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March 30, 2023

**HHS Secretary Xavier Becerra  
CMS Administrator Chiquita Brooks-LaSure  
Department of Health and Human Services  
Hubert Humphrey Building  
200 Independence Ave. S.W.  
Washington, D.C. 20201**

**Dear Secretary Becerra and Administrator Brooks-LaSure:**

We represent a group of individuals and organizations working to bring transformative change to America's residential long-term care system. Near-term solutions to make transformative changes at the national level in the nursing home sector are at hand. This letter highlights our support for a fundamental quality reform – appropriate staffing levels.

Sufficient staffing in long-term care (LTC) is fundamental to the development of interpersonal relationships between staff and residents and the provision of quality care. There has been a significant rise in evidence supporting the associations between higher staffing levels and better resident care and quality; improved activities of daily living, reduced emergency room use and rehospitalizations; and fewer violations of federal regulations that have resulted in deficiencies for facilities.<sup>1</sup>

The April 2022 report issued by the National Academies of Science, Engineering, and Medicine (NASEM) committee on the quality of care in nursing homes--*The National Imperative to Improve Nursing Home Quality*--recognized the important connection between staffing levels in nursing homes and quality of care provided to residents and acknowledged that current federal standards are insufficient to meet the needs of many residents.<sup>2</sup> Accordingly, the report recommended that CMS fund and conduct research to identify and test specific and optimum staffing standards for direct care staff that ensure the safety and well-being of nursing home residents, and based on the results of this research, to update staffing standards in nursing homes [Recommendation 2C].<sup>3</sup>

During the COVID-19 pandemic, a strong positive correlation between higher nursing staff hours (CNA, LPN, and RN) and quality of care and life of residents in both skilled nursing and LTC facilities emerged, with many studies citing total care hours across nursing discipline of at least 4.1 hours of care per resident per day (HPRD).<sup>4</sup>

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<sup>1</sup> See e.g., Harrington, C., Swan, J.H., and Carrillo, H. Nursing Staffing and Medicaid Reimbursement Rates. *Health Services Research*, 2007; 43 (3): 1105-1129; Park, J. and Stearns S.C. (2009). Effects of state minimum staffing standards on nursing home staffing and quality of care. *Health Serv Res.* 44(1):56-78; Bowblis, J.R. (2011). Staffing ratios and quality; An analysis of minimum direct care staffing requirements for nursing homes. *Health Services Research*, 46(5): 1495-516; Zhang, X. & Grabowski, D.C. (2004), Nursing home staffing and quality under the nursing home reform act. *The Gerontologist*, 44, 13-23. doi:10.1093/geront/44.1.13; Bliesmer, Smayling, Kane, & Shannon (1998).

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2022. *The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and staff*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26526>. (NASEM report 2022)

<sup>3</sup> NASEM report 2022, recommendation 2C

<sup>4</sup> Li, Y., H. Temkin-Greener, G. Shan, and X. Cai. 2020. COVID-19 infections and deaths among Connecticut nursing home residents: Facility correlates. *Journal of the American Geriatrics Society*, 68(9):1899-1906; Gorges, R.J., and R. T. Konetzka. 2020. Staffing levels and COVID-19 cases and outbreaks in U.S. nursing homes. *Journal of the American Geriatrics Society*, 68(11):2462-2466; Konetzka, R.T.,

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The NASEM report also references findings from an earlier CMS study published in 2001,<sup>5</sup> which identified a staffing threshold (4.1 HPRD) below which residents would be at risk of harm. These findings were not incorporated in subsequent rulemaking or guidance and are not presented on the federal website “Care Compare” as a public metric for safe staffing. Since then, various studies have recognized the relationship between staffing levels and quality care and the effect of different staffing patterns across nursing home models and ownership types.<sup>6</sup>

Additional factors contributing to excellent staffing include consideration of:

- the complexity and acuity of a facility’s population and the functional level of residents and services required to provide person-centered care;
- comprehensive initial training and efforts to create consistent work schedules that are flexible enough to accommodate the changing needs of residents, together with initiatives aimed at improving consistent communication and coordination of care among all staff;
- ongoing skills, career, and educational development of staff (especially among newly certified aides and licensed nurses), combined with enhanced wages and benefits;
- staffing levels for other essential staff, such as medication aides, social workers, and activity professionals who can help to address the needs and individual preferences of residents in each facility;
- leadership and management skills, especially with regard to the quality of supervision of front-line staff; and
- the leadership, quality, competence, and engagement of medical directors and adjunct attending teams of MDs, NPs, and PAs.

