



January 25, 2024

The Honorable Bob Casey
Chairman
United States Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Braun
Ranking Member
United States Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Casey and Ranking Member Braun:

On behalf of Argentum, the largest national association representing assisted living communities and the older adults and families they serve, thank you for holding this important hearing on long-term care options for older Americans. Approximately 1.4 million seniors reside in assisted living or memory care, and more than 1.6 million individuals work in our communities. Assisted living is critically important to both the residents it serves, and as a solution to the care crisis for our rapidly aging nation.

Assisted living was created to provide seniors with a choice and dignity in care in a residential setting, as opposed to institutional nursing home facilities. Assisted living communities are not nursing homes or institutional care settings. Our communities are individual apartment homes where residents share caregivers who focus on activities of daily living (ADLs), as well as the social determinants of health. Not only is care provided, but our social model promotes restaurant-like nutritious meals, abundant social and educational activities and strong resident engagement. Pets and family involvement are strongly encouraged. Our goal is to assist seniors in living well.

By focusing on the social determinants of health, assisted living provides more of what matters when it comes to helping seniors stay as healthy, happy, and independent as possible. Assisted living consistently receives extremely high customer satisfaction rates from residents and their families, and by helping to lower costs within the health care system, preserves vital resources for public health programs like Medicare and Medicaid and veterans' health.

Caring for an Aging Population

According to the Census Bureau, the U.S. population is aging at the fastest rate in more than a century. Last year, the Bureau reported the highest median age in history, and this trend will only accelerate in the coming years. Today, the average age of an American is 39; by 2100, it will grow to at least 49.¹

¹ U.S. Census Bureau, *America Is Getting Older*, June 22, 2023 <https://www.census.gov/newsroom/press-releases/2023/population-estimates-characteristics.htm>

Each day, more than 10,000 Americans turn 65—a trend that will continue as the youngest Baby Boomers reach 65 in the next five years. There are currently 62 million Americans aged 65 and above, accounting for 18% of the population. In just 30 years, 84 million adults 65 and older will make up an estimated 23% of the population. In this same period, the number of centenarians will more than quadruple, from an estimated 101,000 today to roughly 422,000 in 2054. By 2029, there will be more seniors than children for the first time in American history.²

The number of Americans needing long-term care will increase as well. Federal data shows that someone turning 65 today has a 70% chance of needing some type of long-term care in their lifetime, 50% will need more extensive care in a skilled nursing facility or assisted living community, and 20% will need it for five years or more. By 2050, the number of Americans requiring paid long-term care will grow to more than 27 million.³

According to a study by the National Institutes of Health (NIH), 94% of assisted living residents have at least one chronic condition, while 76% have two or more.⁴ A separate study by the Nonpartisan and Objective Research organization (NORC) at the University of Chicago found that the average assisted living resident manages 14 chronic conditions. The most common include Alzheimer's disease and other dementias (42%), heart disease (34%), depression (28%), diabetes (17%) and COPD (15%).⁵ By coordinating care and managing these chronic conditions, assisted living communities improve the health and wellbeing of their residents while decreasing the financial strain on the healthcare system.

Assisted Living is the Most Cost Effective Care Model, Saving Families and Health Programs Billions

Compared to other long-term care providers, assisted living offers lower costs, improved quality of life, better health outcomes, and reduced health care costs. The average cost of a private room in a nursing home is \$108,405 and \$95,000 for a semi-private room. The average cost of a home health aide is \$61,776 (based on 40 hours a week) but can reach as much as \$235,000 for 24/7 coverage, and does not cover the costs of housing, meals, transportation, or offer socialization, all of which are core components of assisted living. The national average for assisted living is \$54,000.⁶

² Pew Research Center, *U.S. centenarian population is projected to quadruple over the next 30 years*, January 9, 2024 <https://www.pewresearch.org/short-reads/2024/01/09/us-centenarian-population-is-projected-to-quadruple-over-the-next-30-years/>

³ U.S. Department of Health and Human Services, *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation*, May 13, 2023 <https://aspe.hhs.gov/reports/future-supply-long-term-care-workers-relation-aging-baby-boom-generation>

⁴ National Institutes of Health, *The Impact of Complex Chronic Diseases on Care Utilization Among Assisted Living Residents*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3977595/>

⁵ NORC at the University of Chicago, *Understanding the Health Needs and Spending of Senior Housing Residents* https://info.nic.org/hubfs/20220909_NIC%20September%20Conference_FINAL.pdf

⁶ Genworth Financial, *Cost of Care Survey (2021)*, <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

Assisted living preserves vital social safety net programs. Today, Medicaid is the largest payer of long-term care. According to estimates, if assisted living were not an option, as many as 61% of senior residents may be forced into far-costlier skilled nursing facilities at a cost of \$43.4 billion. This additional cost would cripple state Medicaid budgets and expedite the potential insolvency of Medicare and Medicaid.

