michigan
health council

www.mhc.org









2026 MICHIGAN HEALTHCARE WORKFORCE INDEX

A comprehensive ranking of the health of 36 healthcare occupations

Table of Contents

Executive Summary 03

Key Findings 04

How to Use the Index 05

About MHC Insight 05

Methodology 06

Index Creation 09

Calculation Details 10

Index Results 15

Occupation Callout Indices 19

Advanced Practitioners Index 19

Medical Physicians Index 23

Nurses Index 24

Behavioral Health Occupations Index 26

Health Technologists and Technicians Index 27

Medical Therapy Index 31

Healthcare Support Occupations Index 32

Demographics of Healthcare Occupations 34

Key Takeaways 36

Conclusion 45

Authors

Karalyn Kiessling, PhD, MPH
Director of Data and Research

Katherine Frieden, BS
Senior Research Associate

Sydney Wojczynski, BS
Research Associate

Executive Summary

The healthcare workforce in Michigan is facing many challenges: an aging population that increases demand for services, retiring healthcare professionals, and insufficient talent pipelines for support roles, among other issues. Among news of healthcare crises and anecdotal evidence of occupational shortages across the state, it becomes difficult to identify what workforce needs should be prioritized and where opportunities for change lie. The Michigan Healthcare Workforce Index is a decision-support tool that helps stakeholders identify where workforce pressure is highest, understand what is driving that pressure, and coordinate investments in recruitment, retention, education, policy, and career pathways.

Since 2023, MHC Insight, the research arm of Michigan Health Council (MHC), has produced the Michigan Healthcare Workforce Index to track current and projected statewide healthcare workforce conditions. The 2026 Index updates prior analyses with 2024 and 2025 data from Lightcast, the Association of American Medical Colleges (AAMC), and the Accreditation Council for Graduate Medical Education (ACGME), and assesses the relative workforce "health" of 36 healthcare occupations and occupational categories in Michigan.

Healthcare leaders often recognize they face workforce challenges, but it is harder to determine which occupations are most urgent and whether the issue is supply, retention, wages, growth, geography, or capacity in the education pipeline. The value of the Index is that it turns a complex healthcare workforce problem into a clear, comparable set of signals by comparing occupations across four dimensions: projected occupational growth (Growth), wage growth (Wage), projected shortage or surplus (Shortage), and turnover rate (Turnover). It also includes focused Callout Indices that compare similar occupations within peer groups, allowing stakeholders to distinguish broad statewide trends from occupation-specific dynamics. When possible, we identify policy and practice changes that changed occupational rankings throughout the Index.

These rankings should be interpreted as a comparative planning tool, not as a statement that some occupations are more valuable than others. Healthcare delivery depends on interdependent care teams, and strain in one occupation can put pressure on the system as a whole. Historically, occupations with fewer educational requirements have remained concentrated in the bottom third of the Index. In 2026, that pattern continued, but a couple of Advanced Practitioner occupations also declined substantially. This reinforces one of the Index's central findings: strengthening lower-ranked occupations, particularly those with lower wage growth, higher turnover, and larger projected shortages, can improve not only those roles but also the stability and effectiveness of the broader healthcare workforce.

Key Findings

Overall Trends

- All 36 occupations show lower projected growth compared to the 2025 Index. Lower growth threatens access to care.
- Nearly all occupations show significantly higher turnover, reinforcing the need for continued retention strategies and careful interpretation of this year's turnover data.
- Nearly all occupations are projected to face a workforce shortage by 2035. Eight Index occupations are projected to experience a surplus, although statewide surpluses may still mask regional distribution challenges.
- An aging workforce and aging population have significant impacts on projected shortages, especially in occupations that care for older adults.
- Increasing compensation is helpful in growing the overall healthcare workforce, but lowering educational costs may have a greater impact.
- The Behavioral Health workforce needs to be strengthened to meet population health needs.
- Career pathway expansion for high-growth, low-wage occupations can bolster the overall healthcare workforce.

Occupational Rankings

- The Dentist Group ranks first overall in the 2026 Index.
- Pharmacy Technicians rank last overall.
- Some Advanced Practitioner occupations that have historically ranked near the top moved into the bottom third, including Optometrists and Pharmacists.
- The most notable year-over-year rank changes include:
  - Cardiovascular Technologists and Technicians moved from 24th to second overall, driven by gains of 17 places in Shortage, 13 places in Wage, and 16 places in Turnover.
  - Dental Hygienists rose 14 places due to stronger Wage and Turnover rankings.
  - Optometrists fell 17 places because of weaker Turnover and Growth rankings.
  - Pharmacists fell 13 places due to moderate declines across all variables, most significant of which was Growth.
- Shifts in job responsibilities (actual or expected) among provider groups are impacting the growth of occupations, especially Nurse Practitioners, Physician Assistants, and Pharmacy Technicians.

How to Use the Index

The Index is designed to help Michigan stakeholders move from reviewing workforce data to developing an effective workforce strategy. Employers can use it to compare retention, demand, and wage pressure across roles to refine staffing strategies and recruitment efforts. Educators can align programs and pathways with projected shortages, helping students prepare for success and meet employer and population health needs. Policymakers and funders can identify where investment may address some of the deficiencies in our healthcare system and offer the greatest opportunity to improve community health. Workforce development organizations can connect regional priorities to statewide trends and identify further opportunities. Professional associations can use the findings to support advocacy, recruitment, and retention strategies. These are all examples of possible uses of the Index, and the additional benefit of being a data resource to support prioritization decisions and applications for funding, as well as giving recognition to workforce conditions for various occupations, is part of the MHC mission to ensure the future of the healthcare workforce.

About MHC Insight

Michigan Health Council (MHC) is a solutions-oriented nonprofit with an eight-decade track record of developing sustainable programming for healthcare employers, educators, and professionals. Through MHC Insight, MHC provides Michigan's healthcare workforce stakeholders with data, analysis, and labor market intelligence to inform decisions, align investments, and strengthen workforce capacity. By pairing data-driven insights with an understanding of the needs of healthcare professionals, MHC Insight helps academic institutions, healthcare organizations, government agencies, and policymakers meet real community needs.

MHC Insight collects, analyzes, and disseminates data to support stakeholder efforts to develop systems-level solutions which build healthcare workforce capacity. Recognizing that societal needs cannot be solved in silos, MHC prioritizes systems-level solutions to create a reliable healthcare workforce that provides accessible care and improves community health. This report utilizes key measures to create a shared understanding of the healthcare workforce's current state, so we can build towards a stronger future together.

Methodology

Building on the foundation established in previous years, this report integrates the most recent 2024 and 2025 labor market and education data and features seven specialized occupation groups to offer focused analysis for critical healthcare workforce sectors.

The Index presents statewide Michigan labor market information. It provides a detailed view of 36 occupational groupings derived from 62 Standard Occupational Classification (SOC) codes, ensuring a standardized, comparable dataset. Most occupations we discuss align with a single SOC code. Where relevant, MHC has consolidated closely related occupations, such as subspecialized Physicians or Social Workers with similar education levels, into occupational categories that better reflect consistent education, licensure, or job function. This consolidation enables clearer analysis of supply, demand, and labor-market health across the full healthcare continuum.

The occupational consolidations include:

- **Physician Group**: includes 17 Physician occupations—Anesthesiologists; Cardiologists; Dermatologists; Emergency Medical Physicians; Family Medicine Physicians; General Internal Medicine Physicians; Neurologists; Obstetricians and Gynecologists; Pediatricians, General; Physicians, Pathologists; Psychiatrists; Radiologists; Physicians, All Other; Ophthalmologists, Except Pediatric; Orthopedic Surgeons, Except Pediatric; Pediatric Surgeons; and Surgeons, All Other.
- **Occupations Requiring an MSW Group**: includes occupations requiring a Master of Social Work (MSW) to practice—Marriage and Family Therapists; Healthcare Social Workers; Rehabilitation Counselors; Mental Health and Substance Abuse Social Workers; and Substance Abuse, Behavioral Disorder, and Mental Health Counselors due to the inability to disaggregate individual practice decisions post-graduation.
- **Psychologist Group**: includes Clinical and Counseling Psychologists, School Psychologists, and All Other Psychologists.
- **Dentist Group**: includes General Dentists, Orthodontists, Prosthodontists, and All Other Specialty Dentists (excludes Oral and Maxillofacial Surgeons due to missing data).
- **Child, Family, and School Social Worker (BSW) Group**: includes Child, Family and School Social Workers and All Other Social Workers; both of which require a Bachelor of Social Work (BSW) to practice.

While MHC recognizes that there are important distinctions between occupations that were grouped together, in some cases, we were limited by the SOC code classifications. For example, for the Health Technologists and Technicians occupations, the 2018 SOC code system[1] does not separate Technicians from Technologists within the data set, so we must report them together across those occupations. Additionally, we followed the SOC code groupings to inform our Callout Indices. Our Callout Indices focus on:

The Callout Indices make the Index more useful for workforce planning by comparing occupations with similar educational pathways, licensure requirements, scopes of practice, or job settings. The full Index provides a cross-sector overview, but occupations with very different training and compensation structures may appear near one another in the ranking despite facing very different workforce realities. By isolating groups such as Nurses, Behavioral Health Occupations, and Health Technologists and Technicians, the Callouts allow stakeholders to identify more precise leverage points for investment and intervention within specific sectors.

[1] U.S. Bureau of Labor Statistics, "2018 Standard Occupational Classification System," U.S. Bureau of Labor Statistics, accessed July 10, 2026, https://www.bls.gov/soc/2018/major_groups.htm.

The Index and its Callout Indices utilize three core quantitative data sources:

- **Lightcast**: Lightcast gathers and integrates economic, labor market, demographic, education, profile, and job posting data from dozens of government and private-sector sources, creating a comprehensive and current dataset that includes both published data and detailed estimates with full United States coverage. Occupation data presents employment and wage information, categorized by worker type (Registered Nurses, Welders, Web Developers, etc.). Occupation job counts are generated by taking industry job counts from the Bureau of Labor Statistics (BLS)'s Quarterly Census of Employment and Wages (QCEW) and combining them with staffing patterns from the BLS Occupational Employment Statistics (OES) dataset. Staffing patterns are unique to industries and show the percentage breakdown of each industry into its component occupations. Lightcast regionalizes OES staffing patterns, creating location-specific staffing profiles that account for each region's industry mix. The result is tailored staffing patterns that generate location-specific occupation employment data. Demographic data is generated from demographic percentage breakouts using Quarterly Workforce Indicators (QWI), applied to job counts based on the QCEW and staffing patterns from the American Community Survey (ACS).

  Basic occupation earnings data also come from the OES dataset. Lightcast unsuppresses earnings data where necessary and models Metropolitan Statistical Area (MSA)-level earnings native to OES down to the county level. Although OES is not published as a time series, Lightcast uses historical OES data to create a time series dataset. The time series data offers several benefits, including historical occupation earnings back to 2005, reduced volatility between years of published OES data, and the ability to use historical years of OES to unsuppress the latest year of OES data.

  Like industry employment data, occupational employment data goes back to 2001 and is also projected ten years into the future. Projections are generated by applying proprietary projected staffing patterns to Lightcast's projected industry employment data. Finally, Lightcast provides data on college enrollments and graduates, as reported in the National Center for Education Statistics (NCES)'s Integrated Postsecondary Education Data System (IPEDS) dataset. This includes information by Classification of Instructional Programs (CIP) code, award level, distance completions, and tuition and other student fees.

