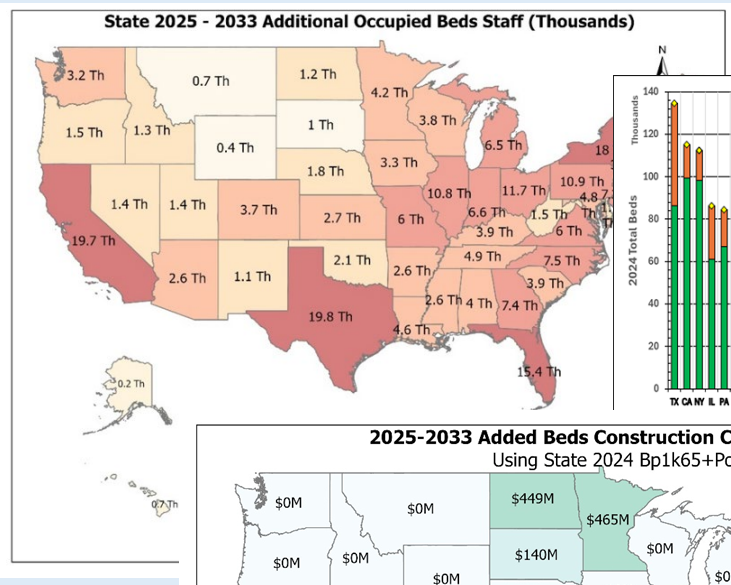
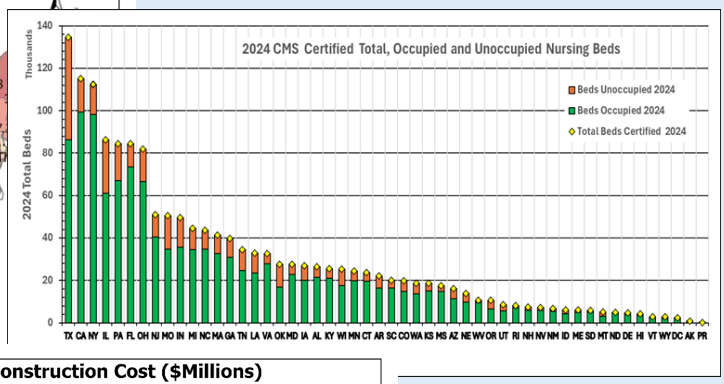
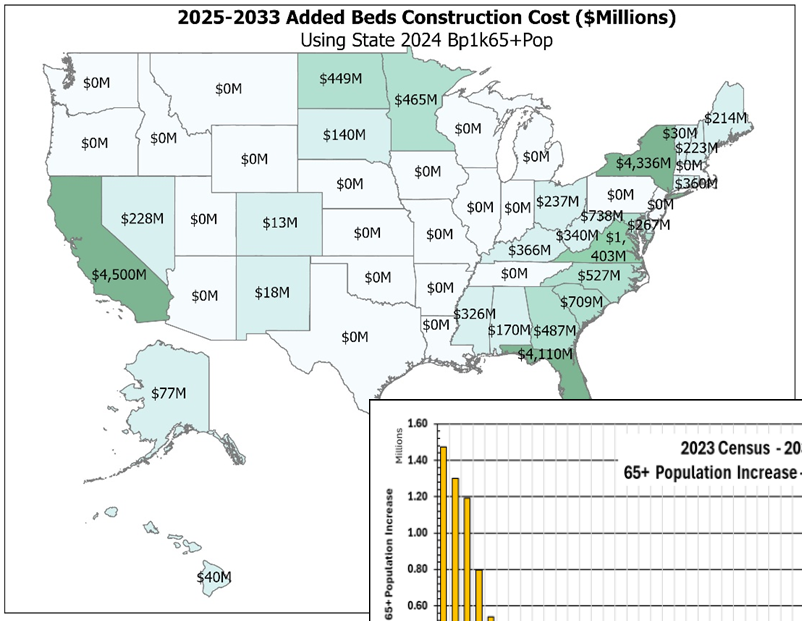
United States

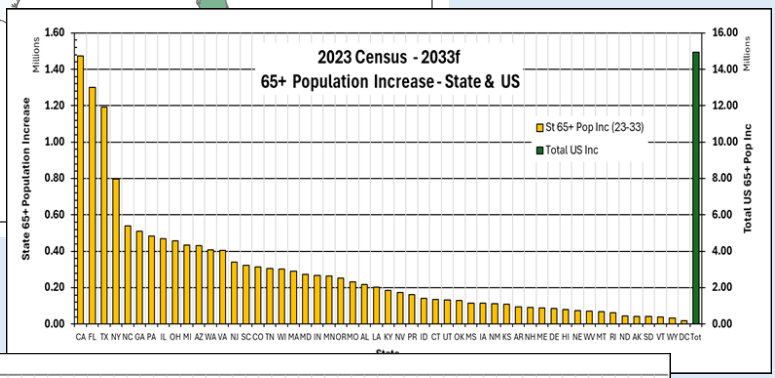
Nursing Bed Facilities Demand Analysis

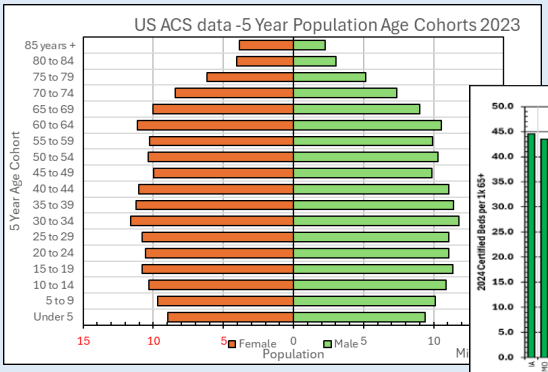
2025-2033

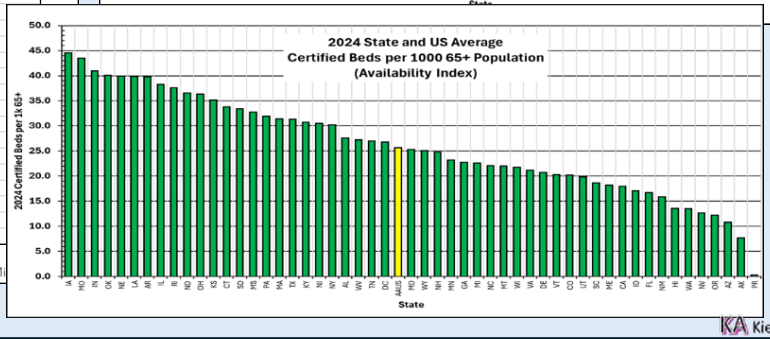












KA Kieslich Analytics

Issue 1 – March 10, 2005
Kieslich Analytics

Introduction Summary

There is a shortage of Long-Term Health Care Facilities and Personnel for the growing age 65+ population. This analysis presents the order of magnitude numbers for the **2025 to 2033 Nursing Bed Demand** in the various States, District of Columbia, and Puerto Rico.

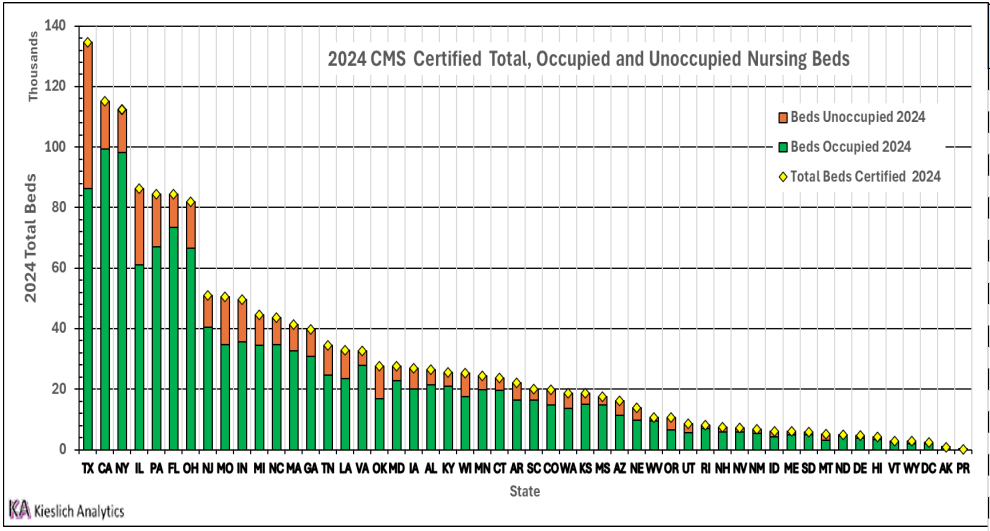
Outlined by State are: 2024 US CMS[2] Certified Nursing Facilities data, US census[i] ACS 2023 age 65+ population data, and 2033 Nursing Home bed demand, construction costs and personnel requirements via charts, tables, and maps. The Appendix provides a data summary table and lists initiatives to support the expansion and sustainability of Long-Term Nursing Bed Facilities.