The assisted living care model focuses on the social determinants of health, chronic disease management, social interaction and often facilitates care coordination with other healthcare providers. Though no assisting living facility receives Medicare dollars, this coordinated care, including social and preventative care, keeps seniors healthier and saves Medicare an estimated \$15.4 billion through reduced hospitalizations and readmissions, less social isolation, and delay in far costlier skilled nursing care.⁷

The savings are not isolated to just Medicare and Medicaid. In 2021, the Department of Veterans Affairs reported to Congress the critical need for increasing veterans access to different long-term care settings as the high cost and institutional nature care continue to overburden VA budgets. The VA found that veteran placement in a nursing home costs \$120,000 annually, compared to only \$51,000 in an assisted living community. The report states that providing care at an assistant living community would save almost \$70,000 per veteran per year.⁸

The nonprofit Family Caregiver Alliance reports that more than 1 in 6 Americans working full-time or part-time assist with the care of an elderly or disabled family member, relative, or friend, and 70% suffer work-related difficulties due to their dual roles. The survey estimates that 61% of caregivers who work outside the home experience at least one employment change due to their caregiving responsibilities, such as cutting back work hours, taking a leave of absence, or disciplinary actions tied to performance or attendance.⁹

Recent findings estimate that family care giving led to the loss of 656,000 jobs, with an additional 791,000 family caregivers suffering from absenteeism at work. These job losses and absenteeism among family members and informal caregivers have a direct annual economic impact of \$43.9 billion, and indirect costs of \$221 billion in lost productivity. By easing these burdens, assisted living can improve the financial well-being of families.¹⁰

Assisted Living Enjoys Consistently High Customer Satisfaction

Assisted living consistently receives very high customer satisfaction ratings. According to the J.D. Power 2023 US Senior Living Satisfaction Survey, senior living communities received a satisfaction score of 837 (on a 1,000-point scale) — higher than industries like travel and

⁷ Senior Housing News, *Juniper Care Model Could Save Medicare \$15 Billion Annually*, <https://seniorhousingnews.com/2017/09/24/junipers-care-model-save-medicare-15-billion-annually/>

⁸ Department of Veterans Affairs, Report to Congress on Long-Term Care Projections, September 2021, <https://www.argentum.org/wp-content/uploads/2023/02/VA-Report-To-Congress-FY-2021-CTR-Long-Term-Care-Projections.pdf>

⁹ Family Caregiver Alliance, *Caregiver Statistics: Work and Caregiving* <https://www.caregiver.org/resource/caregiver-statistics-work-and-caregiving/>

¹⁰ Blue Cross Blue Shield Association, *The Economic Impact of Caregiving*, November 8, 2021 <https://www.bcbs.com/the-health-of-america/reports/the-economic-impact-of-caregiving>

hospitality, which received a score of 596.¹¹ And based on industry surveys, more than 90% of residents report high levels of satisfaction, 85% report high value, 70% report an improved health outlook, and nearly 75% report an improved quality of life. Additionally, 99% feel safe living in their community, and 91% feel safer than living on their own.

Assisted Living Not Immune to Workforce Shortage But Provides Solutions

The United States is currently experiencing a labor shortage, and the senior living industry is no exception. After losing hundreds of thousands of jobs during the pandemic, today, there is a shortage of 400,000 caregivers across all long-term care settings.¹²

While there has been some improvement since the depths of the pandemic, many communities are still facing significant workforce shortages. To recruit and retain staff, more than 90% of assisted living communities are offering higher wages, 70% are offering signing bonuses, and many are having to rely on staffing agencies, which can cost upwards of two, three, or more times as much per hour as full-time employees.¹³

Total employment in the long-term care industry is projected to reach almost 8.3 million by 2040, an increase of some 2.5 million jobs—or 42.1%—from its 2021 employment level of 5.8 million. In addition to the new jobs that will be created, there will be an additional 18 million job openings that result when employees either exit the labor force or transfer to a different occupation. In total, the combined senior care industry will need to fill more than 20.2 million occupational openings by 2040.¹⁴

The federal government administers successful workforce development programs via the Departments of Labor and Health & Human Services, but there has not been a focus on addressing the care needs of America's seniors. Simply modifying the priorities of these existing workforce programs, such as apprenticeships, to highlight the opportunities and career pathways within senior care would dramatically increase the pipeline of new caregivers.