- **Association of American Medical Colleges (AAMC)**: AAMC's Michigan-specific workforce profile was used for the in-state Graduate Medical Education (GME) retention rate for the Physician Group. In 2024, Michigan retained 44.1 percent of its GME graduates, a figure used in calculating Physician workforce supply trends.

- **Accreditation Council for Graduate Medical Education (ACGME)**: ACGME's 2024–2025 Data Resource Book provided data on residency enrollments and the structure of graduate medical education (GME) programs in Michigan, which informed Physician supply pipeline projections.

Index Creation

The 2026 Index uses a composite ranking methodology that combines four quantitative indicators for each occupation or occupational category in Michigan:

Growth

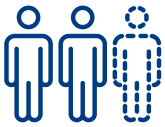
The projected percentage increase in employment between 2025 and 2035.

Wage

The percentage increase in median wages from 2014 to 2024.

Turnover

The 2025 turnover rate, calculated as the ratio of separations[2] to total employment.



Shortage

A calculated ratio representing the estimated workforce shortage or surplus.

Each occupation or category was ranked from 1 to 36 for each applicable variable, with lower rank values indicating stronger relative performance. The rankings for each variable were summed, and the overall rankings were derived from the total score. The occupation or category with the lowest total score was considered the "healthiest" (highest-ranked) in the overall Index. Ties were broken by prioritizing the Shortage rank. Since Shortage calculations were not included in the Medical Physicians Callout Index, ties in that Callout were broken by prioritizing Turnover.

The wage growth period was updated to reflect data from 2014 to 2024. This rolling historical window is updated annually so wage trends align as closely as possible with the most current education supply data. Similar to last year, wage growth continued to drive shifts in overall rankings. As an example, lower wage growth among Physical Therapist Assistants resulted in the occupation dropping four places in the overall ranking. In contrast, Cardiovascular Technologists and Technicians saw a large increase in Wage rank, contributing to their second-place overall ranking this year. Respiratory Therapists, Dental Hygienists, EMTs, and the Occupations Requiring an MSW Group also saw increases in their Wage ranks, improving their overall relative ranks. Conversely, lower wage growth for Radiation Therapists, Nurse Midwives, and Occupational Therapy Assistants contributed to their lower overall ranks this year.

[2] Lightcast-defined separation, see Turnover Calculation for more information.

Calculation Details

Our Growth and Wage measures compare baseline employment data to the projected number of jobs (for Growth) and the actual change in compensation over the past ten years (for Wage). Turnover and Shortage require additional calculations.

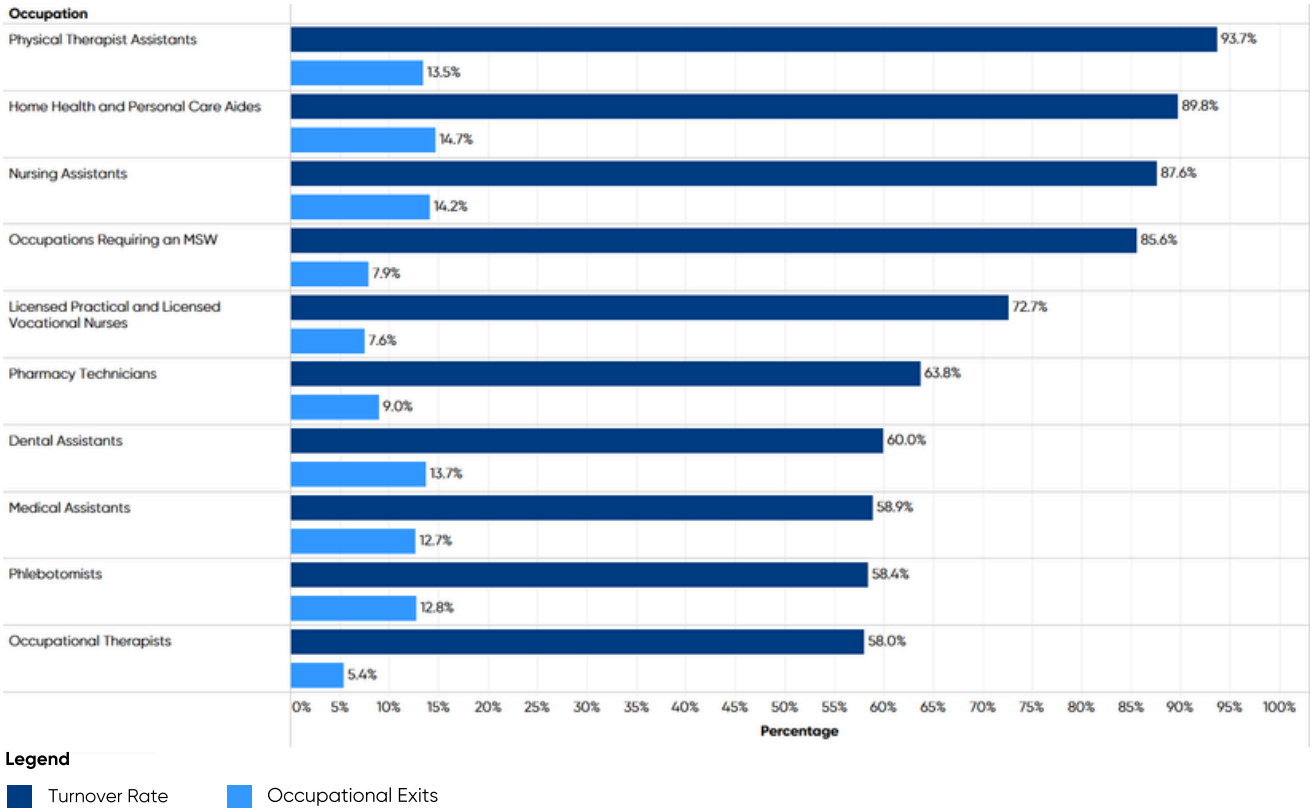
Turnover Calculation

The Turnover measure compares total separations to total jobs. In Lightcast data, a separation is recorded when a Social Security Number that appeared on a company's payroll during the previous quarter is no longer present. Due to this method of calculating separations, the resulting Turnover measure has likely been an overestimate in previous iterations of this Index, as any change to payroll office administrative records would appear as turnover. Key examples include name changes due to mergers or acquisitions, or a new payroll office within a health system—even if an employee still works in the same physical location, changes in the payroll office administrative data may be recorded as a separation. This limitation is especially important in the 2026 Index because most occupations show a substantial increase in turnover rates. Fourteen occupations saw their turnover rates increase by at least 50 percent relative to the prior year. For example, an occupation with 20 percent turnover last year now appears at 30 percent or higher.

Given concerns that turnover may be greatly overestimated this year, we calculated a secondary turnover measure, Occupational Exits, to supplement the original measure. Occupational Exits is the number of annual replacement jobs[3] as a percentage of 2025 total jobs. Rather than capturing the full extent of churn within an occupation, this calculation includes only those who left an occupation, either moving to another occupation or leaving the workforce entirely. The Turnover measure also captures these exits, but the Occupational Exits calculation isolates individuals who are truly leaving healthcare occupations, as that is more of a concern for workforce planning than individuals within an occupation changing where they practice within the state. As seen in **figure 1**, occupations with higher rates of Occupational Exits also tended to have higher turnover.

[3] As defined by BLS, annual replacement jobs are the number of people estimated to be retiring or otherwise permanently leaving an occupation who theoretically need to be replaced by new workers entering the field.

Figure 1: Turnover Rates vs. Occupational Exits in the Ten Highest-Turnover Occupations



The purpose of the Index is to provide a comparison of how occupations are doing relative to one another. While the turnover number itself may be overestimated, the relative positions of occupations' true turnover are likely still accurate.[4] Additionally, a significant increase in turnover across so many occupations is likely not due to only mergers or payroll changes. Health systems have been undergoing mergers or acquisitions. Beaumont Health and Spectrum Health merged in 2022 to create Corewell Health,[5] University of Michigan Health acquired Sparrow Health in 2023,[6] and Ascension Health left Michigan, its hospital locations primarily acquired by

[4] True turnover is currently best captured by surveying employers. For example, Michigan Health and Hospital Association's member workforce survey found a 14.1 percent turnover for hospital Registered Nurses (RNs) in 2024 and this is the best estimate of true turnover for nursing. However, surveys are limited as they do not cover all employer types, all occupation types, and cannot capture the full workforce. Therefore, even though the Lightcast turnover measure is an overestimate, it is still the best available data to compare across occupations.

[5] Corewell Health, "BHSH System Announces Name: Corewell Health," Press Release, October 11, 2022, https://newsroom.corewellhealth.org/2022-10-11-BHSH-System-Announces-Name-Corewell-Health.

[6] Robin Erb, "University of Michigan Health Finalizes Acquisition of Sparrow Health," Michigan Health Watch, *Bridge Michigan*, April 3, 2023, https://bridgemi.com/michigan-health-watch/university-michigan-health-finalizes-acquisition-sparrow-health/.

Beacon Health System and MyMichigan Health in 2024 and 2025.[7] While some major deals may have affected payroll changes this year, that alone does not explain the increase across all the occupations. Nurse Practitioner (NP) turnover, for example, more than doubled from 22 to 47 percent, but NPs are primarily employed by Physician offices.[8] Meanwhile, significant turnover increases were not consistent among occupations predominantly employed in hospitals. According to BLS data, 71 percent of Surgical Technologists are employed by hospitals,[9] and turnover increased from 28 to 55 percent, a 97 percent increase from last year. Conversely, Cardiovascular Technologists and Technicians have a similar proportion of the occupation employed in hospitals (77 percent),[10] but saw a decrease in turnover from 28 to 27 percent. If hospital mergers were the primary driver of the increases in turnover for this year's Index, we would expect occupations primarily employed by hospitals to have an increase in turnover that is relatively similar. Other factors in the healthcare workforce are also contributing to these changes in turnover.

Shortage Calculation

To develop the Shortage measure, Lightcast's Openings figure was used, which accounts for both new growth in each occupation and replacements for individuals exiting the workforce. This ten-year projected demand was compared to educational supply by multiplying the most recent Michigan IPEDS educational completions data by ten. This completions estimate was subtracted from projected openings, and the resulting difference was divided by the projected number of 2035 jobs to yield the shortage ratio. Because the shortage ratio is determined by Michigan educational completions, it does not account for the portion of the future workforce who will practice in Michigan after completing their education in another state or country, nor for individuals who will leave Michigan after completing their in-state education.