Key Findings:

- **From 2023 to 2033 the US States are facing a 15 million/25% age 65+ population growth**.
- **The 2023 to 2033 increase in the 65+ US population is a result of the "Post WWII Baby Boom"**. Census data indicates the 2023 US age 65+ population is 60 million; the 2033 age 65+ population will be 75 million.
- **The age 65+ Population constitutes 18 % in 2023 and 21% in 2033 of the Total US Population.**
- **In 2024:**
  - **The US has 14,806 CMS Certified Nursing/Rehab Facilities with 1,581,125 Beds.**
  - **The availability of Certified Beds is uneven in the US**. Iowa has 44 beds per 1000 age 65+ Population (Bp1k65+Pop), while Alaska has 8. The US average is 26. There are twenty-four (24) states above and twenty-six (26) states below the US Average.
  - **State Facility Bed Occupancy Rates Vary.** The average US Occupancy Rate is 77%, with a high of 90% in North Dakota, and a low of 60% in Montana.
- **Two 2025-2033 State Scenarios have been Forecasted:**
  - **Scenario A – Uses each States existing 2024 occupied Bp1k65+Pop index with the 2033 population resulting in the US need for 52,000 add'l new beds, 331,000 more occupied beds.**
  - **Scenario B –Brings the 26 states below the US average occupied Bp1k65+Pop up to the US average, this established the US need for 263,000 add'l new beds, 553,000 more occupied beds.**
- **2025-2033 US Construction Cost:**
  - **Scenario A: $21 Billion for the 52,000 additional new beds.**
  - **Scenario B: $106 Billion for the 263,000 additional new beds.**
- **2025-2033 US Additional Staff:**
  - **Scenario A: Requires 240,000 additional staff.**
  - **Scenario B: Requires 400,000 additional staff.**

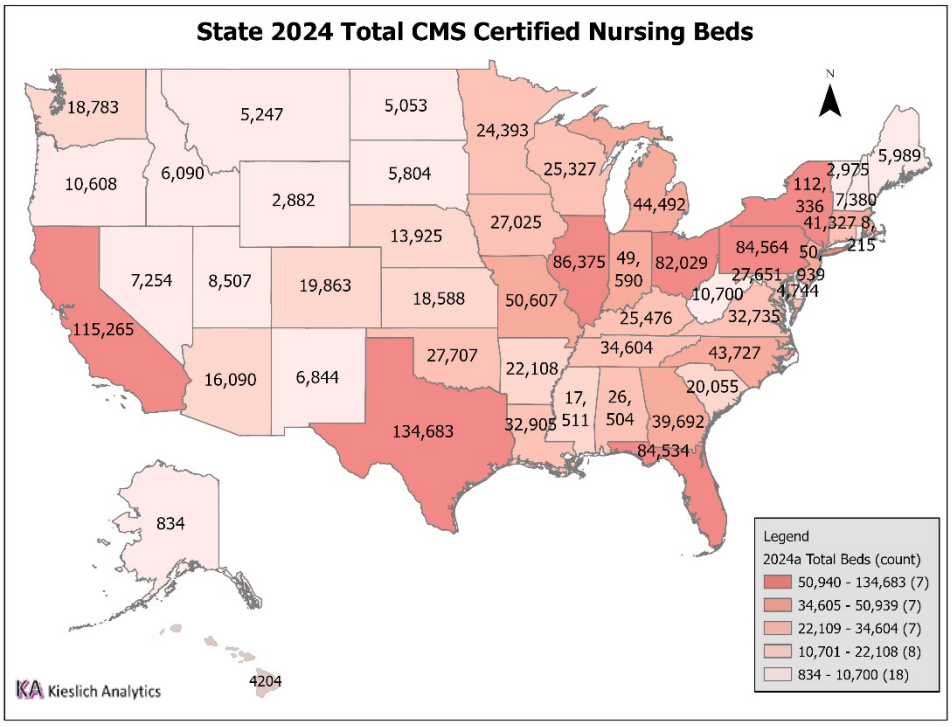
Allen R Kieslich
Kieslich Analytics

Nov. 2024 CMS Nursing Bed Statistics



St Abrv.	Total Beds Certified 2024	Beds Occupied 2024	Beds Unoccupied 2024
TX	134,683	86,350	48,333
CA	115,265	99,330	15,935
NY	112,336	98,270	14,066
IL	86,375	60,991	25,384
PA	84,564	66,971	17,593
FL	84,534	73,547	10,987
OH	82,029	66,503	15,526
NJ	50,939	40,494	10,445
MO	50,607	34,679	15,928
IN	49,590	35,596	13,994
MI	44,492	34,398	10,094
NC	43,727	34,630	9,097
MA	41,327	32,672	8,655
GA	39,692	30,758	8,934
TN	34,604	24,688	9,916
LA	32,905	23,510	9,395
VA	32,735	27,971	4,764
OK	27,707	16,834	10,873
MD	27,651	22,932	4,719
IA	27,025	20,062	6,963
AL	26,504	21,442	5,062
KY	25,476	21,064	4,412
WI	25,327	17,496	7,831
MN	24,393	19,819	4,574
CT	23,691	19,557	4,134
AR	22,108	16,355	5,753
SC	20,055	16,439	3,616
CO	19,863	14,782	5,081
WA	18,783	13,710	5,073
KS	18,588	14,921	3,667
MS	17,511	14,763	2,748
AZ	16,090	11,404	4,686
NE	13,925	9,787	4,138
WV	10,700	9,544	1,156
OR	10,608	6,653	3,955
UT	8,507	5,622	2,885
RI	8,215	6,905	1,310
NH	7,380	5,877	1,503
NV	7,254	5,855	1,399
NM	6,844	5,304	1,540
ID	6,090	4,205	1,885
ME	5,989	4,979	1,010
SD	5,804	4,839	965
MT	5,247	3,170	2,077
ND	5,053	4,550	503
DE	4,744	3,865	879
HI	4,204	3,314	890
VT	2,975	2,331	644
WY	2,882	1,930	952
DC	2,485	2,036	449
AK	834	736	98
PR	209	129	80
Total	1,581,125	1,224,569	356,556

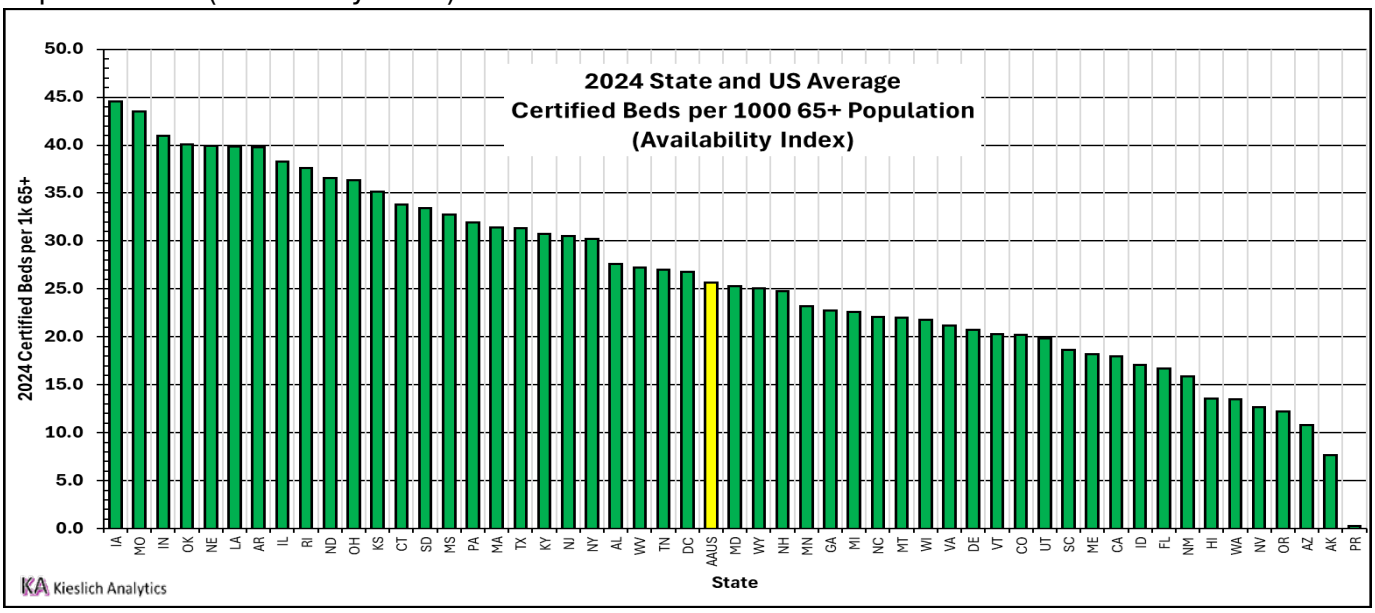
This graph and table, listed by Total CMS Beds, indicates the states total beds, the occupied and unoccupied beds.
The 2024 CMS list of certified beds indicates there are 1,581,125 beds in the 50 States, DC, and PR.



