

IN THE NEWS

News for LTC Professionals
in 100 Words-or-Less

Edited by Drew Vogel

drewvogel5255@msn.com

Vol 17

05/10/2026

They said it

"Time has told us and shown us that the administrative process is by no means reflective of that of a neutral decision maker in the least" Attorney Mark Reagan, representing AHCA in action challenging CMS' authority to levy major CMS without a jury

"The initial landmark pledge effort brought the nation's major health plans to the table. This new initiative brings everyone else" CMS Administrator Mehmet Oz on the agency's latest effort to streamline prior authorizations

"Don't fail our patients" Cassie Dunham, CEO, California Association of Health Facilities imploring state to restore a funding program

"This difference in vaccination coverage between these two populations might be partially due to differences in how the data were collected but also might indicate barriers to vaccination that are unique to nursing home residents" Researchers commenting on huge difference in vax rates between for-profit and non-profit SNFs

Providers Urge Feds to Limit Major CMPs w/o Jury Trials

Attorneys for Sligo Creek Center in Maryland and AHCA argued before a federal appeals court last week that a 2024 Supreme Court decision limiting the government's use of financial penalties without a trial should extend to CMS.

Ten years ago, CMS imposed a \$1.5 million CMP on Sligo Creek following a tuberculosis outbreak that led to the hospitalization of one resident.

The decision was upheld by an administrative law judge and later by the Departmental Appeals Board (DAB).

Attorneys argued "the outcome[s] of DAB proceedings are overwhelmingly one-sided." In 2023, CMS prevailed in 46 out of 47 lower-level decisions.

McKnight's, 05/05/2025

A Federal Data Bank to Background Check Applicants

U.S. Sens. Mark R. Warner (D-VA) and Tim Scott (R-SC) have reintroduced bipartisan legislation to protect seniors by empowering nursing homes to better screen and vet potential employees.

The bill would allow nursing home operators to access the National Practitioner Data Bank (NPDB), a national criminal background check system, to verify the records of potential caregivers.

Currently, senior living facilities are not authorized to use the NPDB and instead rely on state-level criminal background checks that can often omit key details about an employee's background.

Sen. Warner & Sen. Scott news release, 04/30/2026

And That's Not All

Clean Up Your Act to Get CNA Training Back

The legislation also amends overly restrictive regulations that bar certain senior living facilities from conducting training programs for CNAs

Under existing CMS regulations facilities that have certain deficiencies are automatically prohibited from conducting CNA staff training programs for a period of two years, even if they have fixed the problem.

This legislation would allow a facility to reinstate its CNA training program if the deficiency is corrected, is not the result of resident harm resulting from abuse or neglect and the building has not received a repeat deficiency related to resident harm in the preceding two-year period.

Sen. Warner & Sen. Scott news release, 04/30/2026

UnitedHealth to Cut Pre-Auths by Nearly a Third

UnitedHealth Group plans to stop requiring doctors to get approvals for an array of procedures, tests and services, cutting back on a process that has long been detested by physicians and patients.

UnitedHealth, parent of the biggest U.S. health insurer, said the changes will slash the number of reviews by 30% starting later this year.

Doctors have long complained about the paperwork they must complete to get insurers' permission for care, which can lead to delays and denials.

The Wall Street Journal, 05/05/2026

Pushing Medicaid to Cover Hospital-at-Home

Health systems aiming to scale hospital-at-home programs are using health equity as a rallying point in their efforts to convince more state Medicaid programs to pay for the care.

Providers argue states that don't pay for in-home acute care are denying poor patients the same care options offered to patients covered by private insurance and Medicare.

They also say states could be missing opportunities to identify social determinants of health that can negatively affect patient outcomes and increase Medicaid spending.

Modern Healthcare, 05/04/2026

"I don't mind dumb blonde jokes because I know I'm not dumb. I also know I'm not blonde." - Dolly Parton

U.S. Measles Cases Continuing to Grow

The nationwide measles infection total for the year to date stands at 1,814.

Of that total, 1,803 measles cases were reported by 37 states. The remaining 11 were diagnosed in international visitors to the United States.

Since the beginning of the year, 24 new outbreaks have been noted, and 93% of cases are outbreak-associated (415 from outbreaks starting this year).

This year, 51% of measles infections have occurred in children aged 5 to 19 years; 21% in those younger than 5 years.

Among all patients, 92% were unvaccinated or had an unknown vaccination status; 4% had received only one dose.

MedPage Today, 05/01/2026

IN THE TRENCHES

Vaccines, COVID-19, Flu, Measles & Other Types Of Worldwide Outbreaks

BANGLADESH: This country where many rural children are unvaccinated against measles and some families fear vaccines, is experiencing one of its worst outbreaks of the disease in decades. Since mid-March, the number of suspected measles case has grown to nearly **35,000**, primarily among children 5 years and younger, and 227 children have died (*CIDRAP*).