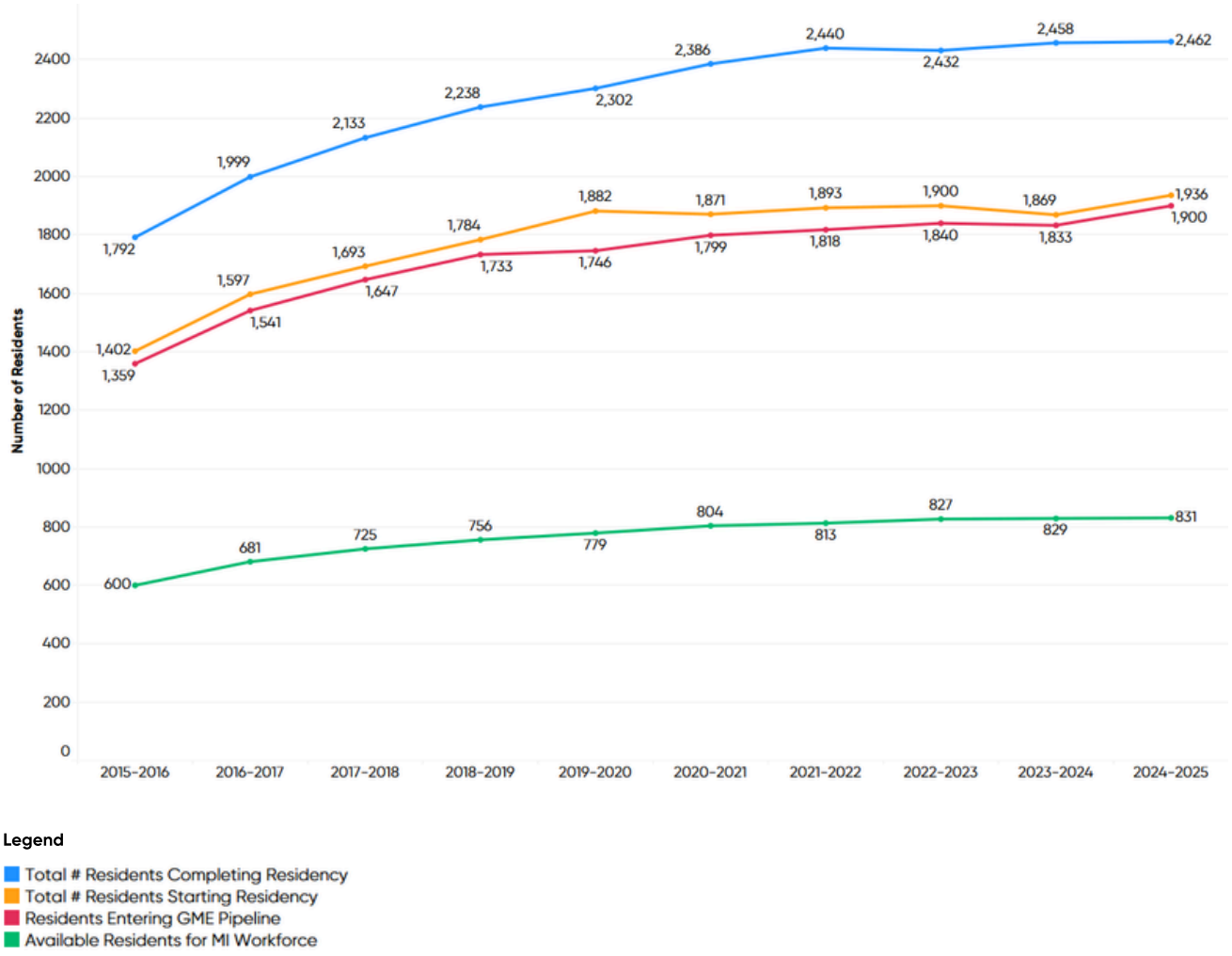
The Shortage methodology differs for the Physician Group because the number of individuals completing medical school in a state is not a good representation of the Physician supply in that state. Instead, residency data gives a closer estimate of the future Physician supply. Using

[7] Alan Condon, "Ascension 2.0: 10 Key Transactions to Know," *Becker's Hospital Review*, June 6, 2025, https://www.beckershospitalreview.com/finance/ascension-2-0-10-key-transactions-to-know/.
[8] U.S. Bureau of Labor Statistics, "Industries with the Highest Employment for Nurse Practitioners," Data Table, n.d., accessed July 10, 2026, https://data.bls.gov/oesprofile/?major_group=290000&occupation=291171&measure=01&areas=INDUSTRY,STATE,MSA.
[9] U.S. Bureau of Labor Statistics, "Surgical Assistants and Technologists: Work Environment," Occupational Outlook Handbook, U.S. Bureau of Labor Statistics, August 28, 2025, https://www.bls.gov/ooh/healthcare/surgical-technologists.htm.
[10] U.S. Bureau of Labor Statistics, "29-2031 Cardiovascular Technologists and Technicians," Occupational Employment and Wage Statistics, U.S. Bureau of Labor Statistics, April 5, 2023, https://www.bls.gov/oes/2022/may/oes292031.htm.

ACGME data for Michigan, 1,900 residents entered the GME pipeline in the 2024-2025 academic year. After removing individuals who did not complete their medical education and applying AAMC's Michigan GME in-state retention rate of 44.1 percent, it is estimated that 831 residents are available for the Michigan workforce per year. The 1,900-resident input represents individuals entering residency, accounting for the varying lengths of residency across specialties.

To verify this number, MHC reviewed data from the last ten academic years to examine the stability of residency classes in Michigan. The results are plotted in **figure 2**.[11]

Figure 2: Michigan Medical Residency Trends, AY 2015-2016 to 2024-2025



[11] Residents Entering GME Pipeline are residents in programs within specialties that lead to initial board certification. Total Number of Residents Starting Residency includes residents in any entry-level position available immediately after completion of medical school.

While the size of residency classes in Michigan has increased since 2015, the number of medical schools in Michigan has also increased around this time, resulting in higher demand for residency slots and, in turn, larger residency classes statewide. It is also important to note that several other occupations offer residency—those in the Dentist Group, Pharmacists, Nurse Practitioners (NPs), and Physician Assistants (PAs)—but there is no data tracking mechanism comparable to that of the Physician Group. As a result, Index Shortage figures for these occupations are likely underreported, since a sizeable number of individuals relocate to other states to pursue job opportunities either pre- or post-residency.

For the Medical Physicians Callout Index, Shortage was excluded from the composite scoring due to persistent challenges aligning the ACGME Physician specialty taxonomy with Lightcast's SOC-based specialty designations. Applying a single in-state retention rate across subspecialties introduces too much variation for valid comparison. For clarity and consistency, the 2026 Medical Physicians Callout is evaluated on Growth, Wage, and Turnover only.

2026 Index Results

The Dentist Group maintained the highest rank as the "healthiest" occupation over the next ten years, ranking 23rd in Growth, third in Shortage, first in Wage, and third in Turnover. Cardiovascular Technologists and Technicians rank second this year, a significant climb in the occupation's ranking, driven by an increase of 17 places in Shortage, 13 places in Wage, and 16 places in Turnover compared to last year's Index. Nurse Practitioners (NPs) are the third healthiest occupation, with the highest Growth across all occupations. PAs and Diagnostic Medical Sonographers were also in the top five in the 2025 Index. All of these occupations rank in the top ten for at least one variable. The Physician Group, Respiratory Therapists, Paramedics, and Licensed Practical Nurses (LPNs) remained in the top ten occupations over the past year and were joined by Surgical Technologists. Optometrists, Community Health Workers, Physical Therapists (PTs), Occupational Therapists (OTs), and Radiation Therapists were previously in the top ten in previous Index iterations, but rank lower this year and are no longer in the top ten.

The "unhealthiest" occupation over the next ten years is Pharmacy Technicians, ranking last in Growth, 31st in Shortage, 14th in Wage, and 31st in Turnover. The occupations ranking last in the other variables are as follows: Home Health and Personal Care Aides (HHAs) rank last in Shortage (147 percent projected shortage), Psychologists rank last in Wage (5.7 percent wage growth), and Physical Therapist Assistants (PTAs) rank last in Turnover (94 percent turnover rate). In addition to being ranked last in Shortage, HHAs had the highest absolute value for projected shortage- it is estimated that over 140,000 HHAs will be needed in the next ten years to meet projected demand. Except for Pharmacy Technicians, occupations that ranked last in each variable were toward the bottom of the main Index, but also had one variable ranked in the top ten, improving their overall rankings. HHAs rank fourth in Growth and third in Wage, the Psychologist Group ranks eighth in Turnover, and PTAs rank third in Growth.

Growth	Wage	Turnover	Shortage	Overall
Top	**Top**	**Top**	**Top**	**Top**
Nurse Practitioners	Dentist Group	Nuclear Medicine Technologists	Radiation Therapists	Dentist Group
Bottom	**Bottom**	**Bottom**	**Bottom**	**Bottom**
Pharmacy Technicians	Psychologist Group	Physical Therapist Assistants	Home Health and Personal Care Aides	Pharmacy Technicians

Table 1: Michigan Healthcare Workforce Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Overall Rank
Dentist Group	23	3	1	3	1
Cardiovascular Technologists and Technicians	29	5	4	2	2
Nurse Practitioners	1	4	17	21	3
Diagnostic Medical Sonographers	12	6	21	6	4
Physician Assistants	6	10	13	16	5
Physician Group	32	8	6	5	6
Respiratory Therapists	10	22	7	15	7
Surgical Technologists	28	2	5	26	8
Paramedics	11	25	2	24	9
Licensed Practical and Licensed Vocational Nurses	16	7	8	32	10
Community Health Workers	8	23	12	20	11
Nurse Anesthetists	19	17	20	9	12
Physical Therapists	7	13	30	19	13
Nuclear Medicine Technologists	31	14	23	1	14
Registered Nurses	24	9	25	12	15
Magnetic Resonance Imaging Technologists	27	28	15	4	16
Radiologic Technologists and Technicians	30	12	26	7	17
Occupational Therapists	5	16	32	22	18
Emergency Medical Technicians	13	11	27	25	19
Occupational Therapy Assistants	2	30	11	33	20
Dental Hygienists	20	21	24	13	21
Home Health and Personal Care Aides	4	36	3	35	22
Psychologist Group	15	20	36	8	23
Radiation Therapists	35	1	31	14	24
Optometrists	25	18	22	17	25
Occupations Requiring an MSW Group	9	24	28	27	26
Phlebotomists	18	32	10	28	27
Medical Assistants	14	29	18	29	28
Clinical Laboratory Technologists and Technicians	33	19	29	10	29
Physical Therapist Assistants	3	34	19	36	30
Pharmacists	34	15	34	11	31
Dental Assistants	17	33	16	30	32
Nursing Assistants	22	35	9	34	33
Nurse Midwives	26	27	33	18	34
Child, Family, and School Social Worker (BSW) Group	21	26	35	23	35
Pharmacy Technicians	36	31	14	31	36

Eight occupations are projected to have an occupational surplus between 2025 and 2035: Cardiovascular Technologists and Technicians; NPs; the Physician Group; Diagnostic Medical Sonographers; the Dentist Group; Surgical Technologists; LPNs; and Radiation Therapists (see **Table 2**). Of these, the Dentist Group, Radiation Therapists, and Surgical Technologists also had a projected surplus in the 2025 Index. Despite projected surpluses, poor distribution of these occupations across Michigan may leave many residents without access to care. For example, as of June 30, 2026, Michigan has 274 Dental Health Professional Shortage Areas (HPSAs) that contain 1,916,665 residents,[12] more than double the number of residents contained in HPSAs this time last year. Younger Dentists have been noted to be less likely to practice in rural areas.[13]

Table 2: Shortage Severity of Projected Surplus Occupations, 2023-2026 Indices

Occupation	2026 Index	2025 Index	2024 Index	2023 Index
Radiation Therapists	-242%	-272%	-367%	-321%
Surgical Technologists	-36%	-1%	9%	11%
Dentist Group	-33%	-15%	-25%	-18%
Nurse Practitioners	-27%	11%	24%	3%
Cardiovascular Technologists and Technicians	-10%	30%	24%	37%
Diagnostic Medical Sonographers	-7%	7%	-2%	8%
Licensed Practical and Licensed Vocational Nurses	-5%	4%	4%	4%
Physician Group	-2%	2%	2%	5%

Every occupation in the Index saw a decrease in growth compared to the 2025 Index. 11 occupations went from projected growth to a projected job decline in the next ten years: Cardiovascular Technologists and Technicians, the Physician Group, Surgical Technologists, Nuclear Medicine Technologists, MRI Technologists, Radiologic Technologists and Technicians, Radiation Therapists, Clinical Laboratory Technologists and Technicians, Pharmacists, Nurse Midwives, and Pharmacy Technicians (see **Table 3**). The occupations that saw the greatest decreases in projected growth were PTAs (ten percent), Pharmacy Technicians (ten percent), PTs (nine percent), PAs (nine percent), and LPNs (eight percent).