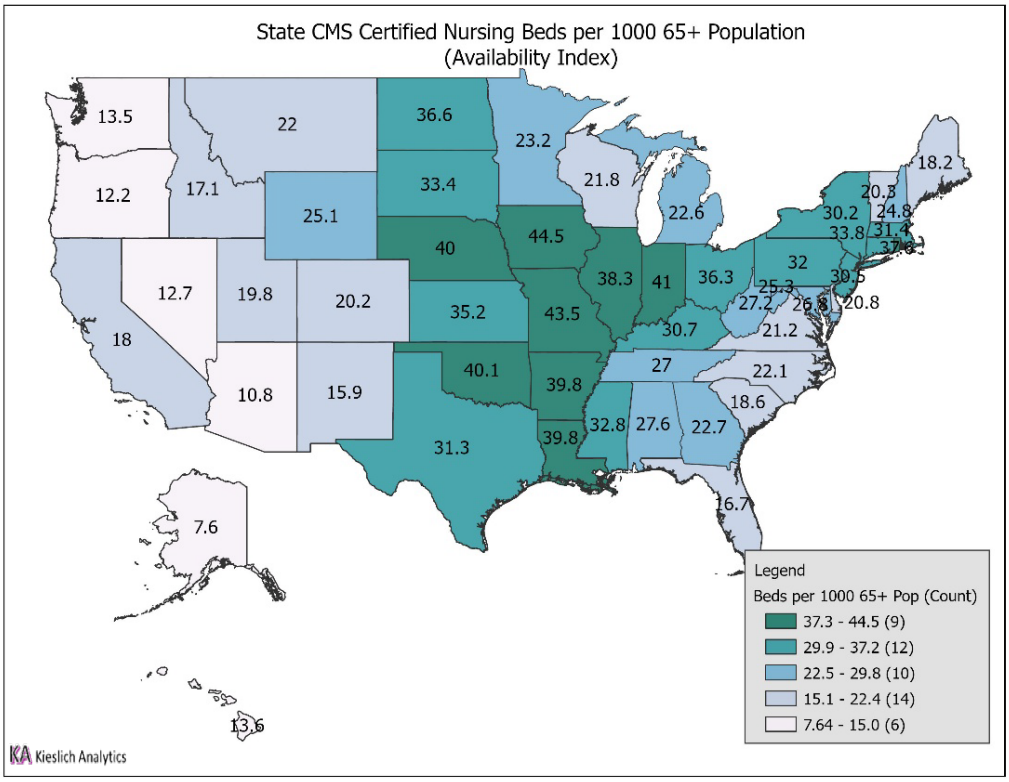
Of these beds 1,224,569 are occupied and 356,556 are unoccupied. The unoccupied beds were utilized to meet a portion of the 2033 bed demand. The US average Occupancy Rate is 77%, with a high of 90% in ND, a low of 60% in MT. TX, CA and NY have 312,000 beds or 20% of all US beds. There are 10,764 For-Profit facilities with1,188,878 beds, 3,089 Non-Profit facilities with 283,852 beds, and 954 Government facilities with 108,309 beds.

Certified Beds per 1000 Age 65+ Population (Availability Index)

The graph (50 States +DC +PR) indicate the 2024 CMS Total Certified Beds per 1000 Age 65+ Population. ie. (Availability Index)



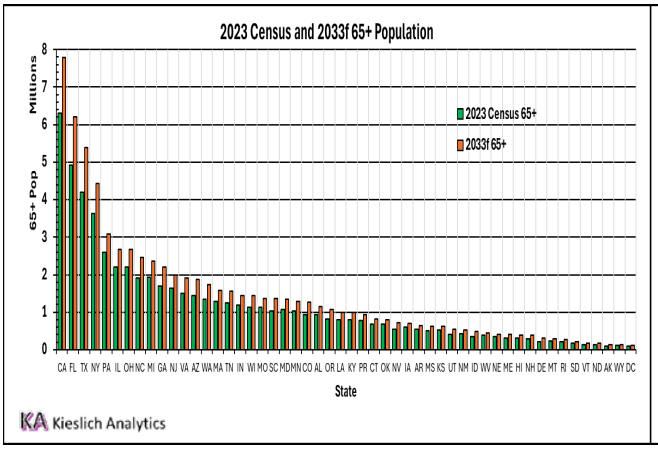
The US average index (in Yellow) is twenty-six (26). There are 24 States above and twenty-six (26) below the US Average.

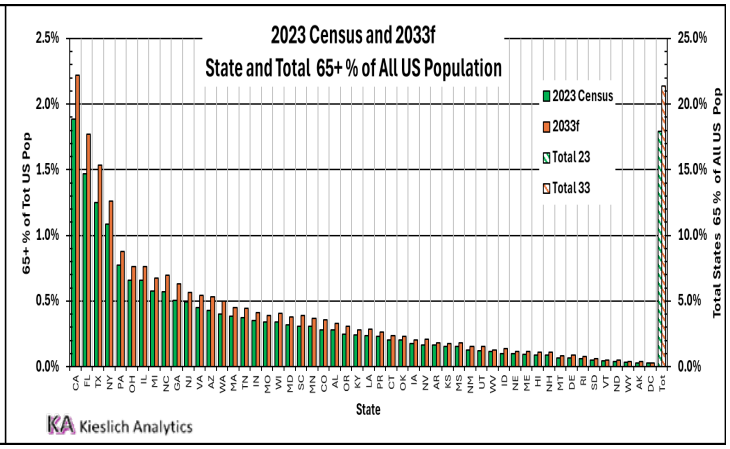


The Bp1k65+Pop Index varies between the States. Ex. Iowa (IA) has a 44 Index while Alaska (AK) has an 8 Index. Meaning, an age 65+ person in Iowa (IA) has 6 times more certified beds to choose from than a person in Alaska.

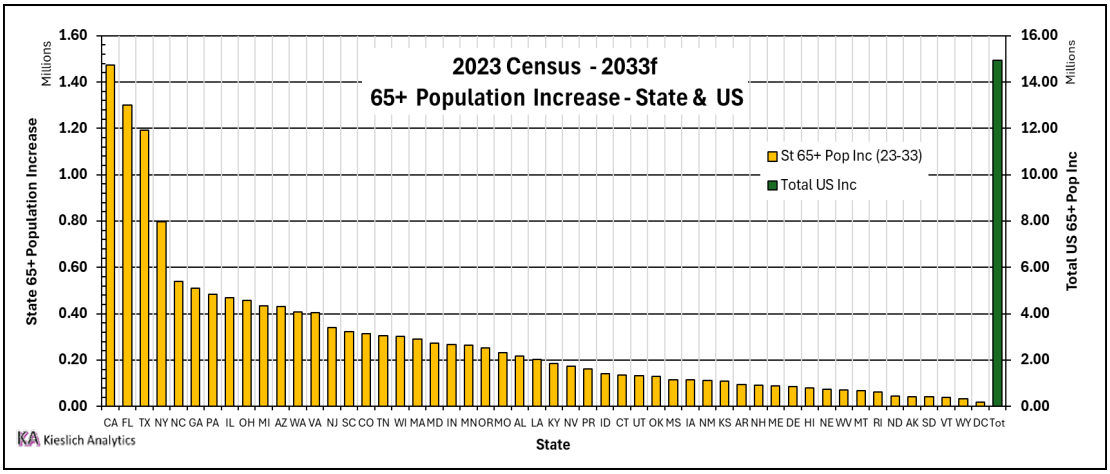
The map (50 States + DC) indicates the higher bed availability is in the middle of the country.

Demographics- The Key Demand Driver:



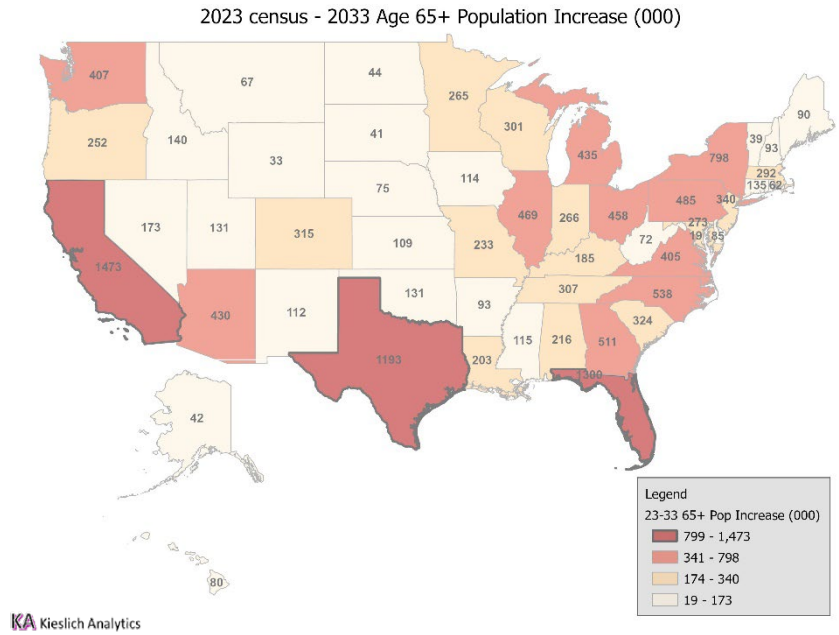


This Graph indicates the 2023 &2033 65+ Pop. by State in Millions. This graph indicates a States 65+ % of the Tot Us Pop.