FLORIDA: Since last summer, Florida's leaders have aimed to be the first state to drop some vaccine mandates. The anti-vaccine rhetoric, and the efforts to revise laws and regulations, rumbled along in the legislature. But by March, the fight seemed to have stalled out. But then on April 15, Governor Ron DeSantis called for a legislative special session. Vaccination is among the topics considered (*NPR*).

WASHINGTON, D.C.: The Supreme Court on Monday morning turned down a request from NBA Hall of Famer John Stockton to weigh in on whether his lawsuit against the Washington Medical Commission, arguing that the agency's efforts to investigate and sanction licensed physicians in the state who discourage COVID-19 vaccination and promote treatments such as ivermectin violate the First Amendment, can go forward (*SCOTUSblog*).

PENNSYLVANIA: Benjamin Eisner, 73, of Brooklyn, N.Y. is charged with defrauding the government by applying for COVID-19 relief funds using the names of tenants of apartment building he owned in Pennsylvania. Some of the tenants named in the applications later told investigators they had never applied for COVID-19 relief funds, had never lived in properties owned by Eisner (*WPMT-TV*).

AFRICA: Three people are dead and at least three others are sick after a suspected outbreak of hantavirus aboard a cruise ship sailing in the Atlantic Ocean. The three dead were cruise passengers

on the MV Hondius, said Oceanwide Expeditions, the company that operates the ship, which is currently anchored in Cape Verde, an island nation off the west coast of Africa. Passengers will not be allowed to disembark in Cape Verde. Hantavirus is not spread from person-to-person, but it is from animal such as rodents to people (*World Health Organization*).

OHIO: A Middleburg Heights doctor who sparked criticism for her opposition to vaccines was ordered to pay nearly \$700,000 for failing to pay taxes for three years. Tenpenny burst into the national spotlight in 2021 by testifying before Ohio lawmakers that the COVID-19 vaccine caused people to become magnetized, that vaccines interfere with cellphone towers and that cities were liquifying dead bodies and pouring them into water supplies (*cleveland.com*).

NEVADA: A woman was sentenced to 54 months in prison for conspiring to defraud the United States by fraudulently claiming nearly \$100 million in COVID-19 related employment tax credits. Candies Goode-McCoy, formerly of Las Vegas, conspired with others to file tax returns seeking fraudulent refunds based on the employee retention credit and paid sick and family leave credit, credits which Congress created to aid struggling businesses during the COVID-19 global pandemic (*DOJ news release*).

AMERICA: When President Trump named a new leadership team at the CDC public attention focused on Dr. Erica Schwartz, his nominee to be the agency's director. Her public support of vaccines was interpreted by some as a sign that Health Sec. Kennedy quest to limit childhood immunizations might be coming to an end. But another senior official named to the team shares many of Mr. Kennedy's views, suggesting the potential for continuing tension at the public health agency (*The New York Times*).

WASHINGTON, D.C.: The Food and Drug Administration has named Katherine Szarama as the acting director of the Center for Biologics Evaluation and Research, which regulates vaccines, gene therapies, and the blood supply (*MedPage Today*).

CAPITOL HILL: Bipartisan senate appropriators are urging the State Department to restore \$600 million the Trump administration is withholding from Gavi, an international humanitarian group that distributes vaccines to developing countries. In a letter to Secretary of State Marco Rubio the senators questioned why the U.S. has not been providing Gavi with the money Congress appropriated over the past two fiscal years (*The Hill*).

ATLANTIC OCEAN: Infectious disease experts suspect that Andes virus, a type of hantavirus that causes cardiopulmonary syndrome, is responsible for an outbreak aboard a small cruise ship off the west coast of Africa that has killed three people and potentially infected at least four others. Andes virus, which is found in Argentina and other South American countries, has been shown to transmit from person to person (*MedPage Today*).

AMERICA: The U.S. is at high risk of losing its measles elimination status in November. Measles was declared eliminated in the U.S. in 2000, meaning there was no continuous transmission for at least 12 months. The current resurgence threatens that status. With 2,288 confirmed cases in 2025 and 1,814 confirmed cases as of last week. (*The Lancet*).

PENNSYLVANIA: Utz Quality Foods, issued a voluntary recall in the U.S. of certain limited varieties of Zapp's® and Dirty® potato chips. This voluntary recall follows notification to Utz that a seasoning containing dry milk powder, sourced from California Dairies, and supplied by a third-party supplier, may contain the presence of Salmonella. The seasoning batches tested negative for Salmonella prior to use, but Utz said it is doing the recall "out of an abundance of caution" (*Utz news release*).