The undersigned supports implementing the following recommendations from the NASEM report:

1. The publication of an updated federal study as an initial step in implementing evidence-based staffing standards that are designed to prevent poor resident outcomes, and to enhance the ability of direct care staff to provide person-centered care.
2. That full implementation and realization of national staffing standards will be most effective in improving nursing home care when they are responsive to residents’ care needs and combined with ongoing efforts to support the direct care workforce through improved training and job quality, including competitive wages and benefits, and other approaches to improving recruitment and retention.

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E.M. White, A. Pralea, D.C. Grabowski, and V. Mor. 2021. A systemic review of long-term care facility characteristics associated with COVID-19 outcomes. *Journal of the American Geriatrics Society*, 69(10): 2766-2777.

<sup>5</sup> Centers for Medicare & Medicaid Services (CMS). *Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report*. Baltimore, MD: CMS; 2001.

<sup>6</sup> i.e., Harrington, Charlene, et al. *Nurse Staffing and Deficiencies in the Largest For-Profit Nursing Home Chains and Chains Owned by Private Equity Companies*. *Health Serv Res.* 2012 Feb;47(1 Pt 1):106-28. Doi: 10.1111/j.1475-6773.2011.01311.x.Epub 2011 Aug 30.; Hawk, Terry, et al. *Facility characteristics and costs associated with meeting proposed minimum staffing levels in skilled nursing facilities*. *J Am Geriatr Soc.* 2022; 1-10.; U.S. Government Accountability Office, *Medicare: Additional Reporting on Key Staffing Information and Stronger Payment Incentives Needed for Skilled Nursing Facilities*, GAO-21-408, July 2021.; U.S. Department of Health & Human Services Office of Inspector General, *Some Nursing Homes’ Reported Staffing Levels in 2018 Raise Concerns; Consumer Transparency Could Be Increased*, OEI-04-18-00450, August 2020; U.S. Department of Health & Human Services Office of Inspector General, *CMS Use of Data on Nursing Home Staffing: Progress and Opportunities To Do More*, OEI-04-18-00451, March 2021; Geng, Fangli, et al. *Daily Nursing Home Staffing Levels Highly Variable, Often Below CMS Expectations*, *Health Affairs*, 38, No. 7 (2019): 1095-1100.; U.S. Department of Health & Human Services Office of Inspector General, *More Than a Thousand Nursing Homes Reached Infection Rates of 75 Percent or More in the First Year of the COVID-19 Pandemic; Better Protections Are Needed for Future Emergencies*, OEI-02-20-00491, January 2023.

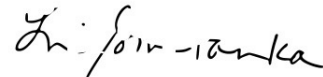
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- Improved funding for supplementary geriatric education and skills training for direct care workers and other members of the interdisciplinary care team who strive to deliver high-quality care and high quality of life for our residents.

We stand ready to work with you to achieve these goals during the next several months and will follow this letter with a separate request for a meeting.

Respectfully,



Michael Wasserman, MD, CMD, *Chair, Public Policy Committee, California Association of Long Term Care Medicine* ([Wassdoc@aol.com](mailto:Wassdoc@aol.com))



Lori Smetanka, *Executive Director, National Consumer Voice for Quality Long-Term Care* ([Lsmetanka@theconsumervoic.org](mailto:Lsmetanka@theconsumervoic.org))



Charlene Harrington, PhD, RN, *Professor Emerita, University of California, San Francisco* ([Charlene.Harrington@ucsf.edu](mailto:Charlene.Harrington@ucsf.edu))



Susan Ryan, Senior Director, The Greenhouse Project ([sryan@thegreenhouseproject.org](mailto:sryan@thegreenhouseproject.org))



Anne Montgomery, *Principal, AHM Enterprises* ([anneheathmontgomery@gmail.com](mailto:anneheathmontgomery@gmail.com))



Penny Cook, President/CEO ([Penny.Cook@pioneernetwork.net](mailto:Penny.Cook@pioneernetwork.net))

### Organizational Signatories

National Committee to Preserve Social Security and Medicare

National Hartford Center of Gerontological Nursing Excellence (NHCGNE)

California Association of Long Term Care Medicine (CALTCM)

National Association of Health Care Assistants (NAHCA)