Argentum has been working with members of Congress on both sides of the aisle to help solve the workforce crisis, and helped pass legislation to help transform existing education and training programs, and to make necessary investments to develop the senior care workforce. The bill provides \$285 million to expand workforce opportunities through apprenticeships grants, \$65 million for Strengthening Community College Training Grants; and \$1.8 billion for Job Corps.

Workforce shortages will not be solved by legislation alone. In 2023, Argentum released a new strategic plan that, in part, seeks to engage, develop, and support 2 million career opportunities in the profession. One way that Argentum is working to address the workforce shortage is to

¹¹ J.D. Power 2023 US Senior Living Satisfaction Survey, November 15, 2023

<https://www.jdpower.com/business/press-releases/2023-us-senior-living-satisfaction-study>

¹² Argentum, *Workforce Projections for Senior Care Sectors*, March 2023 <https://www.argentum.org/argentums-workforce-projections-for-senior-care-report-sees-a-need-to-fill-20-million-job-openings-through-2040/>

¹³ Leading Age, *Workforce Informal Snap Poll: Toplines*, <https://leadingage.org/wp-content/uploads/2023/03/Workforce-Snap-Poll-Toplines-2023-1.pdf>

¹⁴ Argentum, *Workforce Projections for Senior Care Sectors*, March 2023 <https://www.argentum.org/argentums-workforce-projections-for-senior-care-report-sees-a-need-to-fill-20-million-job-openings-through-2040/>



partner with Job Corps centers to create new senior living programs. There are presently three pilot sites, in Maryland, Kentucky, and Nevada, where students can learn more about the breadth of career opportunities in senior living, covering areas like caregiving and nursing, hospitality and resident service, dining and culinary services, building maintenance and housekeeping, sales, marketing, office support, and management.

This is a unique collaboration that can serve as a blueprint for matching interested Job Corps students to jobs serving senior living communities. There are real career-long pathways for young people in caring for residents in assisted living, memory care, and other senior living settings.

Argentum administers a national Department of Labor apprenticeship program, the Healthcare Apprenticeship Expansion Program that will serve as the framework for including Job Corps students as recipients of the national apprenticeship program. The HAEP collaborative is addressing the skills gap in healthcare and healthcare IT occupations by expanding apprenticeship pathways for positions like CNAs, LPNs, RNs, and rehab technicians, as well as creating new apprenticeship programs for healthcare leadership positions such as nursing directors and executive directors. Argentum and its partners plan to enroll and support over 7,200 apprentices by the end of this year.

It is worth noting that despite recent efforts to set minimum federal staffing standards for long-term care providers, there is no evidence that nationally mandated staffing levels would improve health outcomes. In fact, a 2023 Kaiser Family Foundation report stated that there was “no single staffing level that would guarantee quality care.”¹⁵

Assisted living communities are licensed and regulated in all 50 states. This regulatory framework encourages states to innovate and explore ways to provide cost-effective long-term care at a much more local level than could ever be replicated by one-sized-fits-all federal regulations.

Last year, Argentum, the American Seniors Housing Association (ASHA), LeadingAge, and the National Center for Assisted Living (NCAL), together with the National Association for Regulatory Administration (NARA) formed the Quality in Assisted Living Collaborative to identify, define, and develop model guidance for assisted living. This industrywide initiative is expected to result in greater consistency across states, and the Collaborative’s resources will be available to aid and educate providers, regulators, policymakers, and other stakeholders.

Resident Safety

Many Americans prefer to age in place in their own homes, but this is not always the best, or safest option for everyone. Assisted living communities offer dignity and peace of mind to those who can no longer live independently, or that require more assistance than an informal caregiver can provide, which is why surveys find that 91% of residents say they feel safer than living on their own.