COVID-19, 05/07/2026

World Total Cases
779,201,796

World Total Deaths
7,114,356

U.S. Total Deaths
1,237,488

World Health Organization

Dementia Up, Psych Meds Down During Pandemic

Nursing home residents experienced a higher prevalence of behavioral and psychological symptoms of dementia (BPSD) during the COVID-19 pandemic.

The researchers tracked a BPSD score, a composite of any occurrence of moderate to severe mood symptoms, wandering, rejection of care, hallucinations, delusions, and verbal and physical behavioral symptoms.

Researchers compared data from the 2019 and 2020 MDS in three states – New York, Utah and Colorado. Results showed that from 2019 to 2020, there was a 6.3% increase in residents having two or more BPSD.

Prevalence of moderate to severe depression increased from 17.4% in 2019 to 28.3% in 2020.

Frontiers in Epidemiology, April 2026.

Nearly Half of Nursing Home Turnover Unreported

Current measurements of turnover omit a “strikingly large and growing share” of the US nursing home workforce, including many contract workers and those who quit quickly.

Researchers created a new annual turnover measure using PBJ data with fewer exclusions than those employed by CMS which doesn’t require providers to report staff who work fewer than 120 hours in a 90-day period.

But by 2023, that policy was allowing nearly half of all new nursing home hires to be left out of the data, meaning a substantial portion of “staffing churn” is going unreported.

McKnight’s, 05/07/2026

California Providers Want Incentive Payments Back

A coalition of skilled nursing providers was joined by union members at a rally urging California lawmakers to restore a critical quality incentive pool for nursing homes.

The Workforce and Quality Incentive Program had initially been expected to pay out \$280 million annually through 2026, but last year, the program fell victim

to a state budget deficit that exploded to \$12 billion following the federal government’s passage of the One Big Beautiful Bill Act.

The coalition is asking for \$150 million in new state Medicaid funding, which would trigger another \$150 million in matching federal dollars.

McKnight’s, 05/07/2026

License Gone in Iowa But Can Work in Georgia

In June 2024, while working in a Glenwood, Iowa nursing home, nurse Sabrina Tyer-Mbaye allegedly administered Depakote to a resident who had not been prescribed Depakote. The resident became ill and began vomiting.

The next day, Tyler-Mbaye allegedly closed the room door attempted to force a resident to take medication he/she had been refusing.

The Iowa board charged Tyer-Mbaye with several violations including committing an act that causes injury to a patient and engaging in behavior that’s contrary to professional decorum.

Recently, Tyer-Mbaye agreed to surrender her license, although national records indicate she remains licensed in Georgia.

Iowa Capital Register, 05/06/2026

Shingles Vaccine Lowers Risk of Alzheimer’s

An analysis of 1.5 million Medicare beneficiaries showed that older adults in the U.S. were less likely to develop dementia if they received the recombinant subunit zoster (shingles) vaccine (Shingrix).

Receiving the recombinant zoster vaccine also was linked to reduced risks of Alzheimer’s disease and vascular dementia.

The incidence of any type of dementia was 10.45 per 1,000 person-years for older adults who received the two-dose shingles vaccine and 15.73 per 1000 for contemporary comparators who were unvaccinated.

MedPage Today, 05/05/2026

ONE COLUMN

Prior Auths Are a PIA, But CMS Looking at Solutions

CMS is convening workgroups to address “workflow gaps” and technical issues that make the current prior authorization process burdensome for providers.

The announcement on “Moving Prior Authorization into the 21st Century” follows a voluntary pledge made by many insurers last June to reduce their use of prior authorization, as well as multiple rules already in motion to transform length insurance reviews into fully digital, faster experiences.

Skilled nursing providers have cheered recent prior authorization regulations, hoping that they would lead to better patient access, fewer appeals and less need to chase after denied payments.

It’s unclear how well some of those updates are working. Consumer advocates, for instance, said a new Medicare Advantage requirement for plans to share prior authorization activity as of April 1 is incomplete and too high-level to help consumers.

The goal of a new CMS pledge is to promote new innovations and capabilities that go beyond minimum compliance to support patient care and reduce burden.

While previous administration conversations on prior authorization have centered on patients, Tuesday’s announcement led with provider impacts, with Oz bemoaning a review process that “can drag on for days or even weeks.”

Both the Senate and the HHS-OIG have found that patients needing skilled nursing care are among those most frequently forced to seek (and often denied) prior authorization.

The announcement did not specifically mention post-acute care providers’ burdens. It does, however, note that Medicare Advantage plans were among a group of insurers expected to speed up their prior authorization starting last Jan. 1.