### Individual Signatories

**Terry Fulmer PhD, RN, FAAN**  
President  
The John A. Hartford Foundation  
New York, NY 10022  
[terry.fulmer@johnahartford.org](mailto:terry.fulmer@johnahartford.org)

**Fernando Torres-Gil, M.S.W., Ph.D.**  
Professor, Social Welfare and Public Policy  
Director, Center for Policy Research on Aging  
UCLA Luskin School of Public Affairs

**Jennie Chin Hansen, RN, MS, FAAN**

---

**Joe Angelelli, PhD**

**Patricia G. Archbold, DNSc, RN**  
Professor Emerita, Family and Gerontological  
Nursing, School of Nursing  
Oregon Health & Sciences University  
Portland, OR  
Former National Program Director  
Building Academic Geriatric Nursing Capacity  
[Pat.Archbold@gmail.com](mailto:Pat.Archbold@gmail.com)

**Louise Aronson, MD, MFA**  
Professor, UCSF Division of Geriatrics  
School of Medicine  
University of California San Francisco  
<http://geriatrics.medicine.ucsf.edu/>

**Alyce Ashcraft PhD, RN, CNE, ANEF, FGSA, FAAN**  
President, National Hartford Center for  
Gerontological Nursing Excellence  
Professor and Associate Dean for Research and  
Scholarship, Mildred and Shirley L. Garrison  
Professorship in Geriatric Nursing  
University Distinguished Professor  
School of Nursing  
Texas Tech University Health Sciences Ct.  
Lubbock, Texas, [alyce.ashcraft@ttuhsc.edu](mailto:alyce.ashcraft@ttuhsc.edu)

**Deb Bakerjian PhD, APRN, FAAN, FAANP, FGSA**  
Interim Associate Dean for Practice and Clinical  
Professor, Director, SPLICE Project  
Director, Advanced NP PRACTICE- NP  
Residency Project and Director, PA PROMISE  
Betty Irene Moore School of Nursing  
University of California, Davis  
[dbakerjian@ucdavis.edu](mailto:dbakerjian@ucdavis.edu)

**Melissa Batchelor, PhD, RN, FNP, FGSA, FAAN**  
Director, Center for Aging, Health and Humanities  
Associate Professor, School of Nursing  
The George Washington University  
Washington, DC  
[MelissaBPhD@gwu.edu](mailto:MelissaBPhD@gwu.edu)

**Lazelle Benefield, PhD, RN, FAAN, FGSA**  
Dean Emeritus, College of Nursing, University of  
Oklahoma Health Sciences Center, Oklahoma City,  
OK  
[Lazelle-Benefield@ouhsc.edu](mailto:Lazelle-Benefield@ouhsc.edu)

**Kim Bergen-Jackson, PhD, RN-BC, LNHA**  
Administrator  
Oaknoll Retirement Residence  
Iowa City, IA 52246-5250  
[Kbergen-jackson@oaknoll.com](mailto:Kbergen-jackson@oaknoll.com)

**Marie Boltz, PhD, GNP-BC, FGSA, FAAN**  
Elouise Ross Eberly and Robert Eberly Endowed  
Professor  
Ross and Carol Nese College of Nursing, Penn  
State University  
[mpb40@psu.edu](mailto:mpb40@psu.edu)

**Barbara J. Bowers, PhD, RN, FAAN**

**Kathleen Brewer-Smyth, PhD, RN, MSN, CRRN, FAAN**  
Associate Professor, School of Nursing  
College of Health Sciences, University of  
Delaware, Newark, DE, [kbsmyth@udel.edu](mailto:kbsmyth@udel.edu)

**Kathleen C. Buckwalter, PhD, RN, FAAN**  
Co-Director, National Health Law and Policy  
Resource Center, College of Law  
Professor of Research & Distinguished Nurse  
Scientist in Aging  
Donald W. Reynolds Center of Geriatric Nursing  
Excellence, College of Nursing, OUHSC  
Professor Emerita, University of Iowa College of  
Nursing, [kathleen-buckwalter@uiowa.edu](mailto:kathleen-buckwalter@uiowa.edu)

**Pamela Cacchione, PhD, CRNP, BC, FGSA, FAAN**  
Ralston House Term Chair in Gerontological  
Nursing  
Professor of Geropsychiatric Nursing  
School of Nursing  
University of Pennsylvania  
Philadelphia, PA  
[pamelaca@nursing.upenn.edu](mailto:pamelaca@nursing.upenn.edu)