[12] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary* (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2026), https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.

[13] Health Policy Institute, American Dental Association, *The U.S. Dentist Workforce* (American Dental Association, 2025), https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us_dentist_workforce_2025.pdf?rev=362371cb6de24198ac3356661abdc25b&hash=3903FAA20BDB648E3868E88314BFBED9.

Table 3: Occupations with Newly Projected Job Declines

Occupation	2024-2034 Growth	2025-2035 Growth
Pharmacy Technicians	4%	(6%)
Radiation Therapists	3%	(3%)
Pharmacists	4%	(3%)
Clinical Laboratory Technologists and Technicians	3%	(2%)
Nuclear Medicine Technologists	0%	(2%)
Physician Group	1%	(2%)
Radiologic Technologists and Technicians	3%	(2%)
Cardiovascular Technologists and Technicians	3%	(1%)
Surgical Technologists	3%	(1%)
Magnetic Resonance Imaging Technologists	3%	(1%)
Nurse Midwives	4%	(1%)

Occupation Callout Indices

While the main Index provides valuable insights into how healthcare occupations are faring overall, it is important to remember that the rankings are relative—meaning each occupation is evaluated in comparison to all others in the Index. As a result, occupations with lower wages or limited growth opportunities often rank near the bottom, while higher-paying, in-demand roles tend to rise to the top. This approach can therefore obscure important nuances when comparing fundamentally different occupations—such as those with significant differences in education requirements, training pathways, and role expectations. To address this, the 2026 Index also ranks occupations within seven specific Callout Indices, each representing a similar category of healthcare work: Advanced Practitioners, Medical Physicians, Nurses, Behavioral Health Occupations, Health Technologists and Technicians, Medical Therapy, and Healthcare Support Occupations. These groupings allow for more meaningful comparisons within peer occupations, where roles share similar characteristics in terms of function, education level, and/or job setting.

Advanced Practitioners Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Dentist Group	4	1	1	1	1	1
Physician Assistants	2	3	2	2	2	5
Nurse Practitioners	1	2	3	3	3	3
Nurse Anesthetists	3	5	4	4	4	12
Pharmacists	6	4	6	5	5	31
Optometrists	5	6	5	6	6	25

For the Advanced Practitioners group, the Dentist Group remains the healthiest occupation. PAs and NPs swap positions, as do Pharmacists and Optometrists, such that Optometrists are the unhealthiest of the occupations in the Callout, ranking last in Shortage and Turnover.

In 2026, the Dentist Group remained the highest-ranked occupation in the Index overall, primarily driven by ranking first in Wage, third in Shortage, and third in Turnover. While the Dentist Group has a Growth rank in the lower half of the Index (23rd), recent American Dental Association (ADA) data shows that the profession is growing and getting younger,[14] indicating a sustained interest in dentistry among students. If current degree completion trends continue, there is expected to be a surplus of Dentist Group occupations in Michigan.

[14] Health Policy Institute, American Dental Association, *The U.S. Dentist Workforce*.

> *The Dentist Group has the highest wage growth (73%) among the healthcare occupations studied—this is likely due to the occupation responding to decreased earnings caused by decreasing revenue and growing expenses.*

This interest may be linked to the relatively high earning potential of occupations in the Dentist Group and, when compared to other high-earning healthcare careers like becoming a Physician, more favorable work conditions (fewer hours, more opportunity for practice ownership) and less training time.[15] The Dentist Group has the highest wage growth (73 percent) among the healthcare occupations studied—this is likely due to the occupation responding to decreased earnings caused by decreasing revenue and growing expenses.[16]

PAs were the next healthiest occupation, swapping relative positions with NPs, who rank above PAs on the overall Index. In the Advanced Practitioners Callout, PAs rank second in Growth, third in Shortage, second in Wage, and fourth in Turnover. Optometrists dropped from the third ranking in the group in 2025 to the unhealthiest of the Callout group, ranking fifth in Growth, last in Shortage, fifth in Wage, and fifth in Turnover, swapping relative places with Pharmacists compared to the overall Index. Optometrists particularly struggled with a lower Growth ranking in the overall Index than last year, dropping from 16th to 25th. In the 2025 Index, Optometrists and Pharmacists ranked lower than other Advanced Practitioner occupations, but in this year's Index, they also rank low compared to all healthcare occupations, with Optometrists at 25th and Pharmacists at 31st. For both occupations, this rank change was driven by decreased Growth and increased Turnover, though Pharmacists saw moderate rank decreases across all measures. All Advanced Practitioner occupations saw significant increases in percent turnover.

Amid a primary care shortage, Advanced Practitioners, like PAs and NPs, are filling care gaps. As of March 31, Michigan has 294 Primary Care HPSAs that include 3,328,841 Michiganders.[17] In the overall Index, NPs also rank first in Growth, with 25 percent projected job growth over the next

[15] Sarah Chen, "Complete Physician vs Dentist Salary: Which Career Pays Better? (2026)," February 21, 2026, https://www.jobcopy.ai/resources/salary-comparison/physician-vs-dentist-salary.
[16] Health Policy Institute, American Dental Association, *The U.S. Dentist Workforce*; Health Policy Institute, American Dental Association, "Trends in Dentists' Income, Revenue, and Hours Worked," American Dental Association, November 2025, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/trends_in_dentists_income_revenue_hours_worked.pdf.
[17] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary*.

ten years, and PAs rank sixth overall with ten percent projected growth. The size of the Medical Physicians workforce, on the other hand, is projected to shrink by two percent over the next ten years. Two bills expanding practice for PAs were introduced in the 2025-2026 Legislature: one, which was recently signed into law, enacted the PA licensure compact,[18] and the other would modify licensure to allow for PAs with over 1,000 hours of experience to practice without a practice agreement with a Physician.[19] A bill to expand NPs' scope of practice was also introduced in 2025.[20] This may indicate that across the state, there is a shifting priority to fill Physician shortages with other types of practitioners, though this strategy is contentious.[21] Some data has shown that the workforce gap between NPs and Physicians has narrowed in low-income and rural areas,[22] and NPs are more likely to work in rural areas than Physicians, especially in full-practice states,[23] though data is limited.[24]

Pharmacists also rank low for Wage, last in the Callout Index and 34th overall, though this has remained moderately stable across the past five years. Wage growth has stagnated, as Pharmacists' actual 2024 median wages are the lowest among all Advanced Practitioner occupations and the Physician Group, with the exception of NPs. Slowing growth in compensation is also accompanied by increasing student loan debt, especially for Pharmacists working in retail settings.[25] The 2024 National Pharmacy Workforce Survey found that student loan debt at the time of graduation doubled for those graduating between 2011-2020 ($170,079)

[18] H.B. 4309, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billenrolled/House/pdf/2025-HNB-4309.pdf; American Academy of Physician Associates, "PA Licensure Compact Momentum Continues as Michigan Joins as 29th Member State," AAPA News Central, July 22, 2026, https://www.aapa.org/news-central/2026/07/pa-licensure-compact-momentum-continues-as-michigan-joins-as-29th-member-state/.
[19] H.B. 5522, 103rd Leg., Reg. Sess. (Mi. 2026). https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2026-HIB-5522.pdf
[20] H.B. 4399, 103rd Leg., Reg. Sess. (Mi. 2025). https://legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4399.pdf
[21] Cynthia Moran, "Re: House Bill 4399 - APRN Scope of Practice," Email to Curtis Vanderwall, May 6, 2025, https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Advocacy/Letter-from-ACR-Opposing-HB-4399.pdf.
[22] Ying Xue et al., "Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016," *JAMA* 321, no. 1 (2019): 102–5, https://doi.org/10.1001/jama.2018.17944.
[23] Joanne Spetz, "Expanding the Role of Nurse Practitioners in California: The Impact in Rural Communities," Fact Sheet, California Health Care Foundation, May 2019, https://www.chcf.org/wp-content/uploads/2019/05/ExpandingNPRuralCommunities.pdf.
[24] Tanya A. Henry, "Are Nurse Practitioners Easing Shortages in Underserved Areas?" American Medical Association, May 9, 2024, https://www.ama-assn.org/practice-management/scope-practice/are-nurse-practitioners-easing-shortages-underserved-areas.
[25] Brian Nowosielski, "Retail Community Pharmacist Wages Declined from 2012 to 2022," Drug Topics, April 30, 2024, https://www.drugtopics.com/view/retail-community-pharmacist-wages-declined-from-2012-to-2022.

compared to those graduating between 2001-2010 ($94,522), which also doubled compared to the preceding decade ($42,121).[26] According to the Education Data Initiative, new PharmD graduates have the highest median debt of any major.[27] Pharmacists also experience high levels of burnout and high workload in certain care settings. The American Hospital Association's 2026 Environmental Scan found that 65 percent of Pharmacists and Pharmacy Technicians experienced burnout, the highest across reported healthcare occupations.[28] The 2024 National Pharmacy Workforce Survey found that the highest proportion of Pharmacists rating their workload as "high" or "extremely high" were in chain (91%) and mass merchandiser (88%) pharmacy settings.[29]

Optometrists saw the most significant increase in turnover compared to last year, from 14 to 41 percent, a 192 percent relative increase, ranking fifth in the Callout. They also rank last in Shortage and fifth in Growth. Optometrists and Ophthalmologists are two healthcare occupations that saw some of the greatest percentage increases among professionals aged 65 and older, with increases of 1.81 and 1.82 percent, respectively, from 2015 to 2025. 23 percent of Optometrists are 55 or older. More educational completions in Michigan are expected in the coming years as the University of Detroit Mercy opened its new school of optometry in February of 2025, and the first cohort of students began in the fall of 2025.[30]

Table 4: Advanced Practitioner Overall Rankings, 2025 to 2026

Occupation	2026 Overall Rank	2025 Overall Rank	Rank Change
Dentist Group	1	1	0
Nurse Practitioners	3	2	-1
Physician Assistants	5	3	-2
Nurse Anesthetists	12	14	+2
Optometrists	25	8	-17
Pharmacists	31	18	-13

[26] Vibhuti Arya et al., *2024 National Pharmacist Workforce Study: Final Report* (Pharmacy Workforce Center, 2025), https://www.aacp.org/sites/default/files/2025-06/2024-npws-final-report-5.27.25.pdf.
[27] Melanie Hanson, "Student Loan Debt by Major," Education Data Initiative, October 23, 2025, https://educationdata.org/student-loan-debt-by-major.
[28] American Hospital Association, 2026 Environmental Scan (American Hospital Association, 2026), https://www.aha.org/system/files/media/file/2025/12/Environmental-Scan-2026.pdf.
[29] Arya et al., *2024 National Pharmacist Workforce Study: Final Report*.
[30] University of Detroit Mercy, "New Optometry School at UDM to Address Growing Demand for Eye Care Professionals," *ClickOnDetroit.com*, February 1, 2025, https://www.clickondetroit.com/sponsored/2025/02/01/new-optometry-school-at-udm-to-address-growing-demand-for-eye-care-professionals/.