¹⁵ KFF News, *CMS Study Sabotages Efforts to Bolster Nursing Home Staffing, Advocates Say*, August 29, 2023 <https://kffhealthnews.org/news/article/cms-study-nursing-home-staffing-levels/>

The Alzheimer's Association estimates that 60% of people living with dementia will wander at least once; many do so repeatedly and without warning.¹⁶ Professionally managed communities have security procedures such as exit/entry logs, wearable tracking devices, and cameras in place to keep residents safe, but assisted living communities are residents' homes and unless an independent physician has deemed them a risk for their own safety, they are free to come and go from their home as they choose.

A recent article by *The Washington Post* examined tragic but isolated incidents of resident elopements. Resident safety is job one, and any fatality is one too many. However, the reporting failed to note just how rare these incidents are. According to the Post's own data, which we have not been able to review or corroborate, 99.97% of assisted living residents never experience a wandering episode like those the article portrays, and fatalities due to wandering represent a small percentage (0.0015%) of the 6.2 million assisted living residents served in the last five years.

The article also failed to note what Argentum told the reporters before publication and in a joint industry letter to the editor with other long-term care providers that the Post declined to publish — nothing is more important than our residents' safety. When protocols and safety procedures are not followed, appropriate disciplinary action should be taken. Argentum strongly supports state regulations already in place to investigate incidents and punish any wrongdoing, up to, and including, community closures, if warranted.

Conclusion

In conclusion, I want to thank you for the opportunity to provide comments for today's hearing. Argentum and its members look forward to working with you and your colleagues to pursue cost-effective solutions to meet the challenges of our rapidly aging population. Please contact Maggie Elehwany, J.D., Argentum Senior Vice President of Government affairs at melehwany@argentum.org with any questions or requests for additional information.

Sincerely,



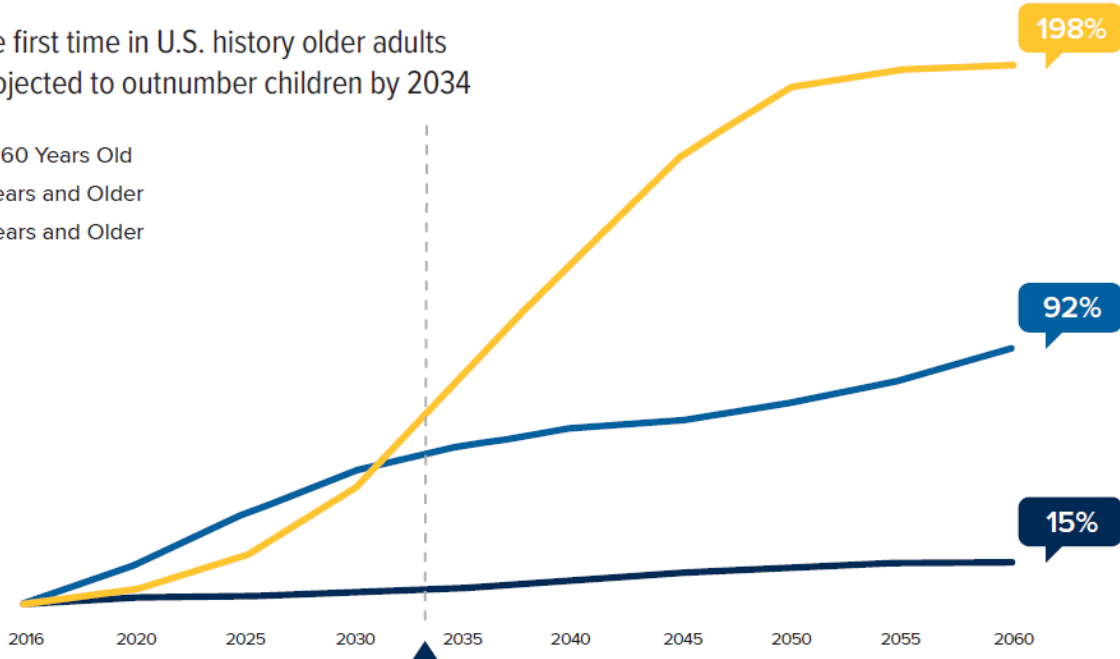
James Balda
President & CEO
Argentum

¹⁶ The Alzheimer's Association, *Wandering*, <https://www.alz.org/help-support/caregiving/stages-behaviors/wandering>