They now have to make authorization decisions for medical items and services within seven calendar days, or 72 hours for expedited requests.

McKnight’s, 05/06/2026

Bankruptcies Down Last Year Now Going Other Way

Healthcare bankruptcies declined in 2025, after reaching a multi-year high in 2023.

Now, bankruptcy filings are on track to rise slightly this year. If future filings keep pace with the first quarter, the sector will record 48 bankruptcies in 2026, about 7% above the previous year.

Mid-market companies, or those with liabilities from \$10 million to \$50 million, drove bankruptcies in the 2025 first quarter, making up around two-thirds of all filings, large cases with liabilities over \$100 million were flat, with just three bankruptcies in the first quarter and fourth quarter.

Gibbins Advisors, 05/05/2026

CT Nursing Home Oversight Bill Clears Final Hurdle

A bill that seeks to bring more scrutiny to nursing home ownership and analyze private equity investment in nursing facilities gained final passage in the Connecticut House Wednesday.

The measure requires nursing home leaders to annually disclose information about each entity that has a beneficial ownership interest of at least 5%, including the name and address of the individual, partnership or corporation; the names of people who hold certain leadership positions; each partner's ownership share; audited and certified financial statements; and other records.

Facilities that fail to submit the information may be subject to fines of \$1,000 per day.

CT Mirror, 05-07-2026

BMJ Retracts "Compromised" Papers

BMJ's *Journal of Medical Genetics* retracted nearly all the papers published in a 2019 guest-edited issue after an investigation revealed the papers were "irreparably compromised."

In all, seven of eight papers and one editorial were retracted. The journal's investigation found that the peer review process was compromised in almost all articles and that the guest editors selected the peer reviewers, the retraction notice stated.

The editorial, which described the collection, was retracted because it almost exclusively referred to the retracted papers.

Most of the reviewers and guest editors were affiliated with Nanjing University and Nanjing University Hospital in China.

MedPage Today, 04/16/2026

Issues With Oversight M'caid Nursing Home Program

A state audit raised "significant" issues with Utah's oversight of a federal nursing home program, which it says led to more than half of the program's funds being used for hospital improvements, not nursing home care.

The report, released by Utah state auditor Tina Cannon, examined funds spent through the Skilled Nursing Facility-Upper Payment Limit program for almost 10 years between 2016 and 2024.

Cannon said only 49% of the \$922 million spent on the program during that time was spent on improving nursing home care while the rest was retained by several organizations that operate nursing facilities and hospitals.

KSL-TV, 04/02/2026

A Portal for Reporting Facility Health Care Issues

The South Carolina Department of Public Health is rolling out a new online portal to make it easier for residents to report issues at licensed health care facilities.

The portal covers a wide range of facilities, including nursing homes, dialysis centers, home health agencies, and even tattoo and body piercing studios.

Users can answer guided questions to help DPH staff address complaints, and the system automatically fills in facility details like license numbers and administrator contacts.

Officials say the goal is to streamline the process, speed up investigations, and improve safety and quality of care across the state.

WJBF-TV, 04/03/2026

Briefly in the News

LeadingAge Nebraska is engaging with the state and managed care organizations to protect those patients already identified as special needs, as well as patients with similar needs being cared for in smaller numbers by more typical nursing homes. LeadingAge noted that needs ranging from ventilator care to cancer treatment may require intensive skilled nursing care and high-dollar services or medication (**McKnight's**).

National Health Investors have an agreement to sell a portfolio of 35 properties, including 32 skilled nursing facilities and 3 independent living facilities, to its current operator, National HealthCare Corporation for \$560 million. The transaction is expected to close on July 1, subject to customary closing conditions. NHI estimates transaction costs of \$6 to \$8 million (**Skilled Nursing News**).

About nine in 10 voters said the issue of health costs will influence their decision to vote and who to vote for in the 2026 midterm elections, with majorities saying it will have a "major impact" on both areas. While majorities of voters across parties said health care costs will impact their vote in November, the issue was more pressing for Democrats and independent voters. (**The Hill**).

When it comes to prescription drugs, the Inflation Reduction Act may be best known for giving the federal government the authority to directly negotiate prices with Medicare. But a less-publicized measure in the 2022 law could turn out to be more impactful. It's the annual cap on out-of-pocket spending for medication. This change offers a much greater degree of protection to high-cost patients because it caps their annual spending at \$2,100. (**Undark**).

By the time doctors detect pancreatic cancer, it's often too late to treat effectively. But a new study suggests that artificial intelligence might be able to find signs of the disease before tumors are visible on a scan. An AI model developed at the Mayo Clinic in Rochester, Minnesota detected abnormalities on patients' CT scans up to three years before they were diagnosed with pancreatic cancer (**NBC News**).