Medical Physicians Index[31]

Occupation	Rank Growth	Rank Wage	Rank Turnover	Callout Rank
Surgeons, All Other	5	4	1	1
Neurologists	2	9	2	2
Cardiologists	8	3	3	3
General Internal Medicine Physicians	9	5	4	4
Radiologists	4	1	14	5
Physicians, Pathologists	7	7	6	6
Psychiatrists	3	10	7	7
Dermatologists	6	2	16	8
Emergency Medicine Physicians	11	6	10	9
Ophthalmologists, Except Pediatric	1	11	15	10
Physicians, All Other	12	14	8	11
Pediatricians, General	10	15	9	12
Orthopedic Surgeons, Except Pediatric	15	8	11	13
Obstetricians and Gynecologists	14	16	5	14
Family Medicine Physicians	13	13	13	15
Anesthesiologists	16	12	12	16

Surgeons (excluding Pediatric and Orthopedic Surgeons) are the healthiest Physician specialists, ranking fifth in Growth, fourth in Wage, and first in Turnover. Anesthesiologists are the unhealthiest Physician specialists, ranking last in Growth, 12th in Wage, and 12th in Turnover. Although a surplus of two percent is expected for the Physician Group overall, Michigan is facing a substantial primary care shortage.[32] Lightcast data shows that Family Medicine was the specialty with the highest number of job postings in Michigan in 2025,[33] nearly double the second highest, Obstetrics and Gynecology, indicating a need for individuals in that specialty.[34]

[31] Pediatric Surgeons were excluded from the Physician callout group rankings due to insufficient data.
[32] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary*.
[33] Job Postings are defined as postings that are currently visible online and advertising a job vacancy. Family Medicine was the highest specialty for both total and unique job postings.
[34] Lightcast, *Job Posting Analytics: 17 Physician Occupations in Michigan, January 2025-December 2025* (Lightcast, n.d.).

The Physician Group, like most occupations this year, saw an increase in turnover, likely driven by an aging and retiring Physician workforce, as Physicians across specialties are aging into the 65+ demographic category faster than most other healthcare occupations. As a significant number of Physicians are reaching retirement age, causing concern about worsening shortages, Physicians may be leaving the workforce earlier, too. The mean age of clinically inactive Physicians has decreased by about nine years from 2008 to 2024, from 57.1 to 48.1 years.[35] Turnover due to burnout is likely still occurring; however, there have been improvements in the reported mental well-being of Physicians. A 2024 survey finds that Physicians' reports of burnout (49 percent) and feelings of depression (20 percent) are down from 2023 rates of 53 percent and 23 percent, respectively, though these numbers are still likely higher than prepandemic rates.[36]

Nurses Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Licensed Practical and Licensed Vocational Nurses	1	1	1	3	1	10
Registered Nurses	2	2	2	1	2	15
Nurse Midwives	3	3	3	2	3	34

The occupations in the Nurses Callout Index have the same relative overall rankings as in last year's Index, with LPNs ranking first, RNs second, and Nurse Midwives third. LPNs rank first in Growth, Shortage, and Wage, and last in Turnover. From last year's Index, the only variable changes among the Callout are RNs increasing one rank in both Wage and Turnover, with Nurse Midwives dropping one rank in these variables as a result. In the overall Index, besides RN Wage and Turnover, all changes in nursing occupation variables were decreases.

Nurse Midwives rank last in Growth, Shortage, and Wage in the Callout group. The vast majority of Michigan's Advanced Practice Registered Nurses (APRNs), including Nurse Midwives, have been working as Nurses for at least ten years. According to the *2025 Michigan Survey of Nurses*,

[35] Sea Chen et al., "Why Have All the Doctors Gone? Insights Into Early Clinical Departure Among Physicians in the United States: A National Survey," *The Permanente Journal* 0, no. 0 (2026): 1–13, https://doi.org/10.7812/TPP/25.219.

[36] National Center for Healthcare Workforce Analysis, Health Resources and Services Administration, *State of the U.S. Health Care Workforce, 2025* (U.S. Department of Health and Human Services, 2025), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/State-of-US-Health-Care-Workforce-2025.pdf.

40.4 percent of APRNs had been working as a Nurse for 20 or more years, and 43.3 percent had been working between 10 and 20 years, suggesting that new Nurses are pursuing APRN certification at a lower rate than before and are spending significant time in the workforce prior to pursuing APRN certification.[37] The cost of upskilling may increasingly be a barrier to APRN certification, as new Nurses who are likely graduating with some amount of student loans may be unable to immediately afford the APRN pathway. A 2022 survey of Michigan Nurses found that 28 percent of responding RNs and 33 percent of APRNs had active loans, with average loan amounts of $33,210 and $66,420, respectively.[38] Nurse Midwife wage growth has also declined significantly since the 2023 Index, from 91 percent to 20 percent, while both other nursing occupations continue to see high wage growth that has increased every year of the Index.

Similar to most healthcare occupations this year, all three nursing occupations experienced an increase in turnover: LPNs' turnover increased 20 percent, RNs' 11 percent, and Nurse Midwives' 21 percent. LPNs rank last in Turnover in the callout group. Turnover is partially driven by Nurses retiring, but burnout still remains a significant factor in Nurse turnover. The 2025 Survey of Michigan Nurses found that 30.9 percent of existing RNs and 31.8 percent of LPNs cite being too stressed or burned out as a reason they are leaving the profession in the next five years.[39] A 2024 survey by the National Council of State Boards of Nursing (NCSBN) found that 35 percent of RNs and 38 percent of LPNs experience feelings of burnout at least a few times a week.[40]

With turnover increasing in nursing, one ongoing effort to alleviate stress in the workforce is establishing a nursing compact in the state. HB 4246, introduced in 2025 and passed by the House, proposes an interstate Nurse licensure compact.[41] However, a variety of factors beyond staffing issues in the state's nursing workforce may be contributing to increased stress and feelings of burnout.[42]

---

[37] Michigan Public Health Institute, *2025 Survey of Michigan Nurses: Survey Summary Report*, (Michigan Department of Health and Human Services, Office of Nursing Programs, 2025), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Doing-Business-with-MDHHS/Health-Care-Providers/Nursing-Programs/Michigan_Nurse_Survey_Report_2025.pdf?rev=834fb05d1a714cb08aa7de9c238b3268&hash=9857CE772532D1548AA73A2AA1ECACAB.

[38] Christopher R. Friese et al., "Nurses Carry Substantial Student Loans: Health Care Workforce Implications," *Health Affairs Scholar* 4, no. 2 (2026): qxag019, https://doi.org/10.1093/haschl/qxag019.

[39] Michigan Public Health Institute, *2025 Survey of Michigan Nurses: Survey Summary Report*.

[40] National Center for Healthcare Workforce Analysis, Health Resources and Services Administration, *State of the U.S. Health Care Workforce, 2025*.

[41] H.B. 4246, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billengrossed/House/pdf/2025-HEBH-4246.pdf

[42] Aleysha Czartoszewski and Michelle Wein, *Michigan Legislature Revisiting NLC Proposal, but Could Joining Help Address Projected Nursing Shortages?*, January 13, 2025, https://www.mhc.org/post/michigan-legislature-revisiting-nlc-proposal-but-could-joining-help-address-projected-nursing-short.

Behavioral Health Occupations Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Community Health Workers	1	2	1	2	1	11
Psychologist Group	3	1	4	1	2	23
Occupations Requiring an MSW Group	2	3	2	4	3	26
Child, Family, and School Social Worker (BSW) Group	4	4	3	3	4	35

In the Behavioral Health (BH) Occupations Callout Index, Community Health Workers are the healthiest occupation, ranking first in Growth, second in Shortage, first in Wage, and second in Turnover. The Child, Family, and School Social Worker (BSW) Group is the unhealthiest, ranking last in Growth, last in Shortage, third in Wage, and third in Turnover. All BH occupations are projected to have shortages. As of June 30, 2026, Michigan has 274 Mental Health Care HPSAs, containing 4,350,590 residents. 180 practitioners are needed in these shortage areas to remove HPSA designations.[43]

The Psychologist Group ranks last on the Wage variable in the overall Index, with six percent wage growth over the past ten years, significantly lower than any other occupation in the Index. Additionally, across all occupations in the Index, BH Occupations had low 2024 median wages, despite most BH Occupations requiring graduate-level education. The Psychologist Group had the 17th-highest median wages; the Child, Family, and School Social Worker (BSW) Group, 25th; the Occupations Requiring an MSW Group, 27th; and CHWs, 29th. According to Ensora Health's 2025 Future of Therapy survey, more than half of Therapists (56 percent) say low pay is their top stressor. The American Counseling Association's 2024 workforce survey found that almost half of respondents (45 percent) did not feel fairly compensated, and over half (55 percent) cited insufficient pay as a significant challenge expected to impact the counseling field over the next three to five years.[44]

[43] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary*.
[44] Audrey Smith et al., *The Future of Therapy* (Ensora Health, 2025), https://info.ensorahealth.com/hubfs/The_Future_of_Therapy_Report.pdf; McKinley Advisors, *2024 Counseling Workforce Survey Report* (American Counseling Association, n.d.), https://www.counseling.org/docs/default-source/default-document-library/public-policy-resources-reports/workforce-survey-report_final.pdf?sfvrsn=e4ab45d0_1.

Health Technologists and Technicians Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Cardiovascular Technologists and Technicians	9	2	2	2	1	2
Diagnostic Medical Sonographers	4	3	7	4	2	4
Paramedics	3	9	1	8	3	9
Surgical Technologists	8	1	3	10	4	8
Magnetic Resonance Imaging Technologists	7	10	5	3	5	16
Nuclear Medicine Technologists	11	6	8	1	6	14
Occupational Therapy Assistants	1	11	4	11	7	20
Emergency Medical Technicians	5	4	11	9	8	19
Radiologic Technologists and Technicians	10	5	10	5	9	17
Dental Hygienists	6	8	9	7	10	21
Physical Therapist Assistants	2	12	6	12	11	30
Clinical Laboratory Technologists and Technicians	12	7	12	6	12	29

Cardiovascular Technologists and Technicians are the healthiest occupation in the Health Technologists and Technicians Callout Index, ranking ninth in Growth, second in Shortage, second in Wage, and second in Turnover. With significant rank jumps of more than ten places in Shortage, Wage, and Turnover in the overall Index, this occupation has seen a major shift compared to last year. Clinical Laboratory Technologists and Technicians are the unhealthiest among the Health Technologists and Technicians occupations, ranking 12th in Growth, seventh in Shortage, 12th in Wage, and sixth in Turnover.

