

POLICY BRIEF

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# Just a Slap on the Wrist?

## *The Role of Civil Money Penalties in the Regulation of Nursing Homes*

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### Introduction

In the 1980s, lawmakers and advocates in the United States recognized that nursing homes were failing to adequately protect the safety and well-being of their residents. A 1986 report from the Institute of Medicine Committee on Nursing Home Regulations documented widespread problems with quality of care and called into question the effectiveness of regulatory oversight.<sup>1</sup> The findings spurred the passage of the Nursing Home Reform Act of 1987, which established a code of residents' rights (including the right to voice grievances and make choices about their options for daily life); set federal standards for quality of care; and expanded oversight. Regular inspections were scheduled, and the law set the stage for sanctions against facilities that failed to meet standards of care.<sup>2</sup>

Several decades later, however, many nursing homes across the country still fail to meet basic expectations for resident care. Every year, regulators identify thousands of health and safety violations across facilities, including failures to properly administer medications, to respect residents' rights, and to provide nutritious meals.<sup>3</sup> And a recent poll from Gallup found that Americans give nursing homes a D+ grade for quality of care.<sup>4</sup> Additionally, research suggests that there is an unequal distribution of regulatory noncompliance, with studies finding that facilities serving higher proportions of racial and ethnic minorities tend to have more violations.<sup>5, 6</sup>

So, why hasn't the promise of the Nursing Home Reform Act of '87 been fully realized? Part of the reason may be the sheer complexity of care required to manage an aging population. This includes everything from ensuring medications are fully and properly administered and kept up to date with residents' needs, to providing compassionate and sufficiently frequent assistance with activities of daily living, such as eating, toileting, and bathing. Many facilities have also struggled to attract and retain staff, with shortages of key personnel only worsening since the COVID-19 pandemic.<sup>7</sup>

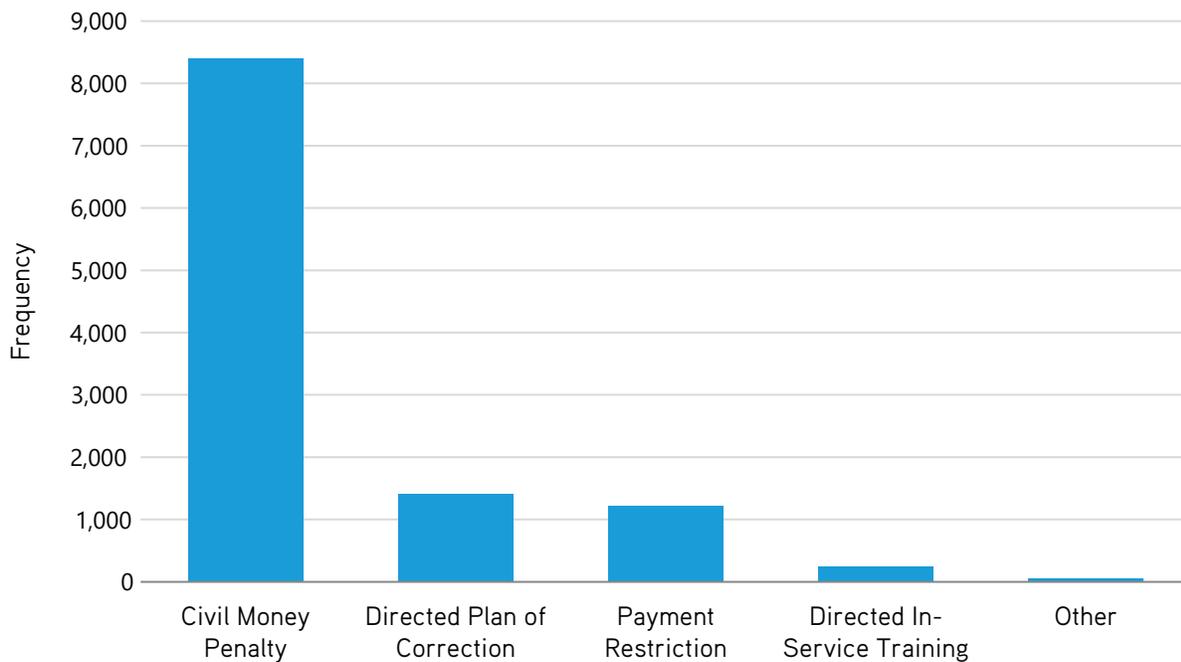
Another fundamental issue may be the efficacy of regulatory enforcement. The federal Centers for Medicare and Medicaid Services (CMS) has a number of enforcement actions, or remedies, at its disposal to sanction nursing homes for poor performance. But how well do they work? This policy brief explores the role and effectiveness of the most common type of federal enforcement action: the civil money penalty (CMP). CMS can impose such CMPs on individual nursing homes, ranging from a few thousand to several hundred thousand dollars, depending on the severity of infractions. Records show that in 2023 alone, the agency imposed a total of \$204 million in CMPs.<sup>8</sup> Yet little is understood about whether these penalties effectively deter regulatory noncompliance, and there is ongoing debate about their appropriate size.<sup>9</sup> This analysis aims to provide an overview of what CMPs are, what is known about their impact, and what can be done to improve our understanding of them.