PROJECTED POPULATION GROWTH BY AGE GROUP, 2016 TO 2060

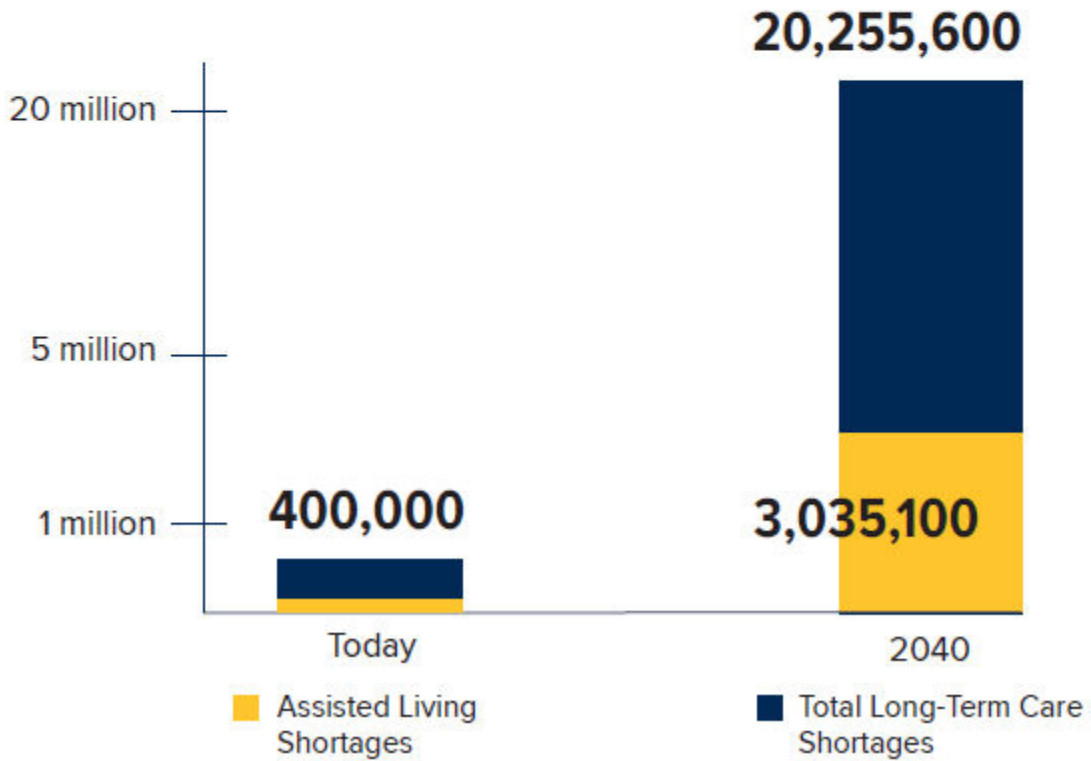
For the first time in U.S. history older adults are projected to outnumber children by 2034

- 18 to 60 Years Old
- 65 Years and Older
- 85 Years and Older



LONG-TERM CARE WORKFORCE CRISIS THROUGH 2040

Severe job shortages will grow exponentially



Senior Living Industry Workforce Projections: 2021 to 2030

State	2021 Jobs	2030 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Alabama	7,400	8,000	600	9,700	10,300
Alaska	1,300	1,500	200	1,800	2,000
Arizona	21,900	26,900	5,000	30,800	35,800
Arkansas	4,300	4,600	300	5,600	5,900
California	93,500	107,900	14,400	127,000	141,400
Colorado	16,900	20,200	3,300	23,400	26,700
Connecticut	10,000	11,300	1,300	13,400	14,700
Delaware	3,300	4,000	700	4,600	5,300
District of Columbia	1,100	1,200	100	1,400	1,500
Florida	62,300	75,100	12,800	86,800	99,400
Georgia	19,400	22,800	3,400	26,600	30,000
Hawaii	2,900	3,300	400	3,900	4,300
Idaho	6,700	8,200	1,500	9,400	10,900
Illinois	34,900	38,400	3,500	46,200	49,700
Indiana	17,600	19,400	1,800	23,300	25,100
Iowa	13,800	15,400	1,600	18,400	20,000
Kansas	14,200	15,900	1,700	19,000	20,700
Kentucky	5,900	6,400	500	7,700	8,200
Louisiana	6,100	6,700	600	8,100	8,700
Maine	5,400	6,000	600	7,200	7,800
Maryland	21,700	24,400	2,700	29,100	31,800
Massachusetts	21,800	25,100	3,300	29,600	32,900
Michigan	31,000	33,800	2,800	40,800	43,600
Minnesota	24,900	28,900	4,000	33,900	37,900
Mississippi	3,700	4,000	300	4,900	5,200
Missouri	13,300	14,500	1,200	17,500	18,700
Montana	3,000	3,400	400	4,000	4,400