In 2033 the 75 million age 65+ Population will constitute 21% of the US Tot Pop.

The 2013 to 2023 age 65+ Population from the ACS Census 1-year projections were used to forecast the 2033 State 65+ populations.

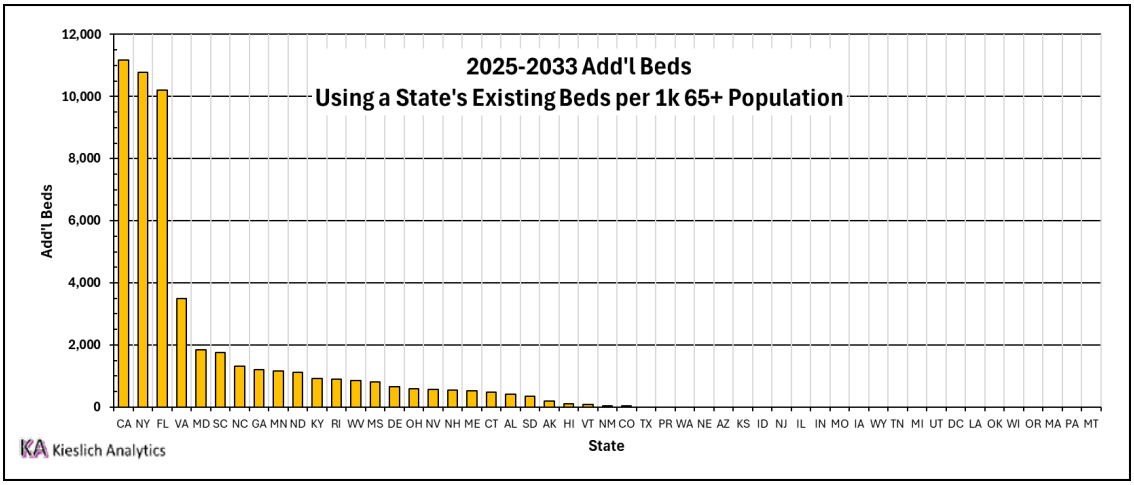


The US age 65+ Population will increase fifteen (15) million 2023-2033, the high California (CA) will increase 1.5 million and low Wyoming (WY) will increase 33,000.

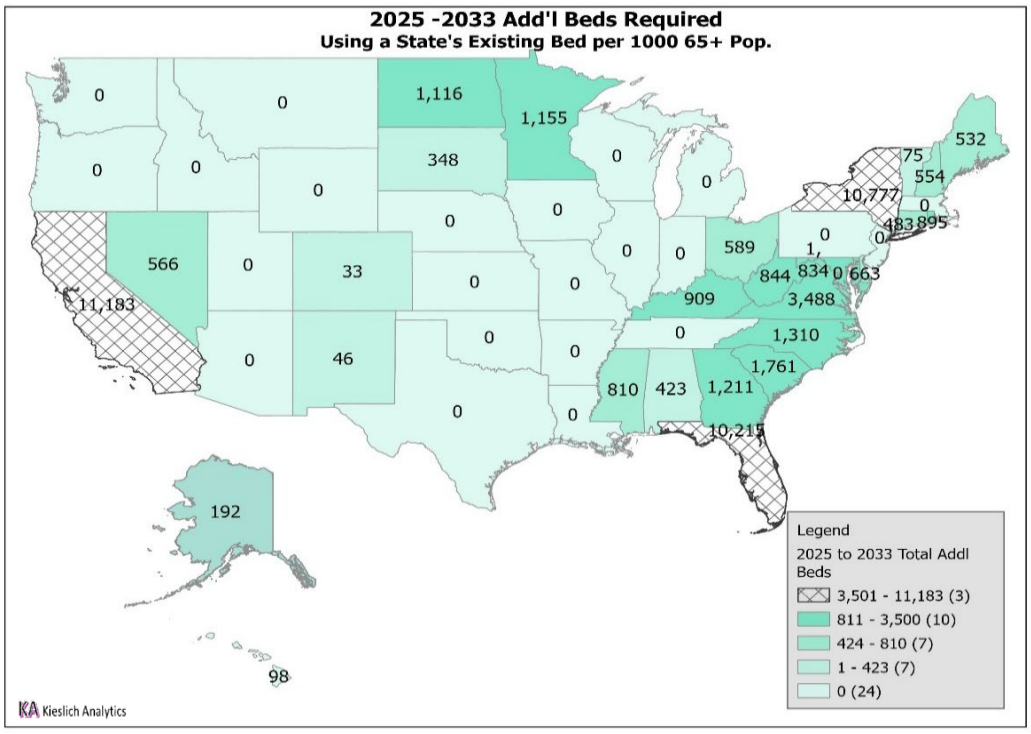
CA[6], FL, and TX have the largest age 65+ Population increases at 1.5, 1.3 and 1.2 million, respectively. These three states constitute 26% of all US age 65+ Population growth.

Additional Beds Needed-Scenario A: Present Bp1k65+Pop.

Two scenarios were considered to determine the future 2025-2033 additional bed demand. **Scenario A: Uses the existing 2024 State Occupied Beds per 1000 age 65+ Population Index** (Bp1k65+Pop) with the 2033 age 65+ Pop to derive the 2033 total bed demand. The existing unoccupied beds were subtracted from the total bed demand, the results equal the state's additional beds required.



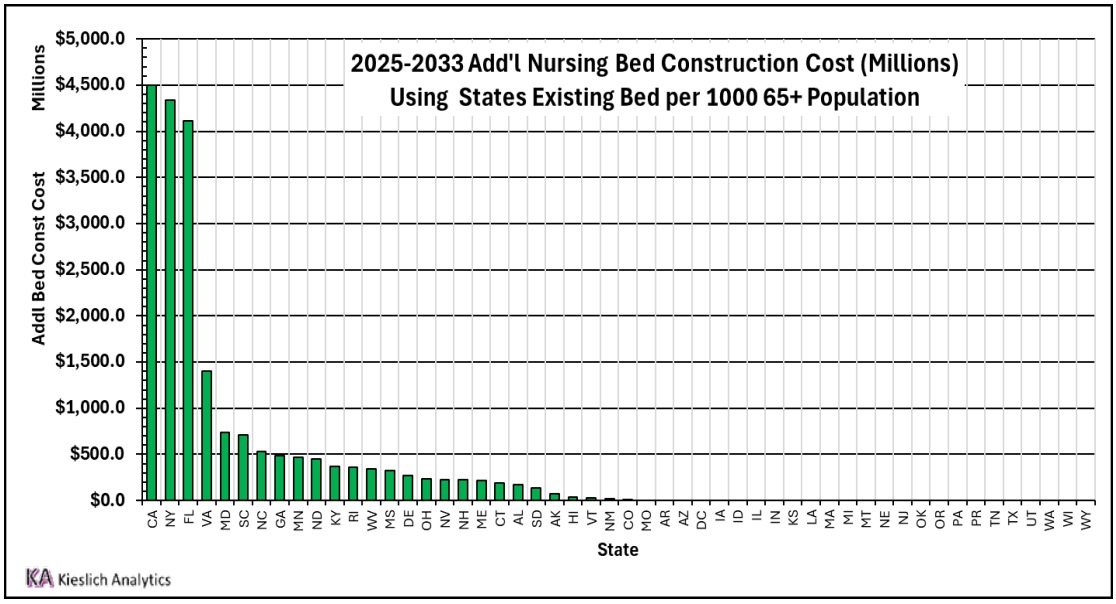
52,000 additional beds are required 2025 - 2033 in the US.



The graph indicates 3 states CA,NY and FL will require 32,000 or 62% of all additional beds. Twenty-Four (24) States have sufficient unoccupied beds to meet the 2033 demand, in this case no additional beds were needed.