## **What Are CMPs and How Are They Used?**

CMS partners with states to conduct surveys, or inspections, of nursing homes every nine to fifteen months and, additionally, in response to complaints.<sup>10</sup> Each state has a State Survey Agency responsible for carrying out these inspections. Under CMS oversight, survey teams, usually including at least one registered nurse, evaluate compliance with both federal and state regulations. CMS sets the regulatory floor, but states may layer on additional requirements.<sup>11</sup> When a violation is identified, the survey team recommends an enforcement action to CMS (also known as a remedy).

The choice of enforcement action and the dollar amount of CMPs depends on the totality of violations identified and the facility's history of noncompliance. State Survey Agencies have discretion to recommend enforcement actions based on their onsite observations, though some actions are mandatory, such as higher CMPs for violations that cause or may cause serious harm to residents. CMS regional offices can reject, modify, or accept the State Survey Agency's recommendation, though they usually accept it.<sup>12</sup>

**FIGURE 1 |** Frequency of Civil Money Penalties and Other Enforcement Actions, 2023



*SOURCE:* “Quality, Certification, and Oversight Reports (QCOR) Database,” Centers for Medicare & Medicaid Services, accessed February 18, 2026, <https://qcor.cms.gov>.

*NOTE:* Enforcement actions can be given concurrently or alone. A nursing home may receive multiple of these actions in a calendar year.

Federal records show that CMPs are the most common type of sanction levied ([Figure 1](#)). CMS imposed 8,402 CMPs in 2023, accounting for 74 percent of all enforcement actions that year. Penalties can be assessed per instance, as a single fine, or per diem, accruing for each day a facility remains noncompliant. In 2023, there were 5,767 per diem penalties assessed, totaling \$177.2 million and averaging \$30,720. The number of per-instance penalties totaled 2,635 and amounted to \$26.8 million, averaging \$10,170. Facilities may appeal penalties through an administrative process, and money ultimately collected from CMPs is reinvested into grants for quality improvement programs at nursing homes.<sup>13</sup> Other enforcement actions in addition to CMPs include requiring a facility to implement a CMS-approved corrective action plan, imposing denial of payment for new admissions, or mandating remedial training for staff.<sup>14</sup> These other actions can be given alone or concurrently with CMPs.

Though all State Survey Agencies operate under the same federal framework, there can be geographic variation in the imposition of CMPs. In 2023, nursing homes in Illinois and New York each represented about 4.5 percent of all US facilities. Yet Illinois led the nation with almost \$30 million in penalties, accounting for 14.6 percent of the national total. Nursing homes in New York, meanwhile, were assessed \$3.4 million in fines or 1.7 percent of the national total. Researchers have investigated this variation, with one study finding that states with a higher concentration of for-profit nursing homes had more CMPs, likely reflecting the greater prevalence of serious quality deficiencies in those facilities.<sup>15</sup> Other research on CMPs is scarce. One of

the few other studies found that most serious violations by nursing homes never resulted in financial penalties, and whether a facility faced a penalty often depended more on the state it was in than on the quality of care itself.<sup>16</sup> There has been little research, however, on whether CMPs actually affect nursing homes' compliance with regulations.