---

**Diane Carter, MSN, RN, FAAN**

Founder & Previous President/CEO American Association of Post-Acute Care Nursing  
Denver, Colorado, [Dianecarterltc.rn@gmail.com](mailto:Dianecarterltc.rn@gmail.com)

**Ramón Castellblanc, Ph.D.**

Professor Emeritus, Public Health  
San Francisco State, San Francisco, CA  
[ramonc@sfsu.edu](mailto:ramonc@sfsu.edu)

**Susan Chapman PhD, MPH, RN, FAAN**

Professor, Health Policy Nursing  
Department of Behavioral Sciences  
Core Faculty, National Clinician Scholars Program  
University of California, San Francisco  
[Susan.Chapman@ucsf.edu](mailto:Susan.Chapman@ucsf.edu)

**Carolyn K Clevenger, DNP, GNP-BC,**

AGPCNP-BC, FAANP, FGSA, FAAN  
Clinical Professor, Nell Hodgson Woodruff School of Nursing  
Director, Integrated Memory Care (IMC)  
Emory University, Atlanta, Georgia  
[carolyn.clevenger@emory.edu](mailto:carolyn.clevenger@emory.edu)

**Tara A. Coates, PhD, RN, FAAN**

Executive Director, The Hartford Institute For Geriatric Nursing  
Professor, Rory Meyers College of Nursing  
New York University, [Tara.cortes@nyu.edu](mailto:Tara.cortes@nyu.edu)

**Mary Ellen Dellefield, PhD, RN, FAAN**

Former Research Nurse Scientist  
VA San Diego Healthcare System  
Clinical Professor  
Clinical Faculty member, School of Nursing  
University of California San Francisco  
[Mary.Dellefield@va.gov](mailto:Mary.Dellefield@va.gov)

**Catherine Dodd, PhD, RN, FAAN**

Commonweal Board, Vice-Chair  
Board Member, National Committee to Protect Social Security and Medicare  
Principal Consultant Healing the Health System  
San Francisco, California  
[Catherine.Dodd@gmail.com](mailto:Catherine.Dodd@gmail.com)

**Carroll Estes, PhD**

Professor Emerita  
Department of Social & Behavioral Sciences  
Founding Director  
Institute for Health & Aging  
University of California, San Francisco  
[Carroll.Estes@gmail.com](mailto:Carroll.Estes@gmail.com)

**Donna M. Fick, RN, GCNS-BC, PhD RN**

Elouise Ross Eberly Endowed Professor Ross and Carol Nese College of Nursing  
Pennsylvania State University  
Director, Tressa Nese and Helen Diskevich Center of Geriatric Nursing Excellence  
Editor, *Journal of Gerontological Nursing*  
President-Elect, *American Geriatrics Society*  
[Dmf21@psu.edu](mailto:Dmf21@psu.edu)

**Cristina Flores, RN, PhD, FGSA**

Assistant Adjunct Professor  
Department of Social & Behavioral Sciences  
University of California San Francisco  
[cristinafloresRN@gmail.com](mailto:cristinafloresRN@gmail.com)

**Catherine Alicia Georges, EdD, RN, FAAN**

Professor Emerita Lehman College-CUNY  
President, National Black Nurses Foundation  
[Catherine.georges@lehman.cuny.edu](mailto:Catherine.georges@lehman.cuny.edu)

**Shirley Girouard, PhD, RN, FAAN**

Professor and Associate Dean  
Co-director, Geriatric Workforce Enhancement Program  
SUNY Downstate Health Sciences University, Brooklyn, NY  
[Shirley.Girouard@downstate.edu](mailto:Shirley.Girouard@downstate.edu)

**Carrie Graham, MGS, PhD**

Adjunct Professor  
Institute for Health & Aging  
School of Nursing  
University of California  
San Francisco, CA  
[Carrie.Graham@ucsf.edu](mailto:Carrie.Graham@ucsf.edu)

---

**Lisa Grod, PhD MSGCPG, BCPA**  
LWG & Associates  
Vice Chair Public Policy Committee  
California Association of Long  
Term Care Medicine  
Santa Clarita, CA  
[lawgrod@gmail.com](mailto:lawgrod@gmail.com)

**Atul Gupta, Ph. D.**  
Assistant Professor, The Wharton School,  
University of Pennsylvania  
Senior Fellow, Leonard Davis Institute for Health  
Economics  
[atulgup@wharton.upenn.edu](mailto:atulgup@wharton.upenn.edu)