However, sub-state local conditions of supply and demand may dictate the need for additional beds. A sub-state specific **location demand analysis** would determine a more precise geographic demand using sub-state 65+ census and CMS/state data.
Examples of a State Locational Demand Analysis can be found at [Long-Term Care Locational Analysis]

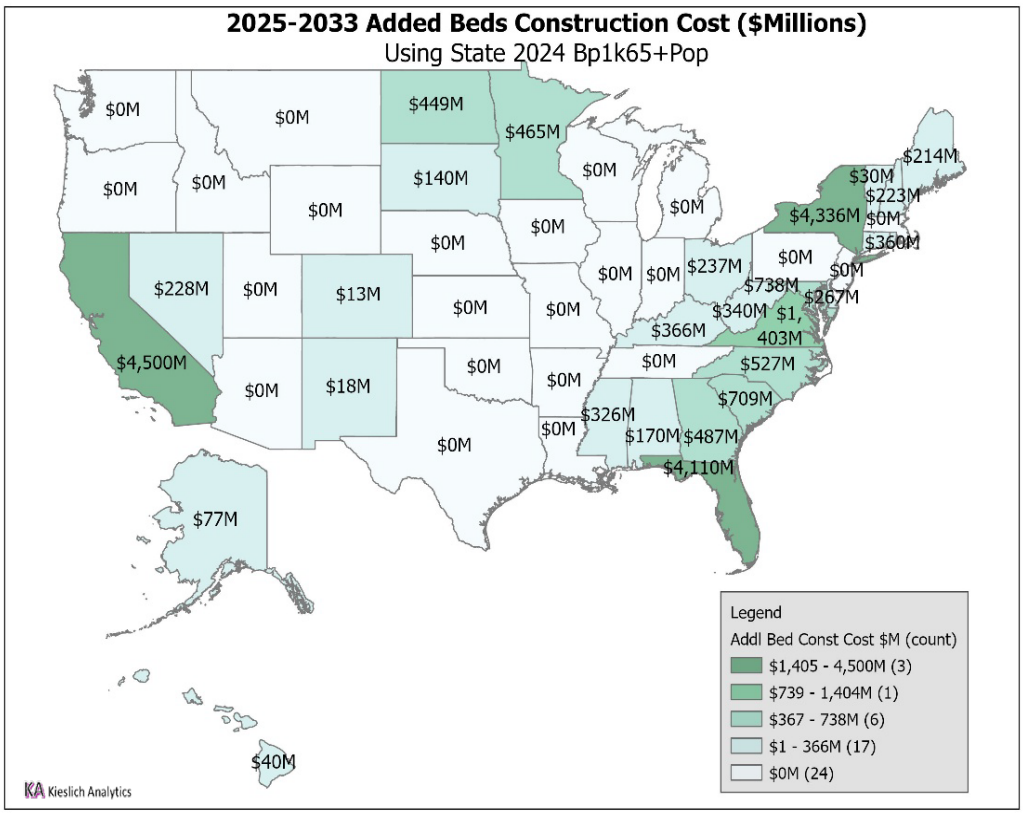
Additional Bed Construction Cost, Scenario A:



Total 2025-2033 Constuction Cost is estimated at $21 Billion.

The construction cost of $402,000 per additional bed is from an inflation adjusted[4] Long-Term Care facilities study[3] which Includes Building, Machinery and Equipment.

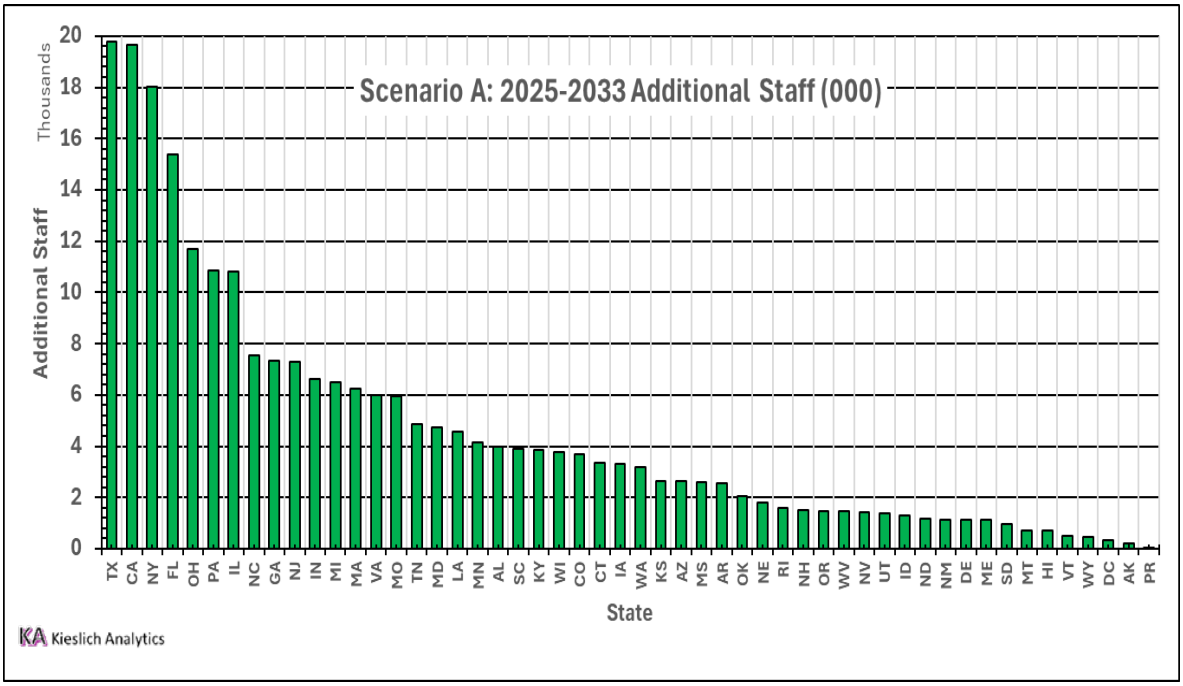
The 52,000 add'l bed construction cost/demand was adjusted for inflation and spread out evenly over the 2025 – 2033 9-year period.



CA, NY and FL (In dark green) constitute $13 Billion or 62% of the total US Construction cost. Twenty-Four (24) States had sufficient unoccupied beds to absorb the 2025-2033 add'l bed demand. However, sub-state local conditions of supply and demand may dictate the need for additional beds. A sub-state specific **location demand analysis** would determine a more precise geographic demand using sub-state 65+ census and CMS/state data.

Examples of a State Locational Demand Analysis can be found at [Long-Term Care Locational Analysis]

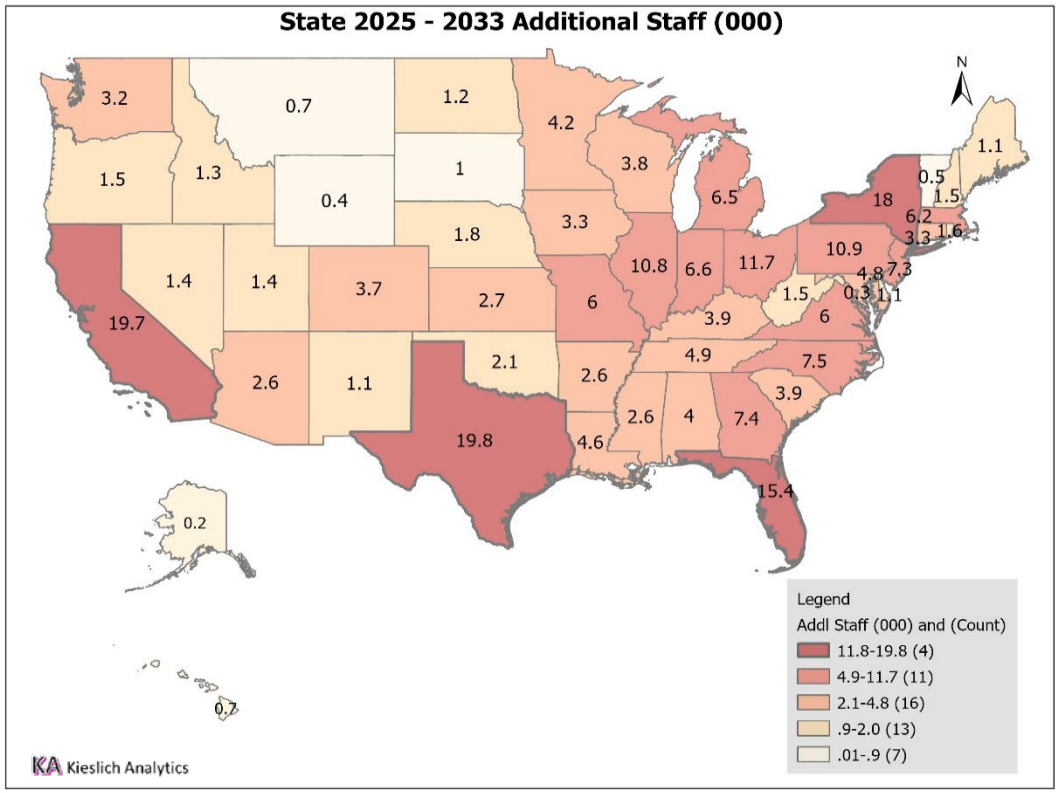
Additional Staff, Scenario A:



240,000 total Additional Staff staff is required from 2025 - 2033.

Additional staff are needed to provide for the 331,000 increases in occupied beds.