A variety of factors may contribute to the increase in Wage ranking among Cardiovascular Technologists and Technicians. The SOC code for these occupations does not differentiate between Technologists and Technicians; however, Technologists hold higher-level degrees and

> *Another potential cause of Cardiovascular Technologists and Technicians' wage growth is a shift in cardiovascular procedures away from hospitals to outpatient settings, including office-based labs and ambulatory surgery centers. According to BLS data, these care settings have higher median hourly wages...*

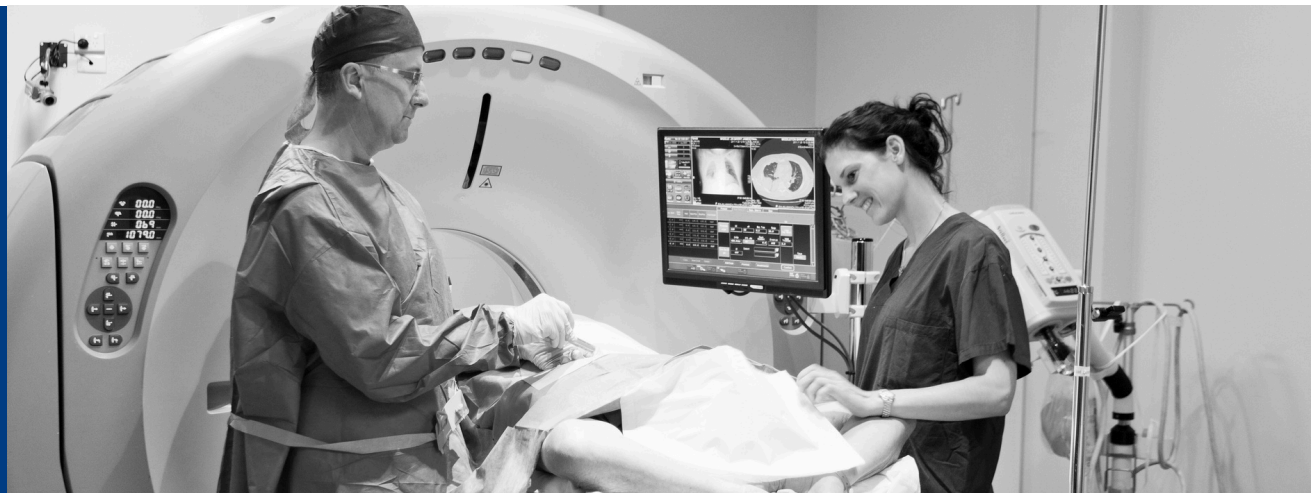
make higher wages.[45] Upskilling within the SOC code may partially explain this increase in wages as more Technicians become Technologists. Another potential cause of Cardiovascular Technologists and Technicians' wage growth is a shift in cardiovascular procedures away from hospitals to outpatient settings, including office-based labs and ambulatory surgery centers.[46] According to BLS data, these care settings have higher median hourly wages for Cardiovascular Technologists and Technicians than hospitals.[47,48]

Cardiovascular Technologists and Technicians, Diagnostic Medical Sonographers, and Surgical Technologists are all projected to have occupational surpluses. However, while there is a small projected surplus of Cardiovascular Technologists and Technicians in the state, certain specialties within the occupation are still in demand. Implanted device management, for example, is not a responsibility of all Cardiovascular Technologists and Technicians, but hospitals are seeing an increased need for this skill as more people develop heart conditions that require implants.[49] Concerns among Clinical Laboratory Technologists and Technicians, which rank last in the Callout Index, are expertise gaps as experienced workers leave the field.[50]

[45] MHC Insight, "Occupations: Cardiovascular Technologists and Technicians," 2025, https://www.mhc.org/cardiotechs.
[46] U.S. Bureau of Labor Statistics, "Table 1.12 Factors Affecting Occupational Utilization, Projected 2024-34," Data Table, August 28, 2025, https://www.bls.gov/emp/tables/factors-affecting-occupational-utilization.htm.
[47] U.S. Bureau of Labor Statistics, "Occupational Employment and Wage Statistics Query System: Cardiovascular Technologists and Technicians (29-2031) National Hourly Median Wages in Offices of Physicians (621100) and Hospitals (622000), May 2025," Excel Sheet, n.d., accessed July 17, 2026, https://data.bls.gov/oes/#/home.
[48] U.S. Bureau of Labor Statistics, "29-2031 Cardiovascular Technologists and Technicians," Occupational Employment and Wage Statistics, U.S. Bureau of Labor Statistics, April 5, 2023, https://www.bls.gov/oes/2022/may/oes292031.htm.
[49] MGH Institute of Health Professions, "Why Cardiac Device Technicians Are in High Demand Nationwide," January 22, 2026, https://www.mghihp.edu/news-and-more/opinions/health-sciences/why-cardiac-device-technicians-are-high-demand-nationwide.
[50] Matt Schur, "Building Tomorrow's Lab Workforce," AMT Pulse, June 10, 2025, https://americanmedtech.org/blog/blog-post/building-tomorrows-lab-workforce.

Experience and specialization may pose challenges across all Technologist and Technician occupations, despite some projected surpluses. New talent may not be sufficient to fill these particular care needs.

Overall, Technologists and Technicians saw a slight increase in turnover. In Michigan in 2024, new rules were created requiring certification for occupations that use ionizing radiation equipment, passing an approved program or completing 40 hours of relevant training, and those practicing medical radiologic technology to obtain a relevant credential to maintain active status.[51,52] Professionals in the affected occupations, including Radiologic Technologists and Technicians, Nuclear Medicine Technologists, and Cardiovascular Technologists and Technicians, have until 2027 to comply with these rules. This may partially address the gap between education programs and clinical practice, which could contribute to turnover.[53-55]



[51] Michigan Society of Radiologic Technologists, "Advocacy & Legislation," accessed July 14, 2026, https://msrt.org/advocacy-legislation/.
[52] Michigan Department of Labor and Economic Opportunity, Radiation Safety Section, "Ionizing Radiation Rules Governing the Use of Radiation Machines: Part 5. Operator Qualifications," Michigan Department of Labor and Economic Opportunity, Radiation Safety Section, n.d., accessed July 14, 2026, https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/Radiation/RSS-Part-5.pdf.
[53] Michigan Department of Labor and Economic Opportunity, Radiation Safety Section, "Ionizing Radiation Rules Governing the Use of Radiation Machines: Part 5. Operator Qualifications."
[54] Michigan Society of Radiologic Technologists, "Advocacy & Legislation."
[55] John Culbertson et al., *Mapping the Future of Medical Imaging and Radiation Therapy: White Paper on the 2024 Consensus Committee Meeting Outcomes*, White Paper (American Society of Radiologic Technologists, 2024), https://www.asrt.org/docs/default-source/research/whitepapers/2024-consensus-committee-on-the-future-of-medical-imaging-and-radiation-therapy.pdf?sfvrsn=1f869819_16.

EMTs, while still ranked in the bottom half of the Health Technologists and Technicians Callout group, saw a significant improvement in Shortage ranking compared to last year (from 26th to 11th). The occupation continues to struggle on other variables, with a relatively low Wage rank and one of the lowest 2024 median wages across all healthcare occupations. Paramedics, on the other hand, rank second in Wage, have stronger Growth this year (moving from 15th in Growth to 11th), but still have one of the lowest median wages among all healthcare occupations and are projected to have a high shortage. The projected shortage of EMTs has significantly decreased compared to last year, from 40 percent to only four percent. An increase in the number of EMTs entering the workforce may have contributed to this change in the projection. Following the COVID-19 pandemic, a three-year Michigan Department of Health and Human Services (MDHHS) grant was created to provide tuition reimbursement for Emergency Medical Services (EMS) providers to address the exodus during the pandemic, and that grant will end this year. Staffing costs place a major strain on ambulance care, and with low wages, shortage numbers, and care deserts, EMS access continues to be an issue in rural Michigan.[56]

The effect of ambulance deserts in Michigan

A 2023 report from the Maine Rural Health Research Center shows that 69.9 percent of Michigan counties have an ambulance desert, defined as being 25 minutes or more away from an ambulance station, and 59.2 percent of those in an ambulance desert live in rural counties.[57] Populations living in ambulance deserts often have delayed access to care, and longer EMS response times are associated with poorer patient outcomes.[58]

Despite ranking second and third in Growth on the overall Index, respectively, OTAs and PTAs are ranked toward the bottom of the Callout Index. PTAs rank last in Turnover on both the Callout and the overall Indices, while OTAs rank 11th in the Callout in Turnover. PTAs and OTAs also have high projected shortage ratios, ranking last and 11th in Shortage on the Callout Index, respectively.

[56] Eli Newman, "EMS Providers Battle Money, Staffing Woes in Rural Michigan's Ambulance 'Deserts,'" Michigan Health Watch, *Bridge Michigan*, March 27, 2026, https://bridgemi.com/michigan-health-watch/ems-providers-battle-money-staffing-woes-in-rural-michigans-ambulance-deserts/.
[57] Yvonne Jonk et al., "Ambulance Deserts: Geographic Disparities in the Provision of Ambulance Services," Chartbook, University of Southern Maine, Muskie School, Maine Rural Health Research Center, May 2023, https://digitalcommons.usm.maine.edu/ems/16/.
[58] Jonk et al., "Ambulance Deserts: Geographic Disparities in the Provision of Ambulance Services."

Medical Therapy Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Radiation Therapists	4	1	3	1	1	24
Physical Therapists	2	2	2	3	2	13
Respiratory Therapists	3	4	1	2	3	7
Occupational Therapists	1	3	4	4	4	18

Radiation Therapists are the healthiest Medical Therapy occupation. They rank fourth in Growth, first in Shortage, third in Wage, and first in Turnover. Compared to the 2025 Index, Radiation Therapists saw a slight decrease in wage growth and a negative projected growth rate. From 2024 to 2026, Radiation Therapist vacancies decreased, with the vacancy rate dropping from 13.6 percent to 11.4 percent.[59] Occupational Therapists (OTs) are the unhealthiest occupation on the Callout Index, ranking first in Growth, third in Shortage, fourth in Wage, and fourth in Turnover.

PTs are the second-healthiest occupation on the Callout Index. Despite projected growth halving compared to the 2025 Index (from 18 percent to nine percent), PTs still have relatively high growth compared to other healthcare occupations. As the population ages, the need for rehabilitation services will continue to increase. This also applies to OTs. While the projected growth for all occupations decreased from 2025, OTs still have a ten-year projected growth rate of 11 percent. Potentially in response to the continuing growth of these occupations, tie-barred bills establishing both PT[60,61] and OT[62,63] interstate licensure compacts were enacted into law in July 2026.[64]

[59] American Society of Radiologic Technologists, "ASRT Radiation Therapy Staffing and Workplace Survey Shows Decrease in 2026 Vacancy Rates," Press Release, *News Room*, April 24, 2026, asrt.org/main/news-publications/news/article/2026/04/24/asrt-radiation-therapy-staffing-and-workplace-survey-shows-decrease-in-2026-vacancy-rates.
[60] H.B. 4101, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billenrolled/House/pdf/2025-HNB-4101.pdf.
[61] H.B. 4102, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4102.pdf.
[62] H.B. 4103, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billenrolled/House/pdf/2025-HNB-4103.pdf.
[63] H.B. 4104, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billenrolled/House/pdf/2025-HNB-4104.pdf.
[64] Office of State Rep. Julie M. Rogers, "Governor Signs Bipartisan Occupational and Physical Therapy Compacts into Law," Press Release, July 22, 2026, https://housedems.com/governor-signs-bipartisan-occupational-and-physical-therapy-compacts-into-law/.

Respiratory Therapists are the highest-ranked Medical Therapy occupation on the overall Index, but rank second-to-last on the Callout Index. Among the Medical Therapy Callout, they rank third in Growth, last in Shortage, first in Wage, and second in Turnover. This relative rank change is because high Wage and high Growth on the overall Index lifted Respiratory Therapists' ranking, but most Medical Therapy occupations have relatively high Growth. Respiratory Therapists also lag behind in Shortage on the Callout Index. Respiratory Therapists rank first in Wage on the Callout Index and have seen increased wage growth every year of the Index; however, their actual 2024 median wages are the lowest within the Callout Index.

Healthcare Support Occupations Index

Occupation	Rank Growth	Rank Shortage	Rank Wage	Rank Turnover	Callout Rank	Index Rank
Phlebotomists	4	3	3	1	1	27
Medical Assistants	2	1	6	2	2	28
Home Health and Personal Care Aides	1	6	1	6	3	22
Dental Assistants	3	4	5	3	4	32
Pharmacy Technicians	6	2	4	4	5	36
Nursing Assistants	5	5	2	5	6	33

Phlebotomists are the healthiest Healthcare Support Occupation, ranking fourth in Growth, third in Shortage, third in Wage, and first in Turnover. Nursing Assistants are the unhealthiest Healthcare Support Occupation, ranking fifth in Growth, fifth in Shortage, second in Wage, and fifth in Turnover.