**Elizabeth Halifax, PhD, RN**  
Assistant Clinical Professor  
Department of Physiological Nursing  
School of Nursing  
University of California, San Francisco  
[elizabeth.halifax@ucsf.edu](mailto:elizabeth.halifax@ucsf.edu)

**J Taylor Harden, PhD, RN, FGSA, FAAN**  
Visiting Professor  
University of Texas at Austin  
School of Nursing  
Executive Director Emeritus  
National Hartford Center of Gerontological  
Nursing Excellence  
[jtaylorharden@gmail.com](mailto:jtaylorharden@gmail.com)

**Tracie C. Harrison, PhD, RN, FAAN, FGSA  
Professor**  
Sun Endowed Chair in Geriatric Nursing  
University of Arkansas Medical Sciences  
Little Rock, AR  
[tcharrison@uams.edu](mailto:tcharrison@uams.edu)

**Keela Herr, PhD, RN, AGSF, FGSA, FAAN**  
Professor, College of Nursing  
University of Iowa  
Iowa City, IA  
[keela-herr@uiowa.edu](mailto:keela-herr@uiowa.edu)

**David Hoffman, JD, FCPP**  
Practice Professor of Law  
Drexel University  
Thomas R. Kline School of Law  
President, David Hoffman & Associates, PC  
Philadelphia, PA  
[dhoffman@dhoffmanassoc.com](mailto:dhoffman@dhoffmanassoc.com)

**Evie A. Kalmar, MD, MS**  
Assistant Professor  
Division of Geriatrics, Department of Medicine  
University of California, San Francisco  
[Evie.Kalman@va.gov](mailto:Evie.Kalman@va.gov)

**Jeanie Kayser-Jones, RN, PhD, FAAN**  
Professor Emerita  
Department of Physiological Nursing  
School of Nursing & Medical Anthropology  
University of California, San Francisco  
[Jeanie.Kayser-Jones@UCSF.edu](mailto:Jeanie.Kayser-Jones@UCSF.edu)

**David E. Kingsley, PhD**  
Professor Emeritus  
Center for Health Policy & Information  
Dept. of Health Management & Policy  
Kansas University Medical Center  
Kansas City, KS  
[dkingsley@tallgrasseconomics.org](mailto:dkingsley@tallgrasseconomics.org)

**Nina A. Kohn, Ph.D.**  
David M. Levy Professor of Law  
Syracuse University, Syracuse, NY  
[nakohn@syr.edu](mailto:nakohn@syr.edu)

**Ann Kolanowski, PhD, RN, FAAN**  
Professor Emerita of Nursing  
Professor Emerita of Psychiatry  
Penn State Hershey College of Medicine,  
University Park, PA  
[Amk20@psu.edu](mailto:Amk20@psu.edu)

**Christine Kovner PhD, RN, FAAN**  
Professor Emerita  
Rory Meyers College of Nursing  
New York University  
[ctk1@nyu.edu](mailto:ctk1@nyu.edu)

---

**Albert H. Lam, MD**

Medical Director, Geriatric Medicine  
Sutter Health  
Immediate Past President, CALTCM,  
Palo Alto, CA, [Alterthlam@gmail.com](mailto:Alterthlam@gmail.com)

**Yue Li, PhD**

Professor of Public Health Sciences  
Director, Health Services Research & Policy  
(HSRP) PhD & MS Programs  
Director of Research, Division of Health Policy  
and Outcomes Research (HPOR)  
Department of Public Health Sciences  
University of Rochester Medical Center  
Rochester, NY  
[yue\\_li@urmc.rochester.edu](mailto:yue_li@urmc.rochester.edu)

**David Lindeman, PhD**

Director, Center for Technology and Aging  
Executive Director, CITRIS Health  
CITRIS and the Banatao Institute  
University of California, Berkeley  
[dlindeman@citris-uc.org](mailto:dlindeman@citris-uc.org)

**Ruth Ludwick, PhD, RN-BC, APRN-CNS,  
FAAN**

Professor Emeritus, Kent State University, College  
of Nursing  
Adjunct Graduate Faculty, Northeast Ohio Medical  
University, [rludwick@kent.edu](mailto:rludwick@kent.edu)