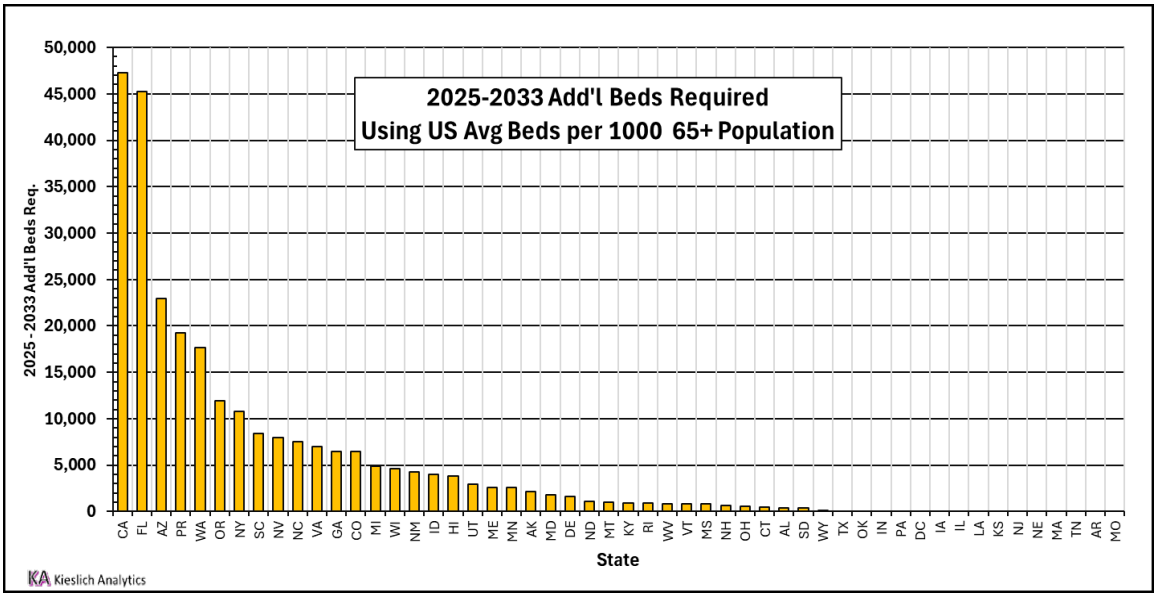
All states have an increase in occupied beds, even though there may not be a need for additional new beds.



The 4 states of CA,FL,TX and NY (In dark orange) constitute 22% or 53,000 of the US total staff Increase.

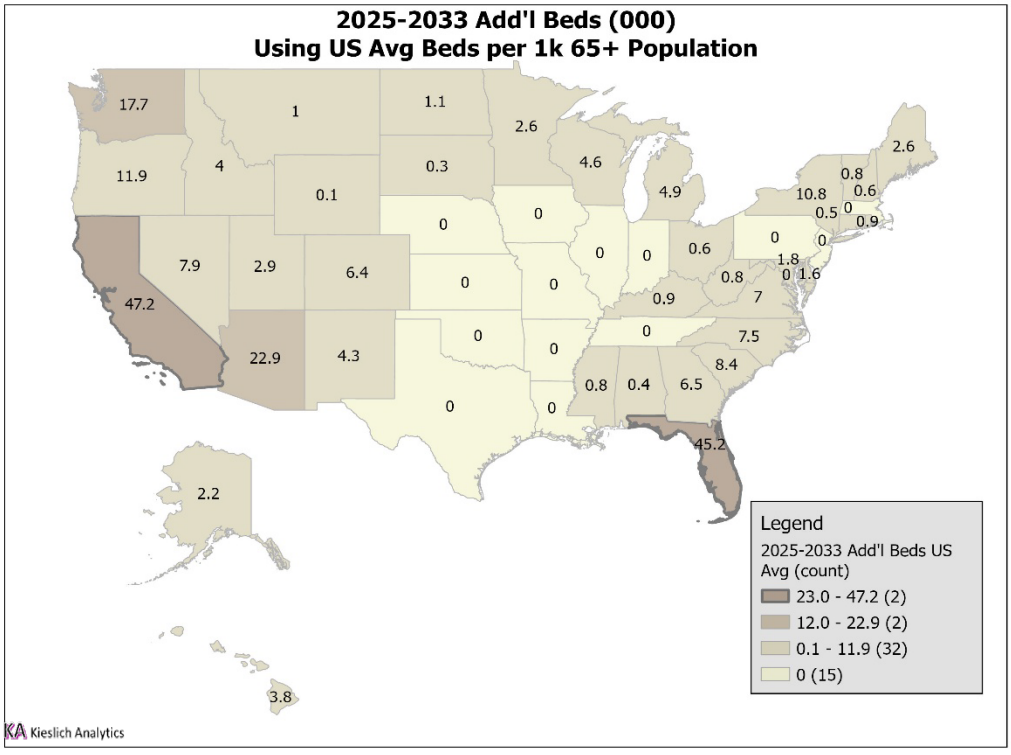
Additional Beds, Scenario B:

Scenario B: Provide a minimum of the US Average occupied bed per 1000 age 65+ population in the states below the US average.



Scenario B: indicates a 2025-2033 need for 263,000 additional beds.

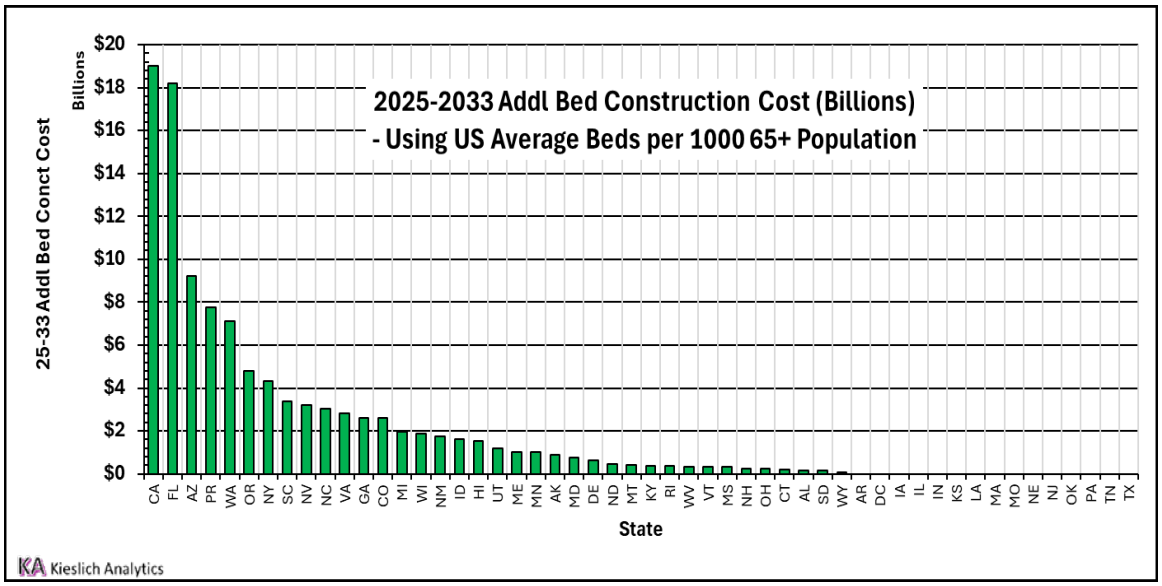
The 2 states of CA & FL constitute 35% or 92,400 of the US total Add'l Bed Increase.



Fifteen (15) States (Light Brown) do not require additional beds due to their inventory of unoccupied beds. However, sub-state local conditions of supply and demand may dictate the need for additional beds. A sub-state specific **location demand analysis** would determine a more precise geographic demand using sub-state 65+ census and CMS/state data.

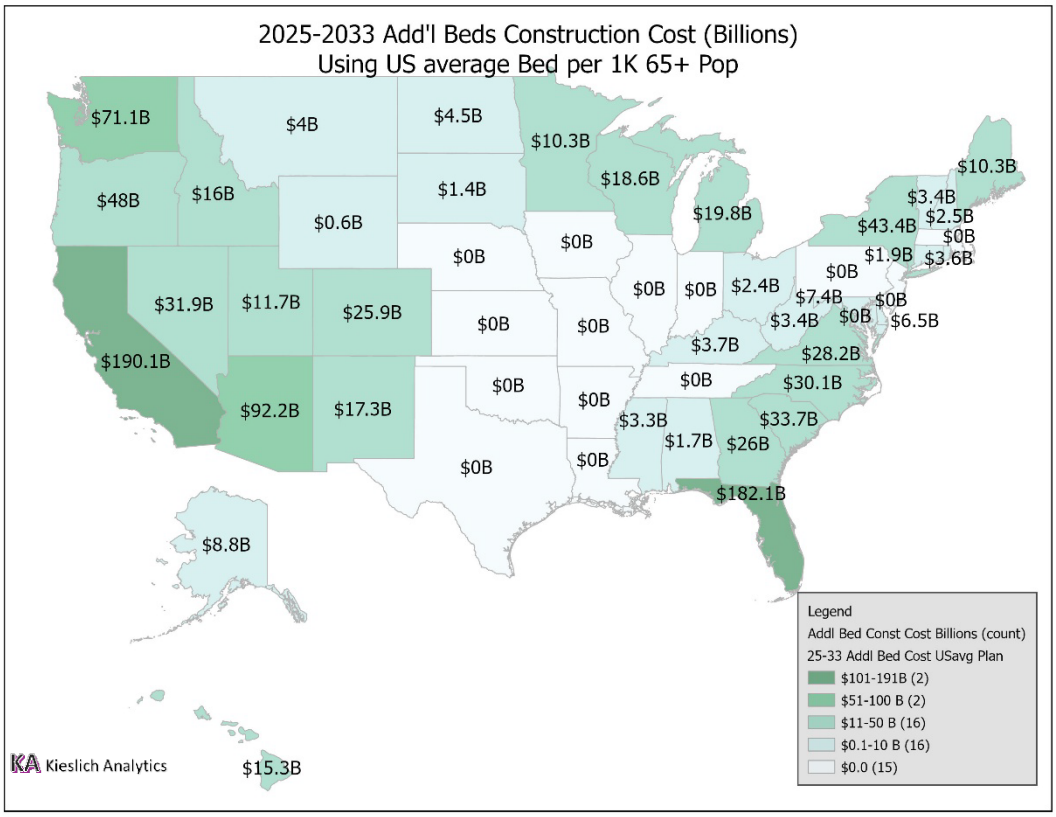
Sub-State Locational Demand Analysis examples can be found at [Long-Term Care Locational Analysis]

Additional Bed Construction Cost, Scenario B:



The 2025 – 2033 construction cost is estimated at $106 Billion for the additional 263,000 beds.