The lack of research on the deterrent effect of penalties may reflect serious methodological challenges. A literature review of enforcement in the environmental sector identified three main challenges to such analyses that would also apply to the study of CMPs: omitted variable bias, difficulties in measuring perceptions, and reverse causality.<sup>17</sup> First, omitted variable bias refers to the difficulty of measuring factors that may influence both the likelihood of receiving penalties and the compliance of nursing homes with regulations. Second, some facilities may view fines as minor costs of doing business while others see them as serious threats, but these perceptions are difficult to measure. Finally, it is hard to tell whether penalties actually improve outcomes or simply follow bad performance.

An additional challenge in the study of violations at nursing homes is that CMPs can be given alone or concurrently with other remedies, making it difficult to disentangle their effectiveness. For example, a facility might receive both a CMP and a mandate for staff to undergo remedial education. If quality improves, which action worked, or worked best?

## What is the Debate Surrounding the Penalties?

In an editorial published in *JAMDA* in 2020, authors affiliated with the Society for Post-Acute and Long-Term Care Medicine argued that CMPs are overly punitive.<sup>18</sup> They wrote that CMPs divert money that could otherwise pay for operational costs, especially among facilities already experiencing financial strain. Indeed, one study has estimated that 21 percent of nursing homes operate without a profit,<sup>19</sup> and the financial vulnerability of facilities has grown since the COVID-19 pandemic, with many experiencing declines in occupancy and operating margins.<sup>20</sup> Under such conditions, large CMPs could have the unintended effect of worsening a facility's financial health, thereby undermining its ability to care for residents.<sup>21</sup> The editorial in *JAMDA* argued that CMS should reinvest penalty money directly into the nursing home from which it was collected and that regulators should prioritize approaches that foster "internal motivation and engagement" rather than relying on financial deterrents.<sup>22</sup>

On the other side of the debate, many health professionals and advocates have argued that frequent and large CMPs are an important enforcement tool. A counterpoint to the *JAMDA* editorial argued that without meaningful financial consequences, nursing homes may dismiss violations as inconsequential, and viewed proposals for more collaborative or mentorship-based approaches between regulators and facilities as misguided.<sup>23</sup> Instead, they saw the threat of financial loss as the most effective way to compel compliance. Given the vulnerability of nursing home residents, the authors argued that enforcement should actually be *more frequent* and *consistent*. A case study of California nursing homes seems to support this view: a multimillion-dollar chain

faced only a few thousand dollars in CMPs despite generating revenues in the tens of millions, while violations persisted for years.<sup>24</sup>

In 2017, lobbyists from the long-term care industry successfully convinced the Trump administration to reduce nursing homes' financial exposure to penalties.<sup>25</sup> Critics, including the AARP, argued that the rollback weakened enforcement at a time when serious problems persisted in many facilities.<sup>26</sup> The AARP sued the administration, arguing that it exceeded its authority and jeopardized resident safety. In January 2021, the Biden administration reversed the rollback.<sup>27</sup>

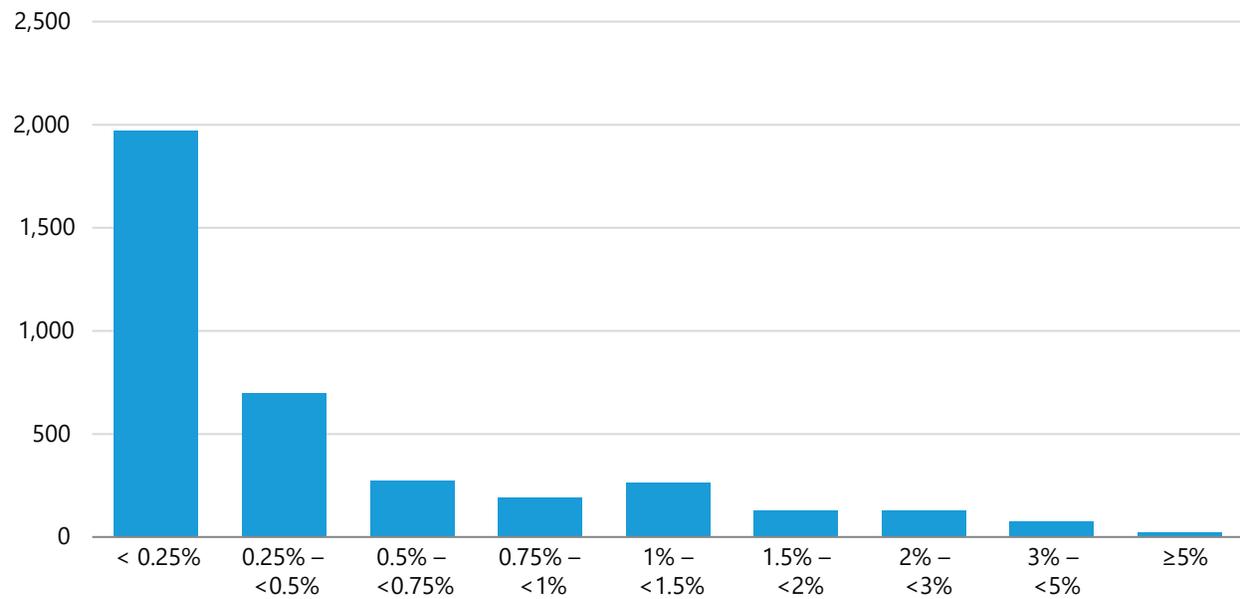
## How Large Are These Penalties Really?