**Nancy E. Lundebjerg, MPA**

CEO, American Geriatrics Society

**Steve Lustig, Ph.D.**

Associate Vice Chancellor Emeritus  
Health and Human Services  
University of California, Berkeley and  
Chair, The Berkeley Age-Friendly Continuum  
[SteveLustig45@gmail.com](mailto:SteveLustig45@gmail.com)

**Marty Lynch, Ph.D., MPA**

CEO Emeritus, LifeLong Medical Care  
Alameda County Health Consortium  
Berkeley- Oakland, CA  
[mlynch@lifelongmedical.org](mailto:mlynch@lifelongmedical.org)

**Caroline Madrigal, PhD, RN**

Nurse Scientist  
VA Boston Healthcare System  
Geriatrics and Extended Care, Boston, MA  
[Caroline.Madrigal@va.gov](mailto:Caroline.Madrigal@va.gov)

**Diane Mahoney PhD, RN, GNP-ret, FAAN**

Professor Emerita, Senior Research Scientist  
Professor Emerita, School of Nursing  
MGH Institute of Health Professions  
Massachusetts General Hospital, Boston, MA  
[dmahoney@mghihp.edu](mailto:dmahoney@mghihp.edu)

**Elizabeth Manias RN BPharm, MPharm,  
MNStud, PhD, DLF-ACN, MPS, MSHPA, FAAN  
Monash University**

Faculty of Medicine, Nursing and Health Sciences  
School of Nursing and Midwifery  
Clayton Victoria Australia  
[Elizabeth.Manias@monash.edu](mailto:Elizabeth.Manias@monash.edu)

**Diana J. Mason, PhD, RN, FAAN**

Senior Policy Service Professor, Center for Health  
Policy and Media Engagement,  
George Washington University School of Nursing  
[djmasonrn@gmail.com](mailto:djmasonrn@gmail.com)

**Wendy Max, PhD**

Director Emerita, Institute for Health & Aging  
Professor Emerita of Health Economics  
Department of Social and Behavioral Sciences  
University of California, San Francisco  
[Wendy.Max@ucsf.edu](mailto:Wendy.Max@ucsf.edu)

**Ann M. Mayo, RN, DNSc, FAAN**

Professor, Hahn School of Nursing & Health  
Science and Beyster Institute for Nursing Research  
University of San Diego  
San Diego, CA, [Amayo@sandiego.edu](mailto:Amayo@sandiego.edu)

**Laura Mosqueda, M.D.**

Professor of Family Medicine and Geriatrics  
Director, National Center on Elder Abuse  
Keck School of Medicine of USC  
University of Southern California  
[Laura.Mosqueda@med.usc.edu](mailto:Laura.Mosqueda@med.usc.edu)

---

**Dana B. Mukamel Ph.D.**

Professor of Medicine, Public Health and Nursing  
Director, iTEQC Research Program  
Medicine-Division of General Internal Medicine  
University of California, Irvine  
[dmukamel@hs.uci.edu](mailto:dmukamel@hs.uci.edu)

**Christine Mueller, PhD, RN, FGSA, FAAN**

Professor I Senior Executive Associate Dean for  
Academic Programs  
Katherine R. & C. Walton Lillehei Chair in  
Nursing Leadership  
Long-term Care Professorship in Nursing (Emeriti)  
Distinguished Educator in Gerontological Nursing  
University of Minnesota, School of Nursing  
[cmueller@umn.edu](mailto:cmueller@umn.edu)

**Ulrike Muench, PhD, RN, FAAN**

Associate Professor  
Director Health Policy Specialty  
Department of Social & Behavioral Sciences  
School of Nursing  
Philip R. Lee Inst. for Health Policy Studies  
University of California, San Francisco  
[Ulrike.Muench@ucsf.edu](mailto:Ulrike.Muench@ucsf.edu)

**Robert Newcomer, PhD**

Professor Emeritus of Medical Sociology  
Department of Social & Behavioral Sciences  
Institute for Health & Aging  
University of California  
San Francisco, CA  
[Robert.Newcomer@ucsf.edu](mailto:Robert.Newcomer@ucsf.edu)

**Cheryl Phillips, MD, CMD, AGSF**

**Larry Polivka, Ph.D.**

Retired Director, Claude Pepper Center  
Professor Emeritus, School of Aging Studies  
University of South Florida, Tampa, FL  
Former Director of the Florida Office of Aging and  
Adult Services,  
Tallahassee, FL  
[lpolivka2@fsu.edu](mailto:lpolivka2@fsu.edu)