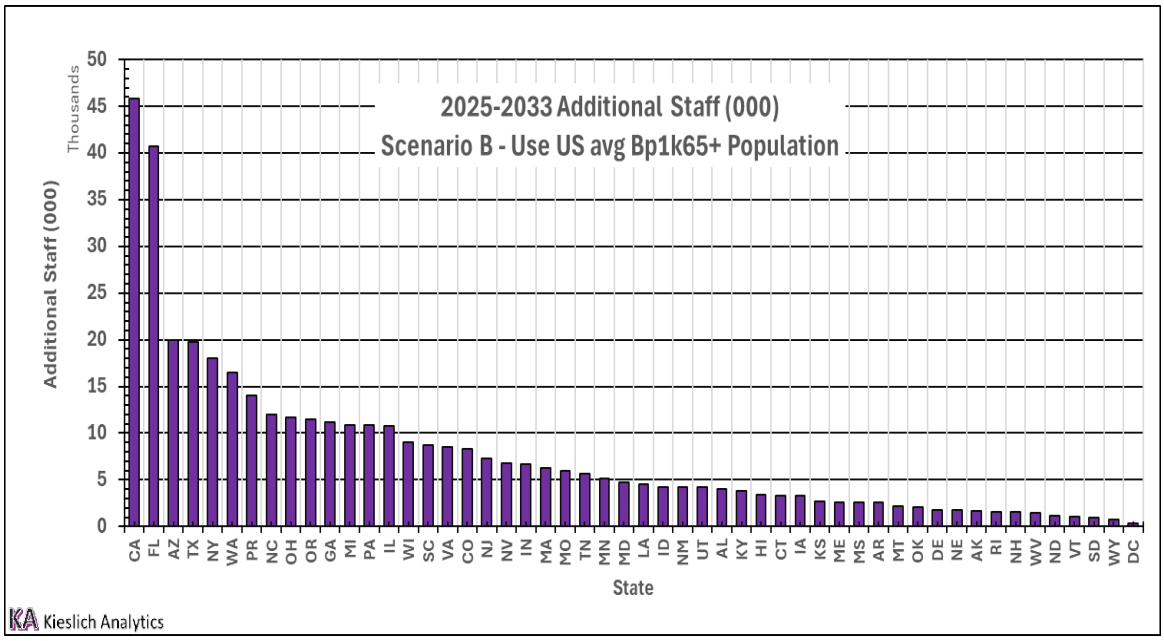
The CA and FL cost of $37.2 Billion is 35% of the total US construction cost.



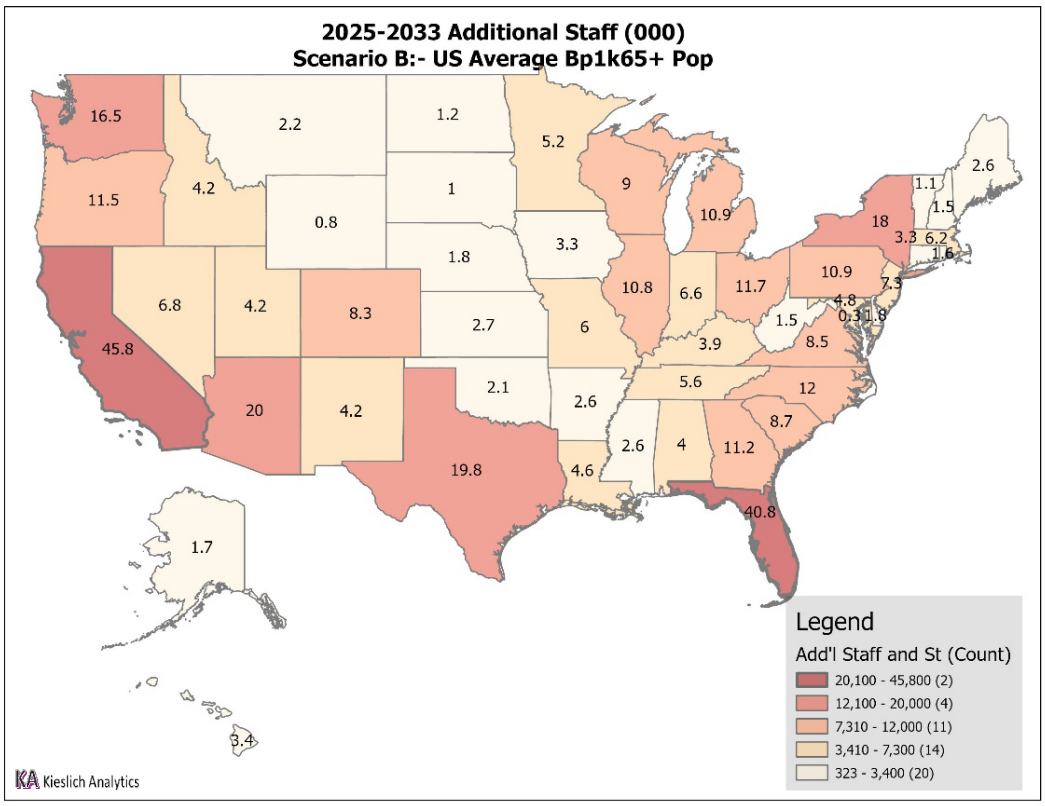
Fifteen (15) (light green) of the States do not require additional beds and therefore no construction cost due to their existing unoccupied bed inventory.

However, sub-state local conditions of supply and demand may dictate the need for additional beds.
A sub-state specific **location demand analysis** would determine a more precise geographic demand using sub-state age 65+ census and CMS/state data.
Sub-State Locational Demand Analysis examples can be found at [Long-Term Care Locational Analysis]

Additional Staff, Scenario B:



An additional 400,000 Staff will be needed to service the 553,000 additional <u>occupied</u> beds 2025-2033.



CA and FL (dark color) will have 87,000 additional staff for their 119,000 additional occupied beds or 22% of the total US add'l staff increase.