State	2021 Jobs	2030 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Nebraska	8,500	9,700	1,200	11,500	12,700
Nevada	4,000	5,000	1,000	5,700	6,700
New Hampshire	4,500	5,100	600	6,000	6,600
New Jersey	21,000	23,900	2,900	28,300	31,200
New Mexico	3,700	4,300	600	5,000	5,600
New York	28,800	32,900	4,100	38,900	43,000
North Carolina	31,300	36,600	5,300	42,800	48,100
North Dakota	2,700	3,000	300	3,600	3,900
Ohio	33,100	35,800	2,700	43,400	46,100
Oklahoma	6,300	6,700	400	8,200	8,600
Oregon	25,000	28,500	3,500	33,700	37,200
Pennsylvania	62,000	68,500	6,500	82,300	88,800
Rhode Island	2,800	3,200	400	3,800	4,200
South Carolina	13,600	16,000	2,400	18,700	21,100
South Dakota	3,300	3,800	500	4,500	5,000
Tennessee	14,100	15,600	1,500	18,700	20,200
Texas	49,700	59,000	9,300	68,500	77,800
Utah	7,800	9,600	1,800	11,000	12,800
Vermont	2,400	2,700	300	3,200	3,500
Virginia	29,200	33,800	4,600	39,700	44,300
Washington	30,400	35,600	5,200	41,600	46,800
West Virginia	3,000	3,200	200	3,900	4,100
Wisconsin	32,100	36,300	4,200	43,100	47,300
Wyoming	900	1,100	200	1,300	1,500

Source: Argentum analysis of data from the Bureau of Labor Statistics

* In addition to the net job growth in the senior living sector, the industry will need to fill job openings that result when employees permanently leave their occupations, either through exiting the labor force or transferring to a different occupation. These are referred to as 'occupational replacement needs.'

Senior Living Industry Workforce Projections: 2021 to 2040

State	2021 Jobs	2040 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Alabama	7,400	8,800	1,400	21,500	22,900
Alaska	1,300	1,800	500	4,100	4,600
Arizona	21,900	33,700	11,800	73,300	85,100
Arkansas	4,300	5,000	700	12,300	13,000
California	93,500	125,600	32,100	290,700	322,800
Colorado	16,900	24,500	7,600	54,700	62,300
Connecticut	10,000	13,000	3,000	30,400	33,400
Delaware	3,300	4,900	1,600	10,800	12,400
District of Columbia	1,100	1,300	200	3,200	3,400
Florida	62,300	91,600	29,300	203,500	232,800
Georgia	19,400	27,200	7,800	61,700	69,500
Hawaii	2,900	3,800	900	8,900	9,800
Idaho	6,700	10,200	3,500	22,300	25,800
Illinois	34,900	42,700	7,800	103,100	110,900
Indiana	17,600	21,600	4,000	52,000	56,000
Iowa	13,800	17,400	3,600	41,400	45,000
Kansas	14,200	18,000	3,800	42,800	46,600
Kentucky	5,900	7,000	1,100	17,100	18,200
Louisiana	6,100	7,500	1,400	18,100	19,500
Maine	5,400	6,700	1,300	16,100	17,400
Maryland	21,700	27,800	6,100	65,700	71,800
Massachusetts	21,800	29,300	7,500	67,700	75,200
Michigan	31,000	37,100	6,100	90,500	96,600
Minnesota	24,900	34,100	9,200	78,100	87,300
Mississippi	3,700	4,400	700	10,800	11,500
Missouri	13,300	15,900	2,600	38,800	41,400
Montana	3,000	4,000	1,000	9,200	10,200

