

To the office of U.S. Senator Mark R. Warner

Re: S 4467 (119th Congress), Ensuring Seniors' Access to Quality Care Act • Latest action (2026-04-30): Read twice and referred to the Committee on Finance.

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Nursing Facility Quality Incentives and Accountability Act

The measure, as described from the official record: To strengthen nursing facility standards under Medicare (Title XVIII) and Medicaid (Title XIX) of the Social Security Act to improve resident care quality, safety, and staffing.

THE PROPOSAL

This Act creates a voluntary quality incentive program for nursing facilities participating in Medicare and Medicaid. The Secretary of Health and Human Services, through CMS, will set performance metrics based on existing data, including minimum staffing hours per resident day (adjusted for acuity), infection control, and resident satisfaction scores from CMS star ratings. Facilities meeting 80% or more of metrics receive bonus payments up to 3% of annual Medicare/Medicaid reimbursements; underperformers face public reporting but no payment cuts beyond current law.

CMS will award competitive grants to states for nursing workforce recruitment, training, and retention programs, prioritizing rural and high-need areas. States must match 10% of grants and report outcomes annually. No new mandates on facilities or states; participation is optional via funding acceptance.

All facilities must submit transparent quarterly data on staffing, incidents, and outcomes to a public CMS dashboard. CMS will conduct risk-based surveys, increasing frequency for low performers. The program promotes best practices without overriding state licensing.

Improvements tighten focus on measurable outcomes, control costs via incentives over mandates, and sunset to allow evaluation.

OPERATIVE PROVISIONS (VFA PROPOSAL)

Funding Source	Offsets from Medicare and Medicaid improper payment recoveries (as identified by HHS OIG)
Funding Amount	\$1.8 billion cap over 5 years (\$360 million/year)
Sunset Years	5 years
Oversight Body	HHS Office of Inspector General (biannual audits) and Government Accountability Office (annual program review)

Enforcement Mechanism	CMS payment bonuses/withholds tied to verified metrics; civil penalties up to \$10,000 per violation for false reporting (existing False Claims Act applies)
Effective Date	October 1, 2026 (start of FY 2027)

CONSTITUTIONAL BASIS

- Article I, Section 8, Clause 1 (Spending Clause for conditional federal grants)
- Article I, Section 8, Clause 18 (Necessary and Proper Clause for program administration)
- Tenth Amendment (respects state sovereignty via voluntary incentives, no direct commands)

Concerns with the measure as written:

- Potential indirect commandeering of states through Medicaid conditions without clear funding (Tenth Amendment federalism concerns)
 - Absence of spending caps or sunsets risking indefinite fiscal overreach (Article I, Section 8, Clause 1 limits)
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WHY BOTH SIDES CAN BACK IT (VFA'S ASSESSMENT)

Honors Democratic priorities of enhancing senior care quality and staffing through targeted investments; honors Republican priorities of fiscal restraint via capped spending/offsets, performance incentives over mandates, state grant flexibility, and strong oversight/sunsets.

Values for America is a nonpartisan, constitution-first SI think tank. This brief is informational. It is a policy proposal, not law, and it does not support or oppose any candidate or party. Full analysis and sources:

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