarder
Health Equity	**16. *STAT News** September 5, 2023 *Older people underrepresented in vaccine clinical trials* By Andrew Joseph Few people ages 80 and older were included in trials of a new respiratory syncytial virus vaccine, and people who are immunocompromised and those living in nursing homes were excluded. Although it may be more difficult, older adults and people with health issues should be included in late-stage trials of vaccines when they are the target population, say geriatric infectious diseases specialist Dr. Helen Talbot and vaccine expert Dr. Ruth Karron. More Inclusivity in Clinical Trials **17. STAT News** September 1, 2023 *How a 'weighted lottery' helped underserved patients get a scarce Covid drug* By Usha Lee McFarling In the midst of the Covid-19 surge during the winter of 2021, the Pittsburgh-based UPMC health system received 450 doses of Evusheld — a scarce antibody cocktail being used at the time to prevent immunocompromised patients from being infected by the coronavirus. But those doses were just a fraction of a percent of what the sprawling 35-hospital system needed to protect its 200,000 immunocompromised patients. . . They were fully aware that the virus was disproportionately taking the lives of people who were lower-income and were Black and brown, and that those people were less likely to receive Covid therapies. And they knew if they used a first-come, first-served approach, or let clinicians dole out the drugs, the treatments would be more likely to go to the system's most privileged patients, McCreary said. So, in just two weeks, at a time when patients were being hospitalized and dying in high numbers, the researchers put together a plan to use a weighted lottery — giving higher odds of receiving the scarce drug to patients who lived in disadvantaged neighborhoods — in an attempt to more equitably allocate the drug. As they reported in JAMA Health Forum, the lottery worked as they'd hoped —

but only to a certain extent. Residents of disadvantaged neighborhoods were far more likely to be allocated Evusheld in the weighted lottery — 29% vs. 17% — than if an unweighted lottery had been used. And among the lottery winners, the same proportion — 28% — ended up receiving the drug in disadvantaged neighborhoods as in more advantaged areas, a finding researchers considered a success.

There are barriers beyond scarcity to getting an infusion of Evusheld, which typically is administered in a doctor's office or clinic, so many patients lucky enough to be picked in the lottery didn't get it. Only 7% of Black patients allocated the drug received it, compared to 29% of white patients. . .

The research establishes that weighted lotteries are a feasible and relatively simple and effective way to allocate scarce resources, she said. They can also help by alleviating the burden on physicians to decide who among their patients should receive treatments in short supply.

Despite the success of the project in increasing access to those from lower-income neighborhoods, it is clear that the lottery did not do enough to help end racial disparities.

Only 3 of the 41 Black patients who were allocated the drug ended up taking it compared to 118 of 402 white patients. One issue was trust. Since the drug had not yet been fully approved, hesitation in taking it was understandable, McCreary said. Another major reason fewer Black patients received the drug was because they did not answer or return calls to the phone number the system had on record — possibly because those numbers were incorrect, though further study is needed to figure out why.

Weighted Lottery

18. **Scholar**

July 13, 2023

Racial disparities in inpatient palliative care consultation among frail older patients undergoing high-risk elective surgical procedures in the United States: a cross-sectional study of the national inpatient sample

By Kyung Mi Kim, *et al.*

Abstract

Surgical interventions are common among seriously ill older patients, with nearly one-third of older Americans facing surgery in their last year of life. Despite the potential benefits of palliative care among older surgical patients undergoing high-risk surgical procedures, palliative care in this population is underutilized and little is known about potential disparities by race/ethnicity and how frailty my affect such disparities. The aim of this study was to examine disparities in palliative care consultations by race/ethnicity and assess whether patients' frailty moderated this association. Drawing on a retrospective cross-sectional study of inpatient surgical episodes using the National Inpatient Sample of the Healthcare Cost and Utilization Project from 2005 to 2019, we found that frail Black patients received palliative care consultations least often, with the largest between-group adjusted difference represented by Black–Asian/Pacific Islander frail patients of 1.6 percentage points, controlling for sociodemographic, comorbidities, hospital characteristics, procedure type, and year. No racial/ethnic difference in the receipt of palliative care consultations was observed among non-frail patients. These findings suggest that, in order to improve racial/ethnic disparities in frail older patients undergoing high-risk surgical procedures, palliative care consultations should be included as the