State	2021 Jobs	2040 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Nebraska	8,500	11,200	2,700	26,200	28,900
Nevada	4,000	6,300	2,300	13,600	15,900
New Hampshire	4,500	5,900	1,400	13,700	15,100
New Jersey	21,000	27,600	6,600	64,400	71,000
New Mexico	3,700	5,100	1,400	11,600	13,000
New York	28,800	38,100	9,300	88,700	98,000
North Carolina	31,300	43,500	12,200	99,000	111,200
North Dakota	2,700	3,400	700	8,100	8,800
Ohio	33,100	39,100	6,000	95,900	101,900
Oklahoma	6,300	7,200	900	17,900	18,800
Oregon	25,000	33,000	8,000	76,800	84,800
Pennsylvania	62,000	76,500	14,500	184,000	198,500
Rhode Island	2,800	3,600	800	8,600	9,400
South Carolina	13,600	19,100	5,500	43,300	48,800
South Dakota	3,300	4,400	1,100	10,200	11,300
Tennessee	14,100	17,500	3,400	41,900	45,300
Texas	49,700	71,200	21,500	159,800	181,300
Utah	7,800	12,000	4,200	26,100	30,300
Vermont	2,400	3,100	700	7,300	8,000
Virginia	29,200	39,700	10,500	91,200	101,700
Washington	30,400	42,400	12,000	96,300	108,300
West Virginia	3,000	3,400	400	8,500	8,900
Wisconsin	32,100	41,500	9,400	97,700	107,100
Wyoming	900	1,300	400	3,000	3,400

Source: Argentum analysis of data from the Bureau of Labor Statistics

* In addition to the net job growth in the senior living sector, the industry will need to fill job openings that result when employees permanently leave their occupations, either through exiting the labor force or transferring to a different occupation. These are referred to as 'occupational replacement needs.'

Total Senior Care Workforce Projections: 2021 to 2030

State	2021 Jobs	2030 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Alabama	52,300	54,900	2,600	62,700	65,300
Alaska	6,300	7,800	1,500	8,600	10,100
Arizona	92,800	119,300	26,500	128,200	154,700
Arkansas	46,200	48,400	2,200	56,300	58,500
California	964,300	1,209,000	244,700	1,357,600	1,602,300
Colorado	85,700	106,200	20,500	115,600	136,100
Connecticut	80,400	91,900	11,500	103,600	115,100
Delaware	17,300	21,500	4,200	23,300	27,500
District of Columbia	13,200	14,600	1,400	16,500	17,900
Florida	251,500	296,400	44,900	321,200	366,100
Georgia	95,000	111,100	16,100	121,200	137,300
Hawaii	17,200	20,300	3,100	22,500	25,600
Idaho	28,200	35,600	7,400	38,100	45,500
Illinois	204,100	223,300	19,200	254,200	273,400
Indiana	101,100	108,800	7,700	123,300	131,000
Iowa	57,600	62,300	4,700	71,100	75,800
Kansas	57,000	64,100	7,100	73,300	80,400
Kentucky	56,200	59,900	3,700	68,800	72,500
Louisiana	73,100	80,900	7,800	91,500	99,300
Maine	26,200	29,300	3,100	33,700	36,800
Maryland	82,300	92,000	9,700	102,900	112,600
Massachusetts	179,600	215,700	36,100	239,600	275,700
Michigan	127,700	137,900	10,200	157,200	167,400
Minnesota	144,100	171,800	27,700	191,400	219,100
Mississippi	36,800	40,200	3,400	45,600	49,000
Missouri	128,100	140,300	12,200	162,600	174,800
Montana	14,200	16,300	2,100	18,200	20,300
Nebraska	31,700	35,100	3,400	39,500	42,900
Nevada	28,700	38,200	9,500	40,500	50,000
New Hampshire	19,900	22,600	2,700	25,400	28,100
New Jersey	137,200	156,700	19,500	173,100	192,600
New Mexico	45,700	56,800	11,100	62,100	73,200
New York	591,500	700,400	108,900	762,500	871,400
North Carolina	132,800	155,500	22,700	170,400	193,100
North Dakota	14,800	15,700	900	17,900	18,800
Ohio	212,900	225,000	12,100	256,100	268,200
Oklahoma	47,400	49,000	1,600	56,300	57,900
Oregon	76,700	91,900	15,200	104,800	120,000
Pennsylvania	320,000	364,200	44,200	416,800	461,000
Rhode Island	19,100	20,900	1,800	23,300	25,100
South Carolina	65,100	78,300	13,200	85,500	98,700
South Dakota	12,600	13,700	1,100	15,400	16,500
Tennessee	85,500	93,900	8,400	106,100	114,500
Texas	498,400	608,200	109,800	644,700	754,500
Utah	33,600	42,100	8,500	45,300	53,800
Vermont	14,400	16,800	2,400	19,100	21,500
Virginia	124,300	147,100	22,800	162,600	185,400
Washington	136,600	173,200	36,600	193,900	230,500
West Virginia	29,300	30,700	1,400	36,000	37,400
Wisconsin	116,100	134,500	18,400	153,800	172,200
Wyoming	6,700	8,300	1,600	9,200	10,800

Source: Argentum analysis of data from the Bureau of Labor Statistics

*In addition to the net job growth in the senior living sector, the industry will need to fill job openings that result when employees permanently leave their occupations, either through exiting the labor force or transferring to a different occupation. These are referred to as 'occupational replacement needs.'