The imposition of CMPs is based on deterrence theory, which holds that the cost of penalties must outweigh any benefits of noncompliance.<sup>28</sup> The challenge lies in calibrating penalties large enough and frequent enough to change behavior without threatening the financial stability of nursing homes. Records from CMS show that in 2023, the average per diem CMP was \$30,720, while the average per instance penalty was \$10,170. The size of penalties can vary widely, though, especially for per diem penalties, which can accrue to large amounts. One facility, for example, received over \$600,000 in penalties during the COVID-19 pandemic for failure to protect residents.<sup>29</sup> But these statistics lack information about the size of penalties relative to facilities' financial capacity. A \$50,000 penalty might have a much different effect on a small, rural nursing home than on a large, corporate-owned facility, for example.

To better understand the burden of these penalties, this analysis combined two datasets: records showing the dollar amount and date of every penalty imposed on nursing homes and financial statements from nursing homes called Cost Reports. The analysis included 3,745 nursing homes that received one or more CMPs in 2023 and that had a complete Cost Report.<sup>30</sup> The sum of each facility's total annual penalties was calculated as a percentage of its annual net patient revenue.<sup>31</sup> For more than half of facilities, penalties amounted to less than a quarter of a percent of net patient revenue, and for about 70 percent, less than half a percent ([Figure 2](#)). At the other end of the spectrum, some facilities faced penalties that were far larger: 225 facilities had penalties exceeding 2 percent of annual net patient revenue. Twenty-one facilities faced penalties ranging between 5 and 10 percent of their net patient revenue.

These results bring into question whether CMS is striking the right balance in calibrating the size of penalties. Penalties that are less than half a percent of annual net patient revenue may not be enough to deter future regulatory noncompliance. Research on enforcement in other sectors, including environmental regulation, suggests that fines must be large enough to exceed the cost of noncompliance to change behavior.<sup>32</sup> Conversely, there is some evidence that beyond a certain threshold, large penalties could harm the financial stability of nursing homes.<sup>33</sup> What constitutes the appropriate size of penalties to drive improvements in care remains an open question. The results here do not resolve that question, but they do provide some information about the typical magnitude of penalties.

**FIGURE 2 | Civil Money Penalties as a Share of Net Patient Revenue Among Penalized Nursing Homes, 2023**



*SOURCE:* Author’s analysis of data from the Centers for Medicare & Medicaid Services. Data drawn from the Skilled Nursing Facility Cost Report (<https://data.cms.gov/provider-compliance/cost-reports/skilled-nursing-facility-cost-report>) and the Penalties dataset (<https://data.cms.gov/provider-data/dataset/g6vv-u9sr>). Both accessed September 17, 2025. Note: Based on 3,745 nursing homes that received one or more civil money penalties in 2023 and filed a complete Cost Report. Payment denials were not considered.

This current analysis is not without limitations. The results here do not account for what the penalties are for, for example. One would expect CMS to impose lower-dollar CMPs in response to less severe violations, and these penalties would in turn constitute a lower share of revenue. (Note that a penalty is based not on a single violation but on the totality of violations and a facility’s history of noncompliance.) Nursing homes can also appeal penalties through an administrative process, and it is possible that the data do not reflect adjustments to the size of penalties from appeals. Finally, nursing homes self-certify the correctness of their Cost Reports, which are not subject to regular auditing.<sup>34</sup> Nonetheless, the analysis offers a general sense of how large penalties are relative to the financial capacity of nursing homes.