	standard of care in clinical care guidelines. Racial Disparities Among Frail Older Adults
Incarcerated Persons	**19. *New York Times** August 21, 2023 *Compassionate Release for Those Aging Behind Bars* **To the Editor:** Re "Inside a Dementia Unit in a Federal Prison" (Opinion guest essay, Aug. 13): Katie Engelhart vividly describes the absurdity and cruelty of incarcerating frail elders with debilitating dementia. It would be a mistake, though, to conclude simply that expanding compassionate release is the answer. Certainly, that's warranted, but policymakers should be proactive, not just reactive. As a former parole commissioner, I know that dementia is just the tip of the iceberg of the problem of mass aging behind bars. Countless people (not just men) effectively face a slow death penalty behind bars because of extreme sentences or repeated denials of parole release despite these individuals' complete transformations. Far from being helpless, many are violence interrupters, mentors, scholars, and artists, including people previously convicted of causing serious harm. They have changed. Enacting elder parole bills, which do not guarantee release based on age but rather allow older adults to be individually considered for release by a parole board, can help resolve the crisis of aging behind bars, save substantial money, and return people to the community to repair the harm they long ago caused — before they are on death's doorstep. Carol Shapiro New York **To the Editor:** Dementia units in prisons should primarily serve as a conduit to helping achieve compassionate release. As physicians volunteering with the Medical Justice Alliance, we review the medical care of numerous patients with dementia who are undiagnosed and untreated in the prison system. Patients wake up unsure why they are in prison, hoping that President Nixon might pardon them. We must consider the high cost of normalizing the imprisonment of elderly patients with dementia. Financially, developing "dementia-friendly" prison units incurs significant costs; that money could instead be used to improve community resources such as nursing facilities. Ethically, we must grapple with punishing people who do not pose a threat to others and are unable to understand why they are being punished. Compassionate release laws at the state and federal levels should make dementia an explicit criterion for early release. Facilities should also screen older patients for dementia on a regular basis and develop protocols for requesting compassionate release and expediting placement in memory care facilities. The U.S. prison population is aging and change is urgently needed. **To the Editor:** As a person who has served three federal prison terms for antiwar protests for a total of almost three years, I found myself shaking my head that the Federal Bureau of Prisons maintains Federal Medical Center Devens to hold men with dementia. The essay noted that most of the men in the dementia unit have no memories of their crimes or why they are incarcerated, yet few are deemed eligible for compassionate release. The United States incarcerates nearly two million people

	in our thousands of jails and prisons. The U.S. prison system is primitive, lacks redemption and only metes out punishment. The term rehabilitation is simply not part of this cruel system. In my time in more than a half dozen federal prisons, I never met a man I would not have to my home as a dinner guest. Our jails and prisons are filled mostly with people convicted of nonviolent crimes. Many — perhaps the majority — of incarcerated people are poor, mentally ill or substance abusers. Most need medical treatment, not incarceration. I agree with F.M.C. Devens's clinical director, Dr. Patricia Ruze, who thinks it would be "totally appropriate" to release the whole unit on compassionate grounds and relocate the men to community nursing homes. I'd go one step further: Let's release all nonviolent people from prison with appropriate community support to help them prosper and avoid recidivism, as well as offer programs of human uplift to the remaining prisoners using the money we save by closing the prisons we will no longer need. Patrick O'Neill Garner, N.C. Compassionate Release
Disability Topics 	**20. The Washington Post (free access)** August 28, 2023 *Airlines tried to stop fake service animals. It kept blind people off flights.* By Amanda Morris New Department of Transportation rules have made flying more difficult, and at times, inaccessible to blind passengers. Elizabeth Schoen's guide dog, Eva, is trained to help her navigate crowded, chaotic environments such as airports. The black Labrador knows how to find elevators, follow crowds to the baggage claim area and help Schoen, who is blind, avoid obstacles. But when Schoen, 21, of Arlington, Va., tried to fly to Boston to tour graduate schools last March, airline staffers told her she could not take Eva on the plane. She is one of many blind people who say they have encountered more difficulty taking service animals onto flights since new rules from the Department of Transportation took effect in January 2021. The regulations were an effort to crack down on a rise in passengers passing off untrained pets as service or emotional support animals. Some travelers tried to take peacocks, pigs, ducks and even miniature horses onboard aircraft. Some animals defecated on the planes or attacked crew members, passengers, and legitimate service dogs. The new rules state that emotional support animals are not considered service animals and narrow the definition exclusively to properly trained dogs. Airlines can require passengers to complete forms about their service dog's training at least 48 hours before their flight. Airlines also must make a reasonable effort to allow all passengers with service dogs to fly, even if they do not submit their forms in time. But disability advocates say airlines seem to be interpreting the regulations differently, enforcing varying rules for submitting documents or rejecting forms from other airlines' websites. Some passengers say their dogs have been rejected for simple paperwork mistakes. The required forms also have been difficult to fill out, blind travelers say, because they are often not compatible with the screen reader technology people use to convert text to speech.