Total Senior Care Workforce Projections: 2021 to 2040

State	2021 Jobs	2040 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Alabama	52,300	58,600	6,300	136,800	143,100
Alaska	6,300	9,900	3,600	20,700	24,300
Arizona	92,800	160,800	68,000	317,400	385,400
Arkansas	46,200	51,600	5,400	122,800	128,200
California	964,300	1,558,400	594,100	3,285,900	3,880,000
Colorado	85,700	136,100	50,400	278,700	329,100
Connecticut	80,400	108,100	27,700	238,100	265,800
Delaware	17,300	27,900	10,600	56,400	67,000
District of Columbia	13,200	16,400	3,200	37,000	40,200
Florida	251,500	360,200	108,700	750,900	859,600
Georgia	95,000	133,500	38,500	281,800	320,300
Hawaii	17,200	24,700	7,500	52,700	60,200
Idaho	28,200	46,800	18,600	93,000	111,600
Illinois	204,100	249,000	44,900	567,600	612,500
Indiana	101,100	119,200	18,100	272,600	290,700
Iowa	57,600	68,900	11,300	157,900	169,200
Kansas	57,000	73,700	16,700	166,600	183,300
Kentucky	56,200	65,000	8,800	151,500	160,300
Louisiana	73,100	91,400	18,300	205,700	224,000
Maine	26,200	33,400	7,200	76,000	83,200
Maryland	82,300	105,000	22,700	232,600	255,300
Massachusetts	179,600	266,100	86,500	566,000	652,500
Michigan	127,700	151,100	23,400	347,700	371,100
Minnesota	144,100	212,100	68,000	451,500	519,500
Mississippi	36,800	44,400	7,600	101,500	109,100
Missouri	128,100	156,700	28,600	363,700	392,300
Montana	14,200	19,300	5,100	42,000	47,100

State	2021 Jobs	2040 Jobs	Net Job Growth	Occupational Replacement Needs*	Total Employees Needed
Nebraska	31,700	39,600	7,900	89,000	96,900
Nevada	28,700	53,200	24,500	102,500	127,000
New Hampshire	19,900	26,500	6,600	58,200	64,800
New Jersey	137,200	183,300	46,100	396,700	442,800
New Mexico	45,700	73,100	27,400	150,000	177,400
New York	591,500	849,700	258,200	1,783,300	2,041,500
North Carolina	132,800	187,500	54,700	396,700	451,400
North Dakota	14,800	17,000	2,200	39,400	41,600
Ohio	212,900	241,300	28,400	560,100	588,500
Oklahoma	47,400	51,200	3,800	121,500	125,300
Oregon	76,700	113,000	36,300	246,900	283,200
Pennsylvania	320,000	422,000	102,000	951,000	1,053,000
Rhode Island	19,100	23,400	4,300	52,200	56,500
South Carolina	65,100	97,000	31,900	202,200	234,100
South Dakota	12,600	15,100	2,500	34,100	36,600
Tennessee	85,500	105,300	19,800	237,600	257,400
Texas	498,400	766,000	267,600	1,537,700	1,805,300
Utah	33,600	55,100	21,500	110,400	131,900
Vermont	14,400	20,100	5,700	44,300	50,000
Virginia	124,300	179,100	54,800	380,700	435,500
Washington	136,600	226,500	89,900	473,100	563,000
West Virginia	29,300	32,500	3,200	78,200	81,400
Wisconsin	116,100	160,000	43,900	355,800	399,700
Wyoming	6,700	10,500	3,800	22,100	25,900

Source: Argentum analysis of data from the Bureau of Labor Statistics

*In addition to the net job growth in the senior living sector, the industry will need to fill job openings that result when employees permanently leave their occupations, either through exiting the labor force or transferring to a different occupation. These are referred to as 'occupational replacement needs.'