Pharmacy Technicians are the only Healthcare Support Occupation with negative projected job growth and are also the unhealthiest in the Index overall. BLS data suggests that the relatively high shortage is likely related to the expansion of the Pharmacy Technician role, with these workers "taking on some of the tasks performed by Pharmacists." However, BLS also notes there is expected to be lower demand for Pharmacy Technicians as the market shifts toward mail-order/online pharmacies and the retail pharmacy industry continues to consolidate.[65] Market signals like these have a chilling effect on growth, and Pharmacy Technicians have the lowest projected growth across all occupations in the Index.

[65] U.S. Bureau of Labor Statistics, "Table 1.12 Factors Affecting Occupational Utilization, Projected 2024-34."

Healthcare Support Occupations are among the unhealthiest in healthcare. Similar to last year's Index, none have an overall rank in the top 20. While Healthcare Support Occupations rank low for most variables, they all rank in the top half for Wage. Home Health and Personal Care Aides (HHAs) rank third in the overall Index for Wage with 64.3 percent growth from 2014 to 2024. During the COVID-19 pandemic, Michigan implemented a hazard pay increase for Direct Care Workers that was made permanent in 2021,[66] now up to a $3.40 wage increase through Public Act 22 of 2025.[67] However, despite high relative wage growth, Healthcare Support Occupations are among the lowest compensated of all healthcare occupations, making up six of the seven lowest 2024 median wages. Even with 64.3 percent wage growth, HHAs have the lowest 2024 median hourly wage among the Index's occupations.

All Healthcare Support Occupations also rank 28th or lower in Turnover, with turnover rates of over 50 percent. HHAs rank second-to-last in Turnover and last on the Callout Index, with a turnover rate of 90 percent. High turnover is partially due to workers leaving the profession (separations). Healthcare Support Occupations have some of the highest separation rates, all within the top ten across healthcare occupations overall. While exiting an occupation due to generally leaving the workforce (i.e., retiring) or swapping industries has a negative impact on the healthcare workforce, high levels of separations in Healthcare Support Occupations may not be entirely bad. Separations also include changing careers within healthcare, which for Healthcare Support Occupations may mean upskilling. Access to education to upskill also has a positive impact on low-wage healthcare occupations. A study by the University of Georgia found that CNAs with access to continuing education opportunities felt more fulfilled and were less likely to leave their jobs.[68]

No occupation in the Callout Index ranks higher than 29th in Shortage in the overall Index. High turnover and low wages likely contribute to the high shortage seen among Healthcare Support Occupations. While all Healthcare Support Occupations have high projected shortages, MAs are projected to have a significantly lower shortage ratio of 73 percent, compared to the next-lowest occupation, Pharmacy Technicians (93 percent). MAs also have one of the highest percentages of occupational exits; many individuals pursuing other healthcare degrees may temporarily work as MAs, which may maintain a lower shortage severity. HHAs, with a projected shortage of 147 percent, have the highest shortage among Healthcare Support Occupations and in the Index overall.

[66] PHI, "How Michigan Permanently Increased Wages for Direct Care Workers," November 29, 2022, https://www.phinational.org/news/how-michigan-permanently-increased-wages-for-direct-care-workers/.
[67] 2025 Mich. Pub. Act 22 § 231. https://legislature.mi.gov/documents/2025-2026/publicact/htm/2025-PA-0022.htm.
[68] Kate Regan, "UGA Study: Career Growth Could Ease Burnout among Certified Nursing Assistants," Local News, *WUGA | University of Georgia*, June 18, 2025, https://www.wuga.org/local-news/2025-06-18/uga-study-career-growth-could-ease-burnout-among-certified-nursing-assistants.

Demographics of Healthcare Occupations

Figure 3: 2025 Sex Diversity in Michigan Healthcare Occupations

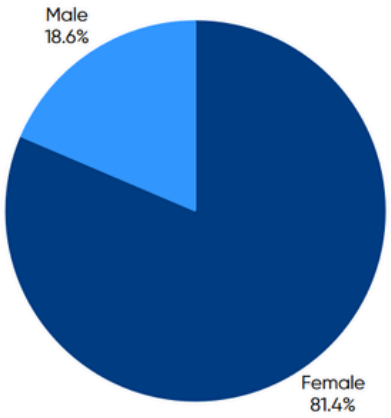
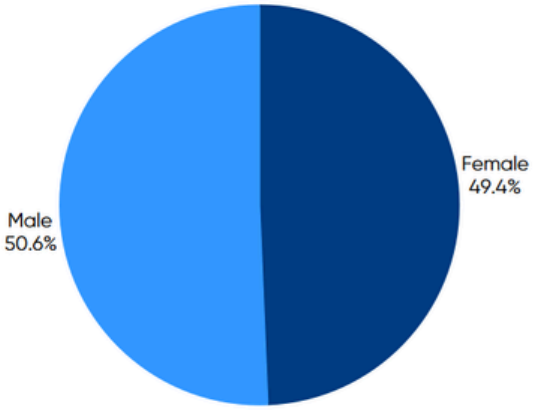


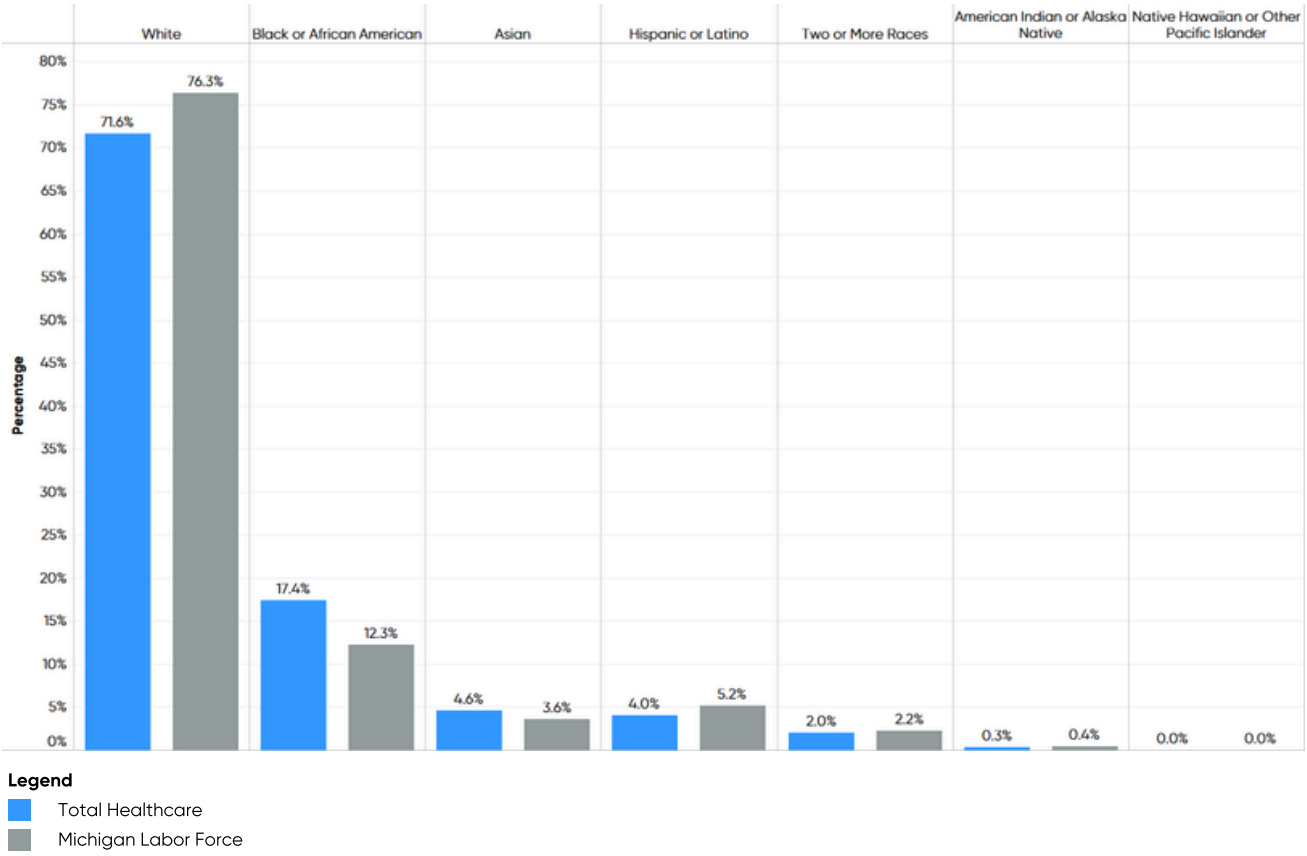
Figure 4: 2025 Sex Diversity in Michigan Labor Force



Figures 3, 4, and **5** show the average sex and racial/ethnic diversity in healthcare occupations compared with the overall labor force in Michigan in 2025. While the Michigan labor force is nearly evenly split by sex, females comprise a significantly higher percentage of healthcare occupations, representing 81.4 percent of the industry. Some healthcare occupations with higher earnings, like Optometrists and Pharmacists, are split relatively evenly by sex, while males make up a larger percentage of some of those occupations, including some Physician specialties and dentistry. In Michigan, 41 percent of active Physicians are female. Conversely, in medical schools, female students constitute a larger proportion of total enrollment than males.[69] In the 2024-2025 academic year, active medical residents were split 50-50 between males and females, the first time males were not a larger proportion of residents.[70] The majority of lower-earning occupations have a significantly higher percentage of females.

[69] National Center for Healthcare Workforce Analysis, Health Resources and Services Administration, *State of the U.S. Health Care Workforce, 2025*.
[70] Department of Information Services, Applications and Data Analysis, Accreditation Council for Graduate Medical Education, "Data Resource Book: Academic Year 2024-2025," Databook, Accreditation Council for Graduate Medical Education, 2025, https://www.acgme.org/globalassets/pfassets/publicationsbooks/2024-2025_acgme_databook_document.pdf.

Figure 5: 2025 Racial and Ethnic Diversity Among Healthcare Occupations vs. Labor Market in Michigan



Racial and ethnic breakdowns between all Michigan occupations and Michigan healthcare occupations are relatively similar, with healthcare occupations having a slightly more diverse workforce. The racial and ethnic diversity of the healthcare workforce overall is similar to Michigan's racial and ethnic diversity across the state;[71] however, lower-earning occupations are also more racially and ethnically diverse.

[71] U.S. Census Bureau, "QuickFacts: Michigan," U.S. Census Bureau, accessed July 14, 2026, https://www.census.gov/quickfacts/fact/table/MI/PST045225.

Key Takeaways

Healthcare, like other industries in Michigan, saw a decline in job growth, which threatens access to care.

While most healthcare occupations are still projected to grow over the next ten years, all projected growth rates are lower than last year's Index. 11 occupations' growth projections changed from job growth to job shrinkage. The 2026-2028 Michigan Economic Outlook reports that from April 2025 to April 2026, Michigan saw a decline of 6,100 wage and salary jobs. This job forecast also anticipates slowed growth over the next two years and job losses in the private education and health services sector by 2028.[72] Michigan also started this year with significant job cuts. Michigan had the second-highest number of job cuts in January 2026, preceded only by Georgia, and Health Care/Products saw the third-highest job cuts of any industry in a national report.[73]

Alongside slower growth, elevated turnover and persistent shortages continue to strain healthcare. Many occupations in the Index saw significant increases in turnover, including both occupational exits and job changes. These trends reinforce the need for strategies that sustain the current workforce while strengthening recruitment and pipeline development. For additional insight on data-driven solutions to our state's healthcare workforce challenges, including recruitment and retention strategies, see MHC's Michigan Healthcare Workforce Plan.