In interviews, blind people told The Washington Post that the regulations are so difficult to navigate that they are now hesitant to fly or are anxious about the experience. Various organizations for the blind are calling for the forms to be changed or eliminated.

Department of Transportation data shows that the number of service-animal-related complaints from people with disabilities have more than doubled since the new regulations took effect. In 2018, the agency received 116 complaints. In 2022, the number was 451.

The agency acknowledged that people with disabilities are experiencing problems flying with their service animals and said in an email that it is taking their concerns seriously and "has begun looking further into those issues."

"It's a gigantic mess," said Albert Elia, a board member at the National Association of Guide Dog Users and a staff attorney at the Civil Rights Education and Enforcement Center, a nonprofit legal organization focused on disability justice.

Denied at the airport

Schoen originally tried to submit her form online four days before her JetBlue flight, but it was rejected by the airline. JetBlue's customer service advised her to bring the paperwork to the airport on the day of her flight.

When she arrived, airline staffers told her she had not submitted the form on time. Schoen tried to explain that JetBlue needed to make reasonable efforts to get her and Eva on the flight but was told that the airline had the right to turn her dog away.

"If you're denying my dog, you're denying me," she said.

Schoen missed her flight and spent about $400 to fly the next day with a different airline. She was later reimbursed for her original flight and learned that the form had been rejected because she had used an incorrect flight confirmation code.

The experience is one of many in which Schoen said she has had trouble submitting her form and been treated with suspicion by airline staffers.

"It's made me more scared. Every time I go to the airport, it's like, 'Are they going to stop me?'" Schoen said. "Even if I know I'm approved, I still feel this pressure, like I'm under a microscope."

The airline did not respond to questions about Schoen's experience, but JetBlue spokesman Derek Dombrowski wrote in an email that timely submission of the service dog form is necessary to determine whether a dog is qualified to travel. He wrote that roughly 80 percent of applications are approved but that "customers who do not submit in advance may not be able to travel."

Inaccessible forms

Filling out the forms requires blind users to have the most up-to-date screen-reader technology, which can cost over $1,000, said Elia, the attorney at the Civil Rights Education and Enforcement Center. In some cases, forms are difficult to navigate because text boxes are not labeled properly or cannot be clicked into. It took over 30 minutes for Elia to fill out the form, and on some devices and browsers, he was not able to fill out the form at all.

The forms have proved so cumbersome that travelers including Sherry Gomes, 65, of Patterson, Calif., now choose not to fly. Gomes used to teach computer skills to other blind people and assist people encountering screen-reader problems but grew frustrated trying to fill out the form herself.

"It was a fairly simple form. But if I, who have a lot of experience using this

product, had trouble with it, then newer computer people and people with less experience are going to have a lot more trouble with it," she said.

A Department of Transportation spokesperson said in an email that the department consulted disability rights organizations on the forms and also worked with accessibility testers. The department said it has begun investigating potential problems and is open to feedback to make improvements.

Not enough to stop fake service animals

For all the trouble the forms cause, they do not stop people from lying or trying to pass off untrained pets as service animals, said Eric Lipp, the executive director of Open Doors Organization, which reviews service-dog forms for JetBlue, Alaska Airlines, Allegiant Air and Sun Country Airlines.

The forms ask owners to attest that their dog has been properly trained to assist them with their disability and to behave in public settings. Owners must also provide veterinarian contact information and date of last vaccination but are not required to present other documentation. It can be hard to tell a legitimate service dog from a fake one, Lipp said, and some service animals are trained by individuals or owners rather than by organizations.

Michael Stein, the executive director of the Harvard Law School Project on Disability, called the regulations "poorly designed" because they introduce additional barriers for people with disabilities and ultimately leave decisions up to the discretion of workers. He said there is no clear rationale behind the forms, as they do not help airline staffers to distinguish fake service dogs from legitimate ones.

"This seems to be bending over backward to create some kind of formal requirement," he said. "I don't see the logic or the benefit."

Under the Americans With Disabilities Act, businesses are allowed to ask people if their service dogs are required because of a disability and to explain what tasks the dogs are trained to perform.

But it is still possible to fake having a service dog in person, particularly when it comes to dogs assisting people with psychiatric disorders or other invisible disabilities, Elia said. "How am I supposed to know if a dog is trained to perceive seizures? How are you going to prove it? Have a seizure on demand?"

And asking people to prove that they have disabilities may force them to disclose sensitive health information, Elia added.