Appendix: Data Summary Table by State

	2024 CMS Data				2025-2033 Add'l Beds Scenario A			2025-2033 Add'l Beds Scenario B		
	2024 Certified Beds	2024 Occupied Beds	2024 Unoccupied Beds	Availability Index Bp1k65+Pop	25-33 Add'l Beds	Const Cost $(M)	Add'l Occupied Beds	25-33 Add'l Beds	Const Cost $(M)	Add'l Occupied Beds
Tot USA	1,581,125	1,224,569	356,556	26	52,110	$ 20,967	331,032	262,989	$ 105,815	552,849
AK	834	736	98	8	192	$ 77	290	2,191	$ 882	2,289
AL	26,504	21,442	5,062	28	423	$ 170	5,485	423	$ 170	5,485
AR	22,108	16,355	5,753	40	-	$ -	3,546	-	$ -	3,546
AZ	16,090	11,404	4,686	11	-	$ -	3,645	22,906	$ 9,216	27,592
CA	115,265	99,330	15,935	18	11,183	$ 4,500	27,118	47,238	$ 19,007	63,173
CO	19,863	14,782	5,081	20	33	$ 13	5,114	6,435	$ 2,589	11,516
CT	23,691	19,557	4,134	34	483	$ 194	4,617	483	$ 194	4,617
DC	2,485	2,036	449	27	-	$ -	446	-	$ -	446
DE	4,744	3,865	879	21	663	$ 267	1,542	1,613	$ 649	2,492
FL	84,534	73,547	10,987	17	10,215	$ 4,110	21,202	45,247	$ 18,205	56,234
GA	39,692	30,758	8,934	23	1,211	$ 487	10,145	6,452	$ 2,596	15,386
HI	4,204	3,314	890	14	98	$ 40	988	3,800	$ 1,529	4,690
IA	27,025	20,062	6,963	45	-	$ -	4,555	-	$ -	4,555
ID	6,090	4,205	1,885	17	-	$ -	1,769	3,974	$ 1,599	5,859
IL	86,375	60,991	25,384	38	-	$ -	14,915	-	$ -	14,915
IN	49,590	35,596	13,994	41	-	$ -	9,143	-	$ -	9,143
KS	18,588	14,921	3,667	35	-	$ -	3,665	-	$ -	3,665
KY	25,476	21,064	4,412	31	909	$ 366	5,321	909	$ 366	5,321
LA	32,905	23,510	9,395	40	-	$ -	6,303	-	$ -	6,303
MA	41,327	32,672	8,655	31	-	$ -	8,604	-	$ -	8,604
MD	27,651	22,932	4,719	25	1,834	$ 738	6,553	1,834	$ 738	6,553
ME	5,989	4,979	1,010	18	532	$ 214	1,542	2,570	$ 1,034	3,580
MI	44,492	34,398	10,094	23	-	$ -	8,981	4,915	$ 1,977	15,009
MN	24,393	19,819	4,574	23	1,155	$ 465	5,729	2,560	$ 1,030	7,134
MO	50,607	34,679	15,928	43	-	$ -	8,237	-	$ -	8,237
MS	17,511	14,763	2,748	33	810	$ 326	3,558	810	$ 326	3,558
MT	5,247	3,170	2,077	22	-	$ -	997	994	$ 400	3,071
NC	43,727	34,630	9,097	22	1,310	$ 527	10,407	7,493	$ 3,015	16,590
ND	5,053	4,550	503	37	1,116	$ 449	1,619	1,116	$ 449	1,619
NE	13,925	9,787	4,138	40	-	$ -	2,474	-	$ -	2,474
NH	7,380	5,877	1,503	25	554	$ 223	2,057	609	$ 245	2,112
NJ	50,939	40,494	10,445	30	-	$ -	10,084	-	$ -	10,084
NM	6,844	5,304	1,540	16	46	$ 18	1,586	4,296	$ 1,729	5,836
NV	7,254	5,855	1,399	13	566	$ 228	1,965	7,939	$ 3,194	9,338
NY	112,336	98,270	14,066	30	10,777	$ 4,336	24,843	10,777	$ 4,336	24,843
OH	82,029	66,503	15,526	36	589	$ 237	16,115	589	$ 237	16,115
OK	27,707	16,834	10,873	40	-	$ -	2,834	-	$ -	2,834
OR	10,608	6,653	3,955	12	-	$ -	2,044	11,936	$ 4,802	15,891
PA	84,564	66,971	17,593	32	-	$ -	14,987	-	$ -	14,987
PR	209	129	80	0.3	-	$ -	33	19,253	$ 7,747	19,333
RI	8,215	6,905	1,310	38	895	$ 360	2,205	895	$ 360	2,205
SC	20,055	16,439	3,616	19	1,761	$ 709	5,377	8,373	$ 3,369	11,989
SD	5,804	4,839	965	33	348	$ 140	1,313	348	$ 140	1,313
TN	34,604	24,688	9,916	27	-	$ -	6,725	-	$ -	7,733
TX	134,683	86,350	48,333	31	-	$ -	27,265	-	$ -	27,265
UT	8,507	5,622	2,885	20	-	$ -	1,904	2,907	$ 1,170	5,792
VA	32,735	27,971	4,764	21	3,488	$ 1,403	8,252	7,000	$ 2,816	11,764
VT	2,975	2,331	644	20	75	$ 30	719	837	$ 337	1,481
WA	18,783	13,710	5,073	14	-	$ -	4,394	17,664	$ 7,107	22,737
WI	25,327	17,496	7,831	22	-	$ -	5,200	4,620	$ 1,859	12,451
WV	10,700	9,544	1,156	27	844	$ 340	2,000	844	$ 340	2,000
WY	2,882	1,930	952	25	-	$ -	621	137	$ 55	1,089

Appendix - Meeting the Challenge – Government Action:

The building of facilities and providing the personnel required for additional Beds over 9 years can be attained through coordinated action between the US Government and the various States, Education Institutions, Facility Owners and Operators, Financial Institutions, Architects and Contractors. Below are suggestions to support the necessary expansion and sustainability of Nursing Facilities in the US.

Attract Long-Term Care Personnel –

The greatest challenge LTC providers have is attracting and keeping Health Care Professionals.

- **Offer Student tuition reimbursement** with an associated work time in the State.
- **Relocation expense reimbursement** for moving to the US or within US, or State.
- **Provide the Geographic based Living Wage** (as defined by the County specific MIT Living Wage Tables, https://livingwage.mit.edu/ for workers at these facilities in lieu of the state or federal minimum wage.
- **Ensure State and Regional Health Care educational facilities/programs are available and coordinated with LTC owners and operators, and Health Care organizations**.
- **Provide LTC workforce housing- subsidized**. On site or nearby walking / mass transit distance to LTC Facilities.

Support Facility Bed Expansion -

- **Ensure investors and operators that US and State compensation for services is adequate** and continue to cover the capital investment and operating costs.
- **Establish a US and State Directors for Long-Term Health Care Facility Implementation**. This Director will facilitate actions between Facility Owners and Operators, State and Local governments, Financing, Education, and Building Contractor members to ensure the necessary facilities are built and provide Facility expansion annual reports to the US and State Executive and Legislative branches.
- **Establish Quantifiable and Measurable Long-Term Care Facility Supply Objectives in the US and State Plans on Aging.**
- **Establish a US Long-Term Care Commissions** among State regions to foster cooperation, acknowledge staff mobility and ease the flow of capital, and co-ordinate when new facilities are being built near a bordering state.
- **State to Coordinate with local Cities and Towns on zoning** and building approvals.
- **US and States to Co-ordinate the multiple capital funding sources.** Co-ordinate State, Federal and Private funding sources to facilitate the building of new LTC Facilities.
- **State/Federal Government. -Consider Underwriting/Guaranteeing Construction Loans, partner with the private sector, directly construct facilities.**

Meeting The Challenge Cont.

- **Technology to support data for decision making**. **Establish a Facility Bed Inventory Database and web site for public identification of bed availability**. To Analyze and Forecast by Location, Facility Type and Service type establish a database and update data monthly at state and sub-state level.
- **State Strategic Planning group** develop a Long-Term Health Care Strategy to address the loss of population over the next 30 years due to the passing of the Babay Boomers and reduced Birth Rates. These two dynamics will affect many economic and social segments: taxations, work force, housing, education, military, and health care to name a few.

Support Facility Operating Cost–

- **Provide annual support to the Medicaid per diem rate** to meet the provider's cost for the diverse types of facilities and home care services.
- **Reduce the facilities depreciation term from thirty-seven to ex. 20 years.** State and Federal governments acknowledge that the Long-Term Care facilities, built in the next 10 + years may not have sufficient 65+ population with the passing of the "Baby Boomer Cohort" to economically operate.
- **Foster Building of Multi level/ Continuing Care facilities, of new locations and existing expansions.**
- **Design LTC facilities for conversion to provide 55+ Housing, Work Force Housing, etc. as the baby boom population begins to decline.**
- **Establish a lowered utility rate** category for the LTC Facilities (Water, Elec. Gas, Oil).
- **Establish a lowered Federal and State Corp Tax** category for LTC Facility companies.

Support Stay at Home Programs-

- **Stay at home programs** will continue to be an alternative to an LTC facility, can defer moving to a nursing home, reduce hospital admittances and overall Medicare and Medicaid cost.
- **Ensure Home Program Staff are adequately compensated.** Match compensation rates to program expenses.
- **Offering home improvement grants** to help aging people modify and maintain their home, ex. Stair lifts, Elevators, Outside ramps. Heating/cooling, Bath/Shower updates.
- **Encourage building affordable[5] one level designs** and features for the aging population in new housing developments.

Aging Population Effects on Other Health Care Areas[7]:

Although beyond the scope of this report it should be mentioned that an additional 15 million people age 65+ in the US by 2033 will also exert an impact on Hospitals, Home Care, Hospice Services, Dialysis Centers, Physicians, Nurses, and Home Contractors.

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TABLE ID:	S0101
SURVEY/PROGRAM:	American Community Survey
DATASET:	ACSST1Y2023
PRODUCT:	ACS 1-Year Estimates Subject Tables
MLA:	U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, 2023, Accessed on January 27, 2025.
FTP URL:	**https://data.census.gov/table/ACSST1Y2023.S0101**

2 - What is CMS:

WIKIPEDIA The **Centers for Medicare & Medicaid Services** (**CMS**) is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards…. CMS actively inspects and reports on every nursing home in the United States.
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Available online at **https://kieslichanalytics.com/us-nursing-bed-demand-analysis/**

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US Nursing Bed Demand Analysis

March 10, 2025

Kieslich Analytics is a Research, Analytical and Forecasting group that provides objective and non-partisan information to legislators, public officials, private and public organizations to address our nations and global challenges such as Elder Health Care and Living Wages.

Its founder, Allen Kieslich, has over 50 years of research, data analysis and forecasting experience starting in Corporate Planning at New England Tel/Verizon, instructed at international market analysis - forecasting conferences, and has presented domestic and foreign telecom, CATV and Cellular companies on market demand analysis and forecasting processes utilizing advanced methods, IT systems and software such as Big Data and GIS.

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