## Ideas for Future Research

### A Focus on For-Profit Nursing Homes

Around three-quarters of nursing homes operate as for-profit entities.<sup>35</sup> For-profit facilities have been shown to have more health and safety violations than their nonprofit or publicly owned counterparts.<sup>36</sup> The challenge for regulators is to make sure that nursing homes do not perceive CMPs as just the cost of doing business, but as a mandate to improve and maintain high-quality care. The analysis presented in this report shows cause for concern: most penalties imposed in 2023 amounted to less than 1 percent of revenue. For many for-profit operators, penalties at that scale may merely represent a small financial inconvenience.

The number of privately owned nursing homes has been increasing, driven in part by acquisitions from private equity firms.<sup>37</sup> One case of a nursing home in Virginia reflects the stakes involved. For almost 150 years, St. Joseph's Home for the Aged had operated under the ownership of the Little Sisters of the Poor, a religious organization that reportedly prided itself on providing optimal care for residents.<sup>38</sup> The facility maintained a high ratio of staff to residents and boasted amenities, including an aquarium and an aviary. In 2022, a private equity firm acquired the home. An observed drop in the standard of care followed. The new owner cut staff and removed amenities. Harmful incidents, such as residents developing bedsores, soon also occurred. This takeover shows how the motive for profit can obscure a facility's mission to care for some of the most vulnerable people in society, and it suggests that high-dollar CMPs may be particularly important to incentivize high quality of care in these types of facilities.

### More Case Studies and Interviews Needed

Numbers alone cannot capture how nursing homes interpret and respond to penalties. Case studies tracking a sample of facilities' reactions to penalties may be helpful. At least one such study has examined CMPs and deficiencies issued over time. This study followed a large for-profit chain over seven years, finding that penalties were infrequent and small relative to the chain's revenues while violations persisted.<sup>39</sup> More such case studies are needed, ideally incorporating more rigorous designs and qualitative methods, such as interviews with surveyors, regulators, and residents to better understand the role of CMPs as motivators of change.

In addition, researchers could look at other enforcement actions given concurrently with CMPs. CMS can impose several types of sanctions alongside CMPs, including additional state monitoring and mandated staff training. Future work could investigate whether combining penalties with these other actions produces greater effects than either action alone. Qualitative research would be particularly well-suited to studying these other types of actions because data from CMS does not provide any information about their intensity or implementation, only whether they were imposed or not. Such

research would be especially valuable in clarifying how these other enforcement tools operate in practice (e.g., how remedial training for staff varies across facilities) and whether nursing homes respond differently when CMPs are accompanied by other enforcement actions.