Some airlines have contacted service-dog training programs to verify information on the required forms. But in early August, the Civil Rights Education and Enforcement Center warned some airlines and dog-training programs that this could be considered a violation of the Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of health information.

Airlines for America, a trade group representing U.S. airlines, did not respond to questions about these practices. Hannah Walden, a spokeswoman for the association, wrote in an email that its members comply with the Department of Transportation's rules.

A matter of safety

The Department of Transportation said the rules were created to ensure the safety and health of passengers and aircrews. But the agency said it does not have data on whether these rules have reduced incidents involving untrained animals on flights.

JetBlue has seen a "significant reduction in disruptions from untrained dogs,"

	but some problems continue, Dombrowski wrote in an email. JetBlue says that on average it experiences an incident involving service dogs, such as a dog biting customers or crew members, every three weeks. Screening out fake service animals also can help protect the safety of genuine ones, said Donald Overton Jr., executive director of the Blinded Veterans Association. His guide dog, a German Shepherd named Pierce, was trained for years at a cost of thousands of dollars. After Pierce was attacked multiple times by untrained pets on planes and in airports, the dog eventually became too reactive and anxious to continue working as a service animal. "In the blink of an eye, somebody who has just casually and carelessly decided that their pet should be out there can take all of that and destroy it," he said. **Pushing for change** Organizations including the American Council of the Blind, Guide Dog Users Inc., the National Federation of the Blind and the National Association of Guide Dog Users have been meeting with Department of Transportation staffers and pushing for the forms to be eliminated or changed. "We don't think airlines, with regard to guide dogs, should require a separate process than what is required for everyone else," said John G. Paré Jr., the executive director for advocacy and policy at the National Federation of the Blind. But changing the rules could take time, because proposed regulations go through a public comment period before decisions are made. In the meantime, some of these organizations are supporting a provision in the Senate Federal Aviation Administration Reauthorization Act that would establish a pilot program for people to register their service dogs. This would allow blind people to fly repeatedly with guide dogs on the basis of a one-time approval process, instead of needing to submit a form every time they fly. The provision is one of many bipartisan efforts seeking to improve air travel for disabled passengers as Congress prepares to reauthorize the Federal Aviation Administration's funding and programs before Sept. 30. Sen. Tammy Duckworth (D-Ill.), who is a double leg amputee as a result of combat injuries sustained as a U.S. military pilot and who drafted the provision, said the program would create a more streamlined process for vetting service animals. "Far too often, many continue to be flat-out denied or charged exorbitant extra fees to sit in accessible seats or sit with a service companion during commercial flights," she said. Jessica Beecham, 38, of Colorado Springs, is blind and said she regularly faces questions from airline workers about her guide dog and has been delayed at airports for up to four hours over issues with her form. "It feels like a guessing game of whether or not you're going to get hassled," Beecham said. "I would like to just fly in peace." https://wapo.st/47SOjSM
Aging Topics	**21. New York Times (free access)** September 8, 2023 *The City Looks Different When You're Older* By Andy Hong *This article is part of "Can America Age Gracefully?," a series on how the country should prepare for the next big demographic shift.*

Photograph by Michael Tyrone Delaney
Elaine LaLanne — who revolutionized modern exercise alongside her husband, Jack — is a model for aging well.

For many of us, leaving our homes and navigating the outside world doesn't require much effort. But for older adults, our towns and cities are filled with obstacles — stairs, unsafe sidewalks and crossings, inadequate lighting — that grow increasingly difficult for them as they age. On top of that, most American cities lack robust public transportation. These challenges combine to keep many older Americans at home, isolated from social and cultural activities that are proven to keep conditions like dementia at bay, from essential medical care, from the world around them.

As America grows older, the demand for age-friendly infrastructure will grow, too. The New York Times asked people over 65 to share some of the difficulties they face navigating their towns and cities. The solutions that would help them — and so many others — are often quite simple but require seeing the world around us from a different point of view.

Different When You Are Older

22. *New York Times

September 6, 2023 (Updated)

At 97, the First Lady of Fitness Is Still Shaping the Industry

By Danielle Friedman

Elaine LaLanne's morning exercises often begin before she's even out of bed. Lying on top of the covers, she does two-dozen jackknifes. At the bathroom sink, she does incline push-ups. After she dresses and applies her makeup, she heads to her home gym, where she walks uphill on a treadmill for a few minutes and does lat pull-downs on a machine.

"Twenty minutes a day gets me on my way," she said at her home on the Central Coast of California.