**Marilyn Rantz, PhD, RN, FAAN**

Curators' Professor Emerita  
Sinclair School of Nursing  
University of Missouri  
Columbia, MO  
[rantzm@missouri.edu](mailto:rantz@missouri.edu)

**Tom Rice, Ph.D., Professor**

Distinguished Professor of Economics  
Fielding School of Public Health  
University of California, Los Angeles  
[triceucla@gmail.com](mailto:triceucla@gmail.com)

**Ellarene Duis Sanders PhD, RN**

Executive Director,  
National Hartford Center of  
Gerontological Nursing Excellence  
Reston, VA  
[edsanders@nhcgne.org](mailto:edsanders@nhcgne.org)

**Andrew E. Scharlach, PhD**

Kleiner Professor of Aging, Emeritus  
School of Social Work  
University of California, Berkeley  
[scharlach@berkeley.edu](mailto:scharlach@berkeley.edu)

**Richard M. Scheffler, PhD**

Distinguished Professor in the Graduate Schools  
School of Public Health and the Goldman School  
of Public Policy,  
University of California, Berkeley.  
[rscheff@berkeley.edu](mailto:rscheff@berkeley.edu)

**Jack Schnelle, PhD**

Professor Emerita, Dept of Geriatric Medicine  
Center for Quality Aging  
Brain Dysfunction, and Survivorship  
(CIBS), Center for Critical Illness  
VA Geriatric Research, Education & Clinical  
Center (GRECC)  
Vanderbilt University Medical Center  
Nashville, TN  
[john.schnelle@vumc.org](mailto:john.schnelle@vumc.org)



---

**Elizabeth Scruth PhD MPH RN CNS CCRN-K  
CCNS FCCM FCNS CPHQ**

Executive Director Clinical Quality Programs,  
Data Analytics and Tele Critical Care, NCAL  
Safety, Quality and Regulatory Services  
Kaiser Foundation Hospital and Health Plan  
Oakland, CA.

[Elizabeth.Scruth@kp.org](mailto:Elizabeth.Scruth@kp.org)

**Lisa Skemp, PhD, RN, FGSA, FAAN**

Professor  
Marcella Niehoff School of Nursing  
Secondary Appointment: Parkinson School of  
Health  
Sciences and Public Health  
Loyola University Chicago  
Chicago, IL, [lskemp@luc.edu](mailto:lskemp@luc.edu)

**Joanne Spetz, Ph.D.**

Director Philip R. Lee Institute for Health Policy  
Studies  
University of California, San Francisco  
Brenda and Jeffrey L. Kang Presidential Chair in  
Health Care Finance  
University of California, San Francisco  
[joanne.spetz@ucsf.edu](mailto:joanne.spetz@ucsf.edu)

**David G. Stevenson, PhD**

Professor, Department of Health Policy  
Vanderbilt University School of Medicine  
Nashville, TN  
[david.stevenson@Vanderbilt.Edu](mailto:david.stevenson@Vanderbilt.Edu)

**Mark A. Unruh, PhD.**

**Laura M. Wagner, PhD, RN, GNP, FAAN**

Professor of Nursing  
Department of Community Health Systems  
School of Nursing  
University of California, San Francisco  
[Laura.Wagner@ucsf.edu](mailto:Laura.Wagner@ucsf.edu)

**Margaret Wallhagen, PhD, GNP-BC, AGSF,  
FGSA, FAAN, Professor**

Department of Physiological Nursing  
Director, UCSF Hartford Center of  
Gerontological Nursing Excellence  
Sr. Nurse Scholar, VA Quality Scholars Program  
School of Nursing  
University of California, San Francisco  
[Meg.wallhagen@ucsf.edu](mailto:Meg.wallhagen@ucsf.edu)

**Paul M. Winkler, MPH**

Retired Senior Services CEO

**Dr. David G. Wolf, Ph.D., MSJ, MSOL**

Certified Nursing Home Administrator  
Fellow American College of Health Care  
Administrators  
CNHA, CALA, CAS, CAPM

**Heather M. Young, PhD, RN, FAAN, FGSA**

Professor, Betty Irene Moore School of Nursing,  
Founding Dean Emerita  
National Director, Betty Irene Moore Fellowship  
for Nurse Leaders and Innovators  
University of California, Davis  
Davis, CA  
[hmyoung@ucdavis.edu](mailto:hmyoung@ucdavis.edu)