# ENDNOTES

- 1 Gooloo S. Wunderlich and Peter O. Kohler, ed., *Improving the Quality of Long-Term Care* (Washington, DC: National Academies Press, 2001), <https://www.ncbi.nlm.nih.gov/books/NBK224501/>.
- 2 *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff* (Washington, DC: National Academies Press, 2022): chap. 8.
- 3 *Trends in Deficiencies at Nursing Homes Show That Improvements Are Needed To Ensure the Health and Safety of Residents*, Audit Report no. A-09-18-02010 (Washington, DC: US Office of Inspector General, U.S. Department of Health and Human Services, April 2019), <https://oig.hhs.gov/documents/audit/9514/A-09-18-02010-Complete%20Report.pdf>.
- 4 Megan Brenan, "Americans Give Nursing Homes D+ Grade for Quality of Care," *Gallup*, September 12, 2023, <https://news.gallup.com/opinion/gallup/510512/americans-give-nursing-homes-grade-quality-care.aspx>.
- 5 Vincent Mor, et al., "Driven to Tiers: Socioeconomic and Racial Disparities in the Quality of Nursing Home Care," *The Milbank Quarterly* 82, no. 2 (2004): 227–56, <https://doi.org/10.1111/j.0887-378X.2004.00309.x>.
- 6 David Barton Smith, et al., "Separate And Unequal: Racial Segregation And Disparities In Quality Across U.S. Nursing Homes," *Health Affairs* 26, no. 5 (2007): 1448–58, <https://doi.org/10.1377/hlthaff.26.5.1448>.
- 7 Joan F. Brazier, et al., "Examination of Staffing Shortages at US Nursing Homes During the COVID-19 Pandemic," *JAMA Network Open* 6, no. 7 (2023): e2325993, <https://doi.org/10.1001/jamanetworkopen.2023.25993>.
- 8 "Quality, Certification, and Oversight Reports (QCOR) Database," Centers for Medicare & Medicaid Services, accessed February 18, 2026, <https://qcor.cms.gov>.
- 9 See, e.g., Arif Nazir, et al., "Time for an Upgrade in the Nursing Home Survey Process: A Position Statement From the Society for Post-Acute and Long-Term Care Medicine," *Journal of the American Medical Directors Association* 21, no. 12 (2020): 1818–20, <https://doi.org/10.1016/j.jamda.2020.09.022>. Mike Dark, et al., "Time to Support Nursing Home Surveys and Enforcement: Response to the Position of the Society for Post-Acute and Long-Term Care Medicine," *Journal of the American Medical Directors Association* 22, no. 5 (2021): 1119–20, <https://doi.org/10.1016/j.jamda.2020.12.039>. These sources are discussed further in "[What is the Debate Surrounding the Penalties?](#)"
- 10 *CMS Should Take Further Action To Address States With Poor Performance in Conducting Nursing Home Surveys* (Washington, DC: US Office of Inspector General, US Department of Health and Human Services, January 14, 2022), <https://oig.hhs.gov/reports/all/2022/cms-should-take-further-action-to-address-states-with-poor-performance-in-conducting-nursing-home-surveys/>.
- 11 Josephine Gittler, "Governmental Efforts to Improve Quality of Care for Nursing Home Residents and to Protect Them from Mistreatment: A Survey of Federal and State Laws," *Research in Gerontological Nursing* 1, no. 4 (2008): 264–84, <https://doi.org/10.3928/19404921-20081001-08>.
- 12 *Nursing Homes: Efforts to Strengthen Federal Enforcement Have Not Deterred Some Homes from Repeatedly Harming Residents*, GAO-07-241 (Washington, DC: US Government Accountability Office, March 2007), <https://www.gao.gov/assets/gao-07-241.pdf>.
- 13 Toni P. Miles, "How the Collection and Disbursement of Civil Money Penalties Improves Nursing Facility Care Across the United States," *Public Policy & Aging Report* 31, no. 2 (2021): 67–68, <https://doi.org/10.1093/ppar/prab004/>.
- 14 "Nursing Home Enforcement — Frequently Asked Questions," Centers for Medicare & Medicaid Services, accessed September 29, 2025, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationEnforcement/Downloads/NH-Enforcement-FAQ.pdf>.
- 15 Xiaochuan Wang, Denise Gammonley, and Felicia Bender, "Civil Money Penalty Enforcement Actions for Quality Deficiencies in Nursing Homes," *The Gerontologist* 60, no. 5 (2020): 868–77, <https://doi.org/10.1093/geront/gnz180>.