But her biggest daily feat of strength, she says, happens above her shoulders. At 97 years old, Ms. LaLanne reminds herself each morning, "You have to believe you can." She said that belief had not only kept her physically active through injuries and emotional obstacles, it had also helped her to live the life of someone decades younger. "Everything starts in the mind," she said. . .

Since Jack's death in 2011, however, Elaine (whom friends call LaLa) has quietly cultivated a following all her own. She still runs her family's remaining business, BeFit Enterprises — which sells archival videos and memorabilia and licenses the LaLanne name — from a ranch nestled among dusty hills and livestock.

She has published two books in the last four years and is developing both a documentary and a feature film with Mark Wahlberg, who has signed on to play Jack. And longtime fitness industry power players — the 1990s home workout queen Denise Austin, the Tae Bo guru Billy Blanks, the bodybuilding legend Lou Ferrigno — seek her counsel on navigating life and business. . .

The LaLannes' greatest legacy, Dr. Todd said, may be "showing us the value of exercise in relation to aging." . .

Ms. LaLanne said she had slowed down since turning 92. She has also fallen several times over the last decade. But the physical strength she gained at the gym helped her get back on her feet, she said.

Along with her daily exercises, Elaine devotes time to stretching and hanging from a pull-up bar, letting her body hang loose like a rag doll. She uses the same workout equipment that she and Jack used for most of their lives, including weight machines Jack designed in the 1930s and a treadmill the couple purchased in the early 1970s.

"You have to move," she said. "If you don't move, you become immovable."

	First Lady of Fitness **23. *Washington Post** August 29, 2023 *What aging looks like now* Analysis by Rachel Tashjian What does it mean to "look your age"? In a recent story published by Allure, Charlize Theron addresses a reality that few people in Hollywood want to face: She is, in fact, getting older. Discussing the new imagery from her run of two decades and counting as the face of Dior's J'Adore perfumes, she said that the succession of campaigns is like a yearbook that shows the ways she has grown and aged — but that many people seem to think these natural changes are the unfortunate results of plastic surgery. "My face is changing, and I love that my face is changing and aging," she told the magazine, but "people think I had a facelift. They're like, 'What did she do to her face?' I'm like, 'B----, I'm just aging! It doesn't mean I got bad plastic surgery. This is just what happens.'". . . The confluence of celebrity culture and the ability to manipulate every casual selfie has created the sense that we are not meant to look old at all. These images have "warped the way people think about aging, and what is considered to be quote-unquote 'normal,'" Idriss said. "Unfortunately, I do attribute it to all these social media filters. All these people who are getting work done who look just ambivalent. They don't look like anyone; they just look like everyone.". . . But a look back at stars from films in the 1950s, '60s or '70s — and even into the early 2000s — shows how health and our own standards of physical maintenance have improved. Developments in sunscreen, the introduction of retinol and prescription Retin-A, and the decline in hazardous habits such as smoking cigarettes, mean that people look younger. What Aging Looks Like Now
Health Care Topics	**24. STAT News** September 8, 2023 *ALS advocates say criticism of new drugs misses bigger picture* By Lev Facher A diagnosis of ALS has long been seen as a death sentence. But in recent years, progress in the world of ALS research and drug development has come to embody a conundrum with far broader implications: The balance between moving aggressively on promising new cures and guarding against false hope. With the Food and Drug Administration expected to decide later this year on the latest in a series of contentious ALS drug approvals, the stage is set for yet another debate about what drugs make sense for patients to try — and for taxpayers to fund. But Brian Wallach and Sandra Abrevaya, the founders of the advocacy group I Am ALS, don't see it as a particularly difficult balancing act. . . Since Wallach's ALS diagnosis in 2017, the couple has spearheaded arguably the most successful patient advocacy campaign this century. Since founding I Am ALS the following year, the organization has helped push through a series of government investments in ALS research, culminating in a $500 million bill that President Biden signed in late 2021. . . The Food and Drug Administration is set to convene an advisory panel on Sept.

27 to consider the approval of NurOwn, a controversial bespoke cell therapy that the agency had previously refused to consider.
Late last year, the FDA approved Relyvrio, a medicine made by Amylyx Pharmaceuticals that was shown in a small trial to moderately slow the progression of ALS. And in April, the agency granted accelerated approval to tofersen, a Biogen drug that is the first to target a genetic root cause of the disease.
ALS Advocates

25. *New York Times

August 29, 2023

U.S. Announces First Drugs Picked for Medicare Price Negotiations

By Sheryl Gay Stolberg and Rebecca Robbins

The price negotiation program, established by Democrats as part of the Inflation Reduction Act, is expected to save the government tens of billions of dollars in the coming years.

