July 13, 2026

Dear Member of Congress,

We write on behalf of Medicaid assisted living providers across the United States - organizations that build and operate **purpose-built, affordable assisted living communities for low-income seniors** who meet the state's nursing facility level of care (NFLOC) but have been left without a cost-effective, community-based option under current Medicaid law.

We write in strong support of **S.4479/H.R.8662, the Assisted Living Affordability, Choice, Community, Empowerment, Savings and Support (ACCESS) Act**, introduced by Senator Roger Marshall, M.D. (R-KS) and Representative Max Miller (R-OH).

We respectfully urge you to co-sponsor this legislation. The ACCESS Act is one of the rare policy opportunities in Washington that simultaneously saves taxpayer dollars, improves care for vulnerable seniors, and creates tens of thousands of jobs and local economic investment. We ask for your support.

THE PROBLEM: A BROKEN SYSTEM THAT COSTS MORE AND SERVES LESS

Under current federal law, the Social Security Act requires every state to cover nursing facility care under Medicaid - **but provides no parallel requirement to cover assisted living**. The result is a structural imbalance with serious consequences:

- Medicaid-eligible seniors who cannot be safely supported at home have effectively one option: a nursing facility. Assisted living - less expensive, less restrictive, and preferred by seniors - is available only through voluntary, optional HCBS waivers that most states have underfunded for decades.
- Tens of thousands of seniors languish on waitlists in states across the country. Many enter nursing facilities not because they need that level of care, but because there is no other covered option.
- The financial consequences are severe. The average daily Medicaid rate for a nursing facility is $283 per person. The average daily rate for assisted living is $150. Every senior placed in a nursing facility who could have been served in assisted living costs Medicaid $133 more - per day.
- Medicaid is already the fifth-largest component of the federal budget at $557 billion annually, projected to grow 63 percent over the next ten years. Continuing to default to the most expensive care setting for seniors who do not need it is fiscally indefensible.

THE SOLUTION: THE ACCESS ACT

The ACCESS Act makes a targeted, three-part change to existing federal law.

1. Amends **Section 1905(a) of the Social Security Act** to add assisted living services as a covered Medicaid benefit for individuals who meet nursing facility level of care and for whom the per capita cost of assisted living does not exceed the per capita cost of nursing facility care.
2. Amends **Section 1902(a)(10)(A)** to make assisted living a mandatory benefit effective January 1, 2027.
3. Amends **Section 42(m)(1) of the Internal Revenue Code** to require states to consider Medicaid long-term care cost reduction as a criterion in their Low-Income Housing Tax Credit Qualified Allocation Plans - unlocking private capital to build the affordable assisted living infrastructure needed to serve this population.

Critically, the ACCESS Act does not expand Medicaid eligibility. It does not create new beneficiaries. It simply allows existing Medicaid- and NFLOC-qualified seniors - people already entitled to care - to receive that care in a more appropriate, less expensive setting. This is not a new entitlement. It is a smarter delivery of an existing one.

THE FISCAL CASE: A RARE OPPORTUNITY TO SAVE MEDICAID DOLLARS

The financial case for the ACCESS Act is compelling and well-documented. Once fully implemented, this legislation would:

$37B est. 10-yr Medicaid savings	**$133/day per senior** savings vs. nursing facility	**45,000** new full-time jobs created	**$45B** private sector investment spurred

These are not projections from advocates - they are based on the established, documented cost differential between assisted living and nursing facility care that is already embedded in state Medicaid rate structures, CMS cost neutrality demonstrations, and independent actuarial analysis. For example, Ohio's codified assisted living waiver demonstrates $133 per person per day in savings versus the nursing facility rate at current reimbursement levels.

Concerns about a so-called "woodwork effect" - the idea that this change would dramatically expand enrollment - are not supported by the evidence. A 2023 study published in the Journal of the American Geriatrics Society found no evidence of enrollment spikes in states that expanded home- and community-based services. The ACCESS Act does not create new demand. It redirects existing demand to the most cost-effective care setting.

STATE AUTHORITY IS PRESERVED — THE ACCESS ACT DOES NOT FEDERALIZE ASSISTED LIVING

Some have raised the concern that making assisted living a mandatory Medicaid benefit would impose federal regulatory requirements on all assisted living providers - or effectively nationalize a sector that has been appropriately regulated at the state level. As written, the ACCESS Act does neither. These concerns, while understandable, are not supported by the text of the bill.

The ACCESS Act amends the Social Security Act to authorize Medicaid payment for assisted living services "consistent with State law permitting such services." The bill does not create a new federal licensing regime, impose federal staffing ratios, mandate facility design standards, or require any provider to accept Medicaid. It simply removes the legal barrier that has prevented states from being reimbursed by the federal government when they choose to cover these services - a choice that remains entirely theirs to make and to structure.

The cost neutrality requirement built into the bill provides an additional structural safeguard. Medicaid reimbursement is available only where the estimated per capita cost of assisted living does not exceed the estimated per capita cost of nursing facility care - ensuring the federal government pays only when doing so saves money. States retain full authority to set provider qualifications, determine Medicaid rates, establish care standards, conduct licensing and inspection, and structure their assisted living programs as they see fit. What changes is simply this: states that choose to cover affordable assisted living for their most vulnerable seniors will now have a federal Medicaid partner in doing so.

The private-pay assisted living market - which serves millions of seniors who pay out of pocket and operates entirely outside Medicaid - is wholly unaffected by the ACCESS Act. No private-pay provider is required to participate. No facility that does not accept Medicaid is subject to any new obligation whatsoever. The bill is

narrowly targeted at the population that is already Medicaid-eligible, already assessed at nursing facility level of care, and already entitled to Medicaid-covered long-term care.

BEYOND THE NUMBERS: A MATTER OF DIGNITY

The fiscal argument for the ACCESS Act is strong. But the human argument is stronger. The individuals this legislation would serve are Americans who worked their entire lives, paid into the system, and now - at their most vulnerable - find themselves forced into an institutional setting not because they need it, but because the law has not given them any other option.

They are people who do not want to live in a nursing facility. They want to age in a setting that respects their independence, their privacy, and their dignity. Assisted living offers that. The ACCESS Act changes that - at lower cost to every taxpayer in this country.

OUR REQUEST

We respectfully ask you to take two concrete steps:

- **Cosponsor S. 4479 (Marshall) or H.R. 8662 (Miller)** and add your voice to the growing bipartisan coalition behind this legislation.
- **Meet with Medicaid assisted living providers in your state or district** - we welcome the opportunity to show you firsthand what affordable assisted living looks like and what it means to the seniors and families who depend on it.

We are deeply grateful to Senator Marshall and Representative Miller for their leadership in introducing the ACCESS Act.

This is the right policy, at the right time, for the right reasons – fiscally prudent, expanded health access, and senior dignity.

We stand ready to provide data, constituent stories, community tours, and any other information that would support your consideration. The seniors on Medicaid HCBS waitlists across this country or without access to an assisted living waiver are counting on this Congress to act.

Respectfully submitted,
The Undersigned Medicaid Assisted Living Providers

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