- 16 Charlene Harrington, et al., "Variation in the Use of Federal and State Civil Money Penalties for Nursing Homes," *The Gerontologist* 48, no. 5 (2008): 679–91, <https://doi.org/10.1093/geront/48.5.679>.
- 17 Wayne B. Gray and Jay P. Shimshack, "The Effectiveness of Environmental Monitoring and Enforcement: A Review of the Empirical Evidence," *Review of Environmental Economics and Policy* 5, no. 1 (2011): 3–24, <https://doi.org/10.1093/reep/req017>.
- 18 Nazir, et al., "Time for an Upgrade in the Nursing Home Survey Process: A Position Statement From the Society for Post-Acute and Long-Term Care Medicine."
- 19 Charlene Harrington, et al., "United States' Nursing Home Finances: Spending, Profitability, and Capital Structure," *International Journal of Social Determinants of Health and Health Services* 54, no. 2 (2024): 131–42, <https://doi.org/10.1177/27551938231221509>.
- 20 Gregory N. Orewa, et al., "COVID-19 Pandemic Impact on Nursing Homes Financial Performance," *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 61 (January 2024): 00469580241240698, <https://doi.org/10.1177/00469580241240698>.
- 21 Patrick Schumacher, "The Effect of Civil Money Penalties on the Financial Performance of Nursing Homes," *Innovation in Aging* (January 14, 2026): igag002, <https://doi.org/10.1093/geroni/igag002>.
- 22 Nazir, et al., "Time for an Upgrade in the Nursing Home Survey Process: A Position Statement From the Society for Post-Acute and Long-Term Care Medicine."
- 23 Dark, et al., "Time to Support Nursing Home Surveys and Enforcement: Response to the Position of the Society for Post-Acute and Long-Term Care Medicine."
- 24 Charlene Harrington, Julie Stockton, and Sarah Hooper, "The Effects of Regulation and Litigation on a Large For-Profit Nursing Home Chain," *Journal of Health Politics, Policy and Law* 39, no. 4 (2014): 781–809, <https://doi.org/10.1215/03616878-2743039>.
- 25 Jordan Rau, "Trump Administration Eases Nursing Home Fines in Victory for Industry," *New York Times*, December 24, 2017, <https://www.nytimes.com/2017/12/24/business/trump-administration-nursing-home-penalties.html>.
- 26 "Lawsuit Alleges That Centers for Medicare and Medicaid Services Violated Law by Limiting Enforcement Penalties for Nursing Homes," AARP, January 19, 2021, <https://www.aarp.org/press/releases/2021-1-19-lawsuit-alleges-cms-violated-law-limiting-enforcement-penalties-nursing-homes.html>.
- 27 Reed Abelson, "Nursing Homes May Face Steeper Safety Fines; The Biden Administration Has Quietly Undone a Trump Policy That Severely Restricted Penalties Imposed on Facilities That Violated Safety Standards," *New York Times*, July 28, 2021, <https://www.nytimes.com/2021/07/28/health/biden-nursing-homes-safety-fines.html>.
- 28 Schumacher, "The Effect of Civil Money Penalties on the Financial Performance of Nursing Homes."
- 29 "Life Care Center of Kirkland Fined \$611,000 Over Coronavirus Outbreak Response," *FOX 13 Seattle*, April 2, 2020, <https://www.fox13seattle.com/news/life-care-center-of-kirkland-fined-611000-over-coronavirus-outbreak-response>.
- 30 Of 4,168 facilities that received at least one fine in 2023, 423 lacked matching and complete Cost Report data and were excluded from this analysis.
- 31 Net patient revenue was winsorized at the 1st and 99th percentiles to limit the influence of outliers, consistent with approaches taken by other studies. See, e.g., Harrington, et al., "United States' Nursing Home Finances: Spending, Profitability, and Capital Structure."
- 32 Gray and Shimshack, "The Effectiveness of Environmental Monitoring and Enforcement: A Review of the Empirical Evidence."
- 33 Schumacher, "The Effect of Civil Money Penalties on the Financial Performance of Nursing Homes."

- 34 *Skilled Nursing Facilities: CMS Should Improve Accessibility and Reliability of Expenditure Data*, GAO-16-700 (Washington, DC: US Government Accountability Office, September 7, 2016), <https://www.gao.gov/products/gao-16-700>.
- 35 "Nursing Home Care," CDC FastStats, National Center for Health Statistics, Centers for Disease Control and Prevention, accessed February 16, 2026, <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>.
- 36 Vikram R. Comondore, et al., "Quality of Care in For-Profit and Not-for-Profit Nursing Homes: Systematic Review and Meta-Analysis," *BMJ* 339, no. aug04 2 (2009): b2732–b2732, <https://doi.org/10.1136/bmj.b2732>.
- 37 Clark Kauffman, "New Report Cites 'Harmful Effects' of Private Equity Firms Buying Nursing Homes," *Iowa Capital Dispatch*, April 24, 2025, <https://iowacapitaldispatch.com/2025/04/24/new-report-cites-harmful-effects-of-private-equity-firms-buying-nursing-homes/>.
- 38 Yasmin Rafiei, "When Private Equity Takes Over a Nursing Home," *The New Yorker*, August 25, 2022, <https://www.newyorker.com/news/dispatch/when-private-equity-takes-over-a-nursing-home>.
- 39 Harrington, Stockton, and Hooper, "The Effects of Regulation and Litigation on a Large For-Profit Nursing Home Chain."



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