The Biden administration on Tuesday (August 29) announced the first 10 medicines that will be subject to price negotiations with Medicare, kicking off a landmark program that is expected to reduce the government's drug spending but is being fought by the pharmaceutical industry in court.

The medications on the list are taken by millions of older Americans and cost Medicare billions of dollars annually. The drugs were selected by the Centers for Medicare & Medicaid Services through a process that prioritized medications that account for the highest Medicare spending, have been on the market for years and do not yet face competition from rivals.

Drugs Selected for Price Negotiations

1. Eliquis, for preventing strokes and blood clots, from Bristol Myers Squibb and Pfizer
2. Jardiance, for diabetes and heart failure, from Boehringer Ingelheim and Eli Lilly
3. Xarelto, for preventing strokes and blood clots, from Johnson & Johnson
4. Januvia, for diabetes, from Merck
5. Farxiga, for chronic kidney disease, from AstraZeneca
6. Entresto, for heart failure, from Novartis
7. Enbrel, for arthritis and other autoimmune conditions, from Amgen
8. Imbruvica, for blood cancers, from AbbVie and Johnson & Johnson
9. Stelara, for Crohn's disease, from Johnson & Johnson
10. Fiasp and NovoLog insulin products, for diabetes, from Novo Nordisk

Medicare gained the authority to negotiate the price of some prescription medicines when Congress passed the Inflation Reduction Act last year, a signature legislative achievement for the president. Tuesday's announcement is a key step toward those negotiations, which will unfold over the coming months, with the new prices taking effect in 2026. Additional drugs will be selected for price negotiations in coming years.

The negotiation program is projected to save the government an estimated $98.5 billion over a decade. It is also expected to eventually reduce insurance premiums and out-of-pocket costs for many older Americans, though the magnitude of those savings remains to be seen. . .

Now that the list of drugs is public, their makers have until Oct. 1 to declare whether they will participate in negotiations with the government. Companies that decline to negotiate must either pay a large excise tax or withdraw all of

	their products from both Medicare and Medicaid, the federal-state program that provides health coverage to low-income people. Six pharmaceutical manufacturers — Astellas Pharma, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, Johnson & Johnson and Merck — have taken the Biden administration to court in an attempt to block the Medicare negotiation program. The industry's main trade group and the U.S. Chamber of Commerce have also filed suit. The suits make a variety of constitutional claims, including that the requirement that drugmakers negotiate or pay a fine violates the Fifth Amendment's prohibition on the taking of private property for public use without just compensation. Medicare Drug Price Reductions **26. *State House News** August 29, 2023 *Insurer To Cover Narcan* By Michael P. Norton Blue Cross Blue Shield of Massachusetts announced Tuesday that it will cover the overdose reversal medication Narcan. The insurer said its coverage of Narcan for over-the-counter, non-prescription use will involve no cost share to members in Massachusetts. "Naloxone has become the standard treatment for opioid overdose and making it available more widely is a key strategy in controlling the overdose crisis," said Blue Cross Blue Shield of Massachusetts chief medical officer Dr. Sandhya Rao. "Waiving out-of-pocket costs for this emergency medication aligns with our commitment to ensuring our members have access to the substance use disorder treatment they need, when they need it – especially critical as opioid-related overdose deaths in Massachusetts continue to rise." Massachusetts experienced 2,357 confirmed and estimated fatal opioid-related overdoses in 2022, a new record high, according to Department of Public Health data published in June. The U.S. Food and Drug Administration approved Narcan for over-the-counter use in March. https://www.statehousenews.com/brief/2023785
Health Care Policy	**27. STAT News** September 8, 2023 *How the drug price negotiation program could affect Medicare Part D beneficiaries* By Mariana Socal After the recent announcement of the first 10 drugs selected for Medicare price negotiation, much has been discussed about the drugs that were selected and the magnitude of price decreases that can be achieved. Less attention has been given to what this all means for Medicare beneficiaries. The negotiation, informed by confidential data from manufacturers and analysis by the Centers for Medicare and Medicaid Services, will result in a maximum fair price for each drug, which will be announced Sept. 1, 2024, and will take effect Jan. 1, 2026. The Congressional Budget Office has estimated that the negotiations could save Medicare about $3.7 billion in the first year and more than $98 billion by 2031. The 10 drugs selected in 2023 represent more than 20% of Medicare Part D's total annual spending on prescription drugs. . . For these beneficiaries, the $2,000 out-of-pocket maximum is the main benefit of the Inflation Reduction Act, not the lower prices for 10 drugs. It is estimated that less than 20% of beneficiaries will reach the $2,000 threshold. . .

	In the end, all Medicare beneficiaries enrolled in Part D could benefit from the price negotiations. Those who do not take any of the negotiated drugs can also benefit in the form of potentially lower premiums or through potential lower prices for drugs that are in the same therapeutic categories as the negotiated drugs and may have to lower prices to remain competitive. For beneficiaries taking a negotiated drug, a major clinical benefit is that all Medicare Part D prescription drug plans will now be required to cover all the negotiated drugs. This is in contrast to the current system, where each prescription drug plan sets their own drug formulary and it is up to the beneficiary to identify whether the formulary includes the drugs they need. The question that will remain, however, is how plans will respond to the changes in coverage and in cost-sharing that will be brought about by the negotiation program. Two main problem responses may negatively impact beneficiaries: if plans establish high barriers to access (prior authorization or step therapy requirements), or if plans choose to require fixed copayments for the negotiated drugs that are higher than what the coinsurance requirements would be under the maximum fair price. CMS must keep a close watch for both situations. Medicare Part D Beneficiaries
Heat Emergency / Disaster Preparation	**28. The Guardian** September 6, 2023 *A harrowing summer': extreme weather costs hit US as 60m under heat alerts* By Dharna Noor States face challenges getting federal aid amid dwindling Fema funds and laws that don't consider heat a climate disaster. . . The spiraling costs of extreme weather in the US are hitting hard as more than 60 million Americans are under heat alerts this week, experts say, even though federal law does not explicitly consider heatwaves to be climate disasters. . . The omission also disincentivizes communities from including extreme heat in hazard mitigation plans, said Jordan Clark, who studies federal heat policy at Duke University's heat policy innovation hub. "The current framework for disasters centers on the quantifiable damage to physical infrastructure and its corresponding economic costs," he said. "This emphasis, unfortunately, neglects the human impacts, an omission that is particularly troubling regarding extreme heat." The Stafford Act, which governs federal disaster assistance, does not directly bar states from applying for heat-related emergency disaster declarations. But to qualify, temperatures must exceed local governments' capabilities and resources to manage, and there is currently no official way to measure those capabilities. Fema has only ever received three requests for extreme heat-related emergency declarations, two in 1980 and one in 1995. All three were denied on the grounds that capacity was not exceeded. Harrowing Summer **29. CommonWealth** August 28, 2023 *Nobody should be facing the climate crisis alone* *Unfortunately, the elderly are often alone and vulnerable* By Sabine von Mering Though the final death toll from the wildfire in Maui, which was worsened if not caused by the changing climate, is still uncertain, it is already apparent

	that many victims were over 65. Climate activists, myself included, often say that we are motivated to act by the desire to protect our children and (eventual) grandchildren from future climate chaos. But we already know that heatwaves pose a particular threat for older populations. And as unrelenting extreme weather chases unrelenting extreme weather in our very present, the most vulnerable populations often turn out to be the elderly. This should influence not only how and with whom we talk about climate change, but also what we talk about. . . Unfortunately, older people are much more likely to live alone. At the time of the 2020 census, one in six people was over 65. And 27 percent of people over 60 in the United States live alone. That in itself is dangerous, as recent studies have shown. But, as in many other instances, climate change is a threat multiplier here as well. And this will only become a bigger problem in the years ahead. According to demographic trends, the population of older Americans is growing. To be sure, we are also healthier and simply live longer than decades ago. But the older we get, the more likely we will need support, especially during extreme weather events. . . What's needed is a new kind of "neighborhood watch," where neighbors make deliberate efforts to get to know each other – not just for a friendly wave across the fence or from one door to the next. But getting to know each other to the point where we exchange phone numbers and feel comfortable calling on each other and knowing about the other's needs. If I know my neighbor does not have family nearby or is in need of insulin, I can be a better neighbor in an emergency. . . Unfortunately, people over 65 also include the highest percentage of those who do not want to accept the scientific consensus on climate change. It's high time, therefore, for grandchildren to sit down their grandparents and have "the talk." Facing Climate Crisis Alone
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 rmoore8473@charter.net.
Websites	**Healthy Aging and Resilient Places Lab, University of Utah** **https://www.harp.utah.edu/** **Our Vision** We envision a future where all people live healthier lives in their communities; build resilience in the face of uncertainty; and have equitable access to neighborhood resources and opportunities that promote health and resilience across the lifespan. **Mission Statement** Our mission is to help create a healthier and more resilient place for everyone across the life span. We seek to serve as an interdisciplinary research hub, knitting together academic and community expertise and creating new opportunities for research funding, training, and knowledge dissemination. By fostering collaboration across multiple disciplines, we aim to catalyze community-engaged, action-oriented research focused on healthy aging and resilient places. **Our Approaches** • Capacity Building

	• Research • Education **Aging and Climate Change Clearinghouse – Cornell University** **https://climateaging.bctr.cornell.edu/** The Aging & Climate Change Clearinghouse (ACCC) aims to be a central and trusted resource on the intersection of climate change and the rapidly increasing older population. To carry out this mission, the Clearinghouse gathers, disseminates, and stimulates research, real-world interventions, and policies to address the intersection of aging and climate change. **Why an initiative on aging and climate change?** Environmental challenges are increasing at the local, national, and global levels as our society faces such issues as compromised water quality, air pollution, toxic waste, the challenges of sustainable growth, energy shortages, and severe weather events. These problems directly affect the health and well-being of individuals and the quality of life within communities. Researchers from a variety of fields are intensively investigating these problems. Concerns grow as the urgency of the threats increases. However, the public has paid scant attention thus far to the relationship between environmental issues and a second trend of critical importance in contemporary society: the enormous growth in the older population. The number of people aged 65 and over worldwide is expected to double over the next two decades, and by 2030, over 20% of the U. S. population will be over 64 years old. The implications of this growth for the environment and for energy use have been virtually unexplored. We believe that this situation provides enormous opportunities for research and the development of new programs on this issue, which will be of mounting concern over the next decade.
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/
Nursing homes with admission freezes	**Massachusetts Department of Public Health** *Temporary admissions freeze* There have been no new postings on the DPH website since May 10, 2023.
Massachusetts Department of Public Health Determination of Need Projects	**Massachusetts Department of Public Health** ***Determination of Need Projects: Long Term Care*** **2023** **Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure** **Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project** **2022** **Ascentria Care Alliance – Laurel Ridge** **Ascentria Care Alliance – Lutheran Housing** **Ascentria Care Alliance – Quaboag** **Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation**

	Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure **Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation** **Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation** **Next Step Healthcare LLC-Conservation Long Term Care Project** **Royal Falmouth – Conservation Long Term Care** **Royal Norwell – Long Term Care Conservation** **Wellman Healthcare Group, Inc** **2020** **Advocate Healthcare, LLC Amendment** **Campion Health & Wellness, Inc. – LTC - Substantial Change in Service** **Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation** **2020** **Advocate Healthcare of East Boston, LLC.** **Belmont Manor Nursing Home, Inc.**
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* https://tinyurl.com/SpeciialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. **Massachusetts facilities listed (updated March 29, 2023)**

Newly added to the listing

- Somerset Ridge Center, Somerset
  https://somersetridgerehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225747
- South Dennis Healthcare
  https://www.nextstephc.com/southdennis
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225320

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
  https://tinyurl.com/MarlboroughHills
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225063

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill
  https://theoxfordrehabhealth.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225218
- Worcester Rehabilitation and Health Care Center, Worcester
  https://worcesterrehabcare.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225199

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

- Charwell House Health and Rehabilitation, Norwood (15)
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Glen Ridge Nursing Care Center (1)
  https://www.genesishcc.com/glenridge
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225523
- Hathaway Manor Extended Care (1)
  https://hathawaymanor.org/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225366
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Mill Town Health and Rehabilitation, Amesbury (14)
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225318
- Plymouth Rehabilitation and Health Care Center (10)
  https://plymouthrehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225207

	• Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) # reported Deficiency Tag 250 **B** 82 **C** 7,056 **D** 1,850 **E** 546 **F** 487 **G** 31 **H** 1 I 40 **J** 7 **K** 2 L
Nursing Home Compare	**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. This information will be posted for each facility and includes: • **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • **Weekend staff**: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.

	Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite
Data on Ownership of Nursing Homes	**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 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.
Long-Term Care Facilities Specific COVID-19 Data	**Massachusetts Department of Public Health** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	• The MA Senate released a report in response to COVID-19. **Download the DignityMA Response to Reimagining the Future of MA**. • **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
Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
Facilities (Nursing homes)	Arlene Germain	agermain@manhr.org
Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org

<table>
<tr><td rowspan="10">Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group lead for more information.</td><td>Legislative</td><td>Richard Moore</td><td>rmoore8743@charter.net</td></tr>
<tr><td>Legal Issues</td><td>Jeni Kaplan</td><td>jkaplan@cpr-ma.org</td></tr>
<tr><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Assisted Living and Rest Homes</td><td>In formation</td><td></td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
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<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>
<tr><td></td><td></td><td></td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest
Suzanne Lanzikos
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.</td></tr>
<tr><td colspan="4">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.</td></tr>
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