An aging population and aging workforce will compound workforce pressure.

As Michigan ages, with one-third of the population over 55,[74] the state will need increased capacity for chronic and complex health conditions, as well as long-term care options. Most older adults have one or more chronic conditions,[75] and social determinants of health (SDOH) among older individuals, such as isolation and lower income, negatively impact their health

[72] Jacob T. Burton et al., *The Michigan Economic Outlook for 2026-2028* (University of Michigan Department of Economics, 2026), https://lsa.umich.edu/content/dam/econ-assets/Econdocs/RSQE%20PDFs/RSQE_MI_Forecast_May2026.pdf.
[73] Challenger, Gray & Christmas, *Challenger Report, January 2026* (Challenger, Gray & Christmas, Inc., 2026), https://www.challengergray.com/wp-content/uploads/2026/02/CR126007123.pdf.
[74] Jordyn Hermani, "Michigan Is Old and Getting Older. Experts Warn of Looming Consequences," Michigan Government, *Bridge Michigan*, May 18, 2026, https://bridgemi.com/michigan-government/michigan-is-old-and-getting-older-experts-warn-of-looming-consequences/.
[75] Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services, "2021 Profile of Older Americans," Profile, U.S. Department of Health and Human Services, November 2022, https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf.

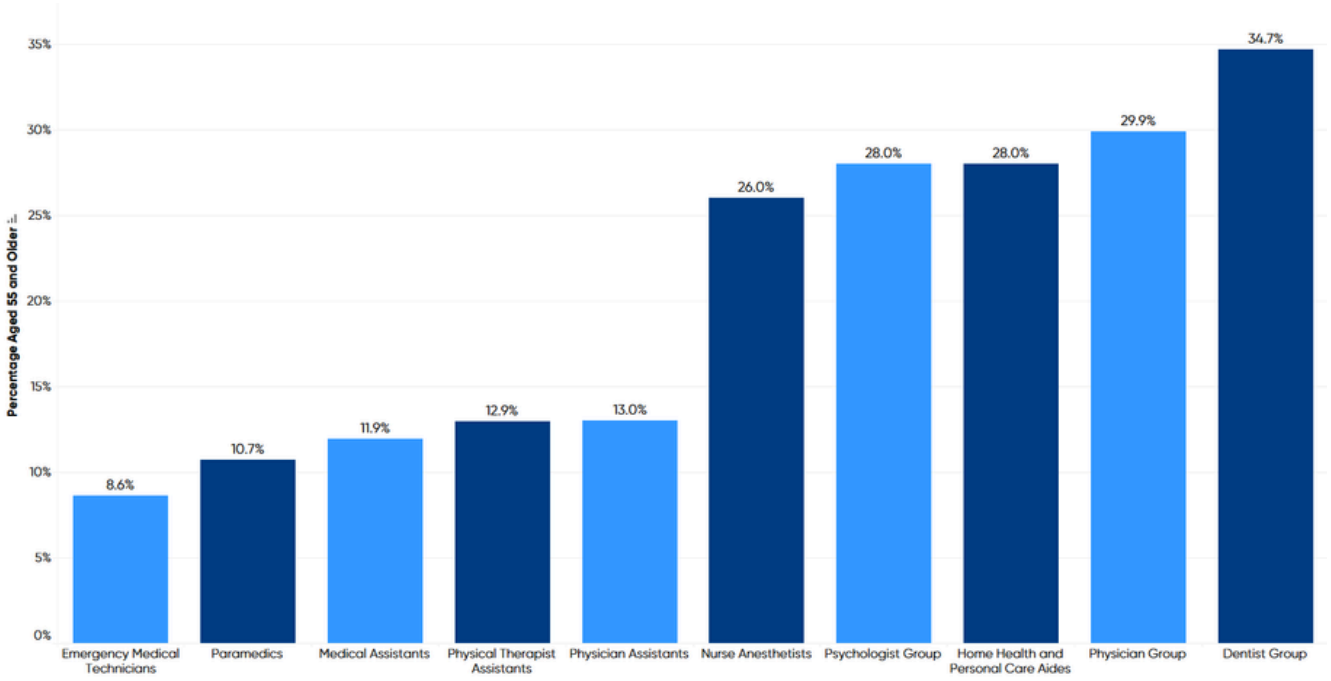
outlooks.[76] Some of the Index occupations with the highest projected growth, including PTs, PTAs, OTs, OTAs, and HHAs, indicate an increasing need for these professionals as the population ages. According to BLS data, these occupations are all significantly employed by nursing care facilities, continuing care retirement communities/assisted living facilities for the elderly, or home health care services.[77] These occupations, while they are growing, are also projected to have shortages. HHAs rank last in Shortage on the Index. CNAs rank second-to-last in Shortage and are primarily employed by skilled nursing facilities.[78] These settings all primarily provide healthcare to aging adults, signaling an urgent need for retention and professional development efforts to bolster occupations that are particularly critical for sustaining long-term care.

Further straining the healthcare workforce—beyond the aging population that needs care—are retirements and reduced hours among the aging workforce providing care. Nearly a quarter (23 percent) of healthcare workers in Michigan are 55 and older. The Dentist Group, the Physician Group, HHAs, the Psychologist Group, and Nurse Anesthetists are the "oldest" occupations, with 34.7, 29.9, 28.0, 28.0, and 26.0 percent aged 55 and older, respectively (see **Figure 6**).[79] In the *2025 Michigan Survey of Nurses*, 36.6 percent of RNs and 36.3 percent of LPNs reported planning to leave nursing within ten years, citing retirement as their main reason.[80] There is also some evidence that certain healthcare workers, including Physicians, are retiring earlier.[81] This may particularly impact rural areas, where Physicians already tend to be older.[82]

The aging healthcare workforce is also a primary reason for the lower projected job growth across occupations in this year's Index. As older workers retire, job openings are created and filled by younger employees. Since a considerable percentage of the healthcare workforce is nearing or at retirement age, workers new to the healthcare field will fill replacement roles before the total number of jobs can truly grow. This is a major hurdle, as a larger proportion of younger generations will need to enter healthcare not only to maintain the current workforce size but also to grow it to meet the care needs of the aging population.

[76] Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, "Social Determinants of Health and Older Adults," Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, February 24, 2026, https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults.
[77] U.S. Bureau of Labor Statistics, "31-1131 Nursing Assistants," Occupational Employment and Wage Statistics (OEWS) Profiles, 2025, https://data.bls.gov/oesprofile/?major_group=310000&occupation=311131&measure=01&areas=INDUSTRY,STATE,MSA.
[78] U.S. Bureau of Labor Statistics, "31-1131 Nursing Assistants."
[79] Lightcast, "Occupation Demographics Table: 65 Healthcare Occupations in Michigan, 2025," Lightcast, n.d.
[80] Michigan Public Health Institute, *2025 Survey of Michigan Nurses: Survey Summary Report*.
[81] Chen et al., "Why Have All the Doctors Gone?"
[82] Ryan J. Crowley et al., "Urban-Rural Differences in the Age of US Physicians," The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association 41, no. 3 (2025): e70054, https://doi.org/10.1111/jrh.70054.

Figure 6: Five Youngest and Five Oldest Occupations by Percentage Aged 55 and Older



In Michigan, expanding care options and job responsibilities for practitioners has increasingly been a solution to workforce challenges.

In finding solutions to bolster Michigan's healthcare workforce, the state has been pursuing solutions beyond increasing the number of high-level practitioners. Michigan has 294 Primary Care HPSAs, needing 617 practitioners to fill the need in these areas.[83] While Physicians are critical in the healthcare workforce, recruiting and retaining Physicians, especially in rural areas, is difficult. The occupation is projected to experience job shrinkage over the next ten years, while Advanced Practitioner occupations such as NPs and PAs have high job growth projections, ranking first and sixth in Growth, respectively. Though contentious,[84] multiple bills have been introduced to expand the scope of practice of both PAs[85] and NPs in Michigan.[86] Additionally,

[83] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary*.
[84] Eli Newman and Robin Erb, "Desperate for Doctors: Michigan Looks to Expand Who Can Provide Care," Michigan Health Watch, *Bridge Michigan*, January 29, 2026, https://bridgemi.com/michigan-health-watch/desperate-for-doctors-michigan-looks-to-expand-who-can-provide-care/.
[85] H.B. 5522, 103rd Leg., Reg. Sess. (Mi. 2026). https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2026-HIB-5522.pdf.
[86] H.B. 4399, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4399.pdf.

bills have been introduced to provide licensure pathways for international medical school graduates to further increase the Physician workforce.[87]

There has also been an effort to create more mid-level occupations in Michigan to fill care gaps. In 2023, Michigan passed two bills,[88,89] to establish training and permit programs for Medication Aides, an occupation between a CNA and a licensed Nurse, to dispense medication at skilled nursing facilities.[90] As another example, Michigan's first Dental Therapist was licensed in January of 2026.[91] Dental Therapists practice under the supervision of a Dentist to provide common oral health care, including exams, cleanings, and fillings; growing this occupation was a strategy to fill gaps in care in the 2025 Michigan State Oral Health Plan.[92]

[87] H.B. 4925, 103rd Leg., Reg. Sess. (Mi. 2025). https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4925.pdf.
[88] 2023 Mich. Pub. Act 273 § 21907b, 21920, 21921, and 21923. https://www.legislature.mi.gov/documents/2023-2024/publicact/pdf/2023-PA-0273.pdf.
[89] 2023 Mich. Pub. Act 274. https://www.legislature.mi.gov/documents/2023-2024/publicact/pdf/2023-PA-0274.pdf.
[90] Robin Erb, "A New Kind of Worker in Michigan Nursing Homes Could Address Staff Shortage," Michigan Health Watch, *Bridge Michigan*, December 5, 2023, https://bridgemi.com/michigan-health-watch/new-kind-worker-michigan-nursing-homes-could-address-staff-shortage/.
[91] Michigan Department of Health and Human Services, "Michigan Licenses First Dental Therapist to Help Increase Access to Care; Address Workforce Shortages," Press Release, January 8, 2026, https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2026/01/08/dental-therapist.
[92] Michigan Oral Health Coalition and Michigan Department of Health and Human Services, "2025 Michigan State Oral Health Plan," Strategic Plan, June 2021, https://www.michigan.gov/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/Healthy-Children-and-Healthy-Families/Oral-Health/Resources-Reports-Links/Michigan_State_Oral_Health_Plan_2025.pdf?rev=f0807a5eeb6b42f4ac3ccd1c64447907.

Rising education costs may disincentivize people from entering in-demand healthcare fields, especially those requiring graduate-level education, and worsen healthcare disparities.

Both tuition and student loan debt have been increasing. The average annual cost of college tuition and fees rose 93.2 percent between the 2005-2006 and 2025-2026 academic years, with an average cost of $18,981 for 2025-2026 tuition and fees.[93] The average federal student loan balance also increased from $29,100 to $39,500 from 2015 to 2025.[94] Some healthcare education programs are priced higher. For example, the average yearly cost for BSN programs is $30,880 as of 2022.[95] While healthcare occupations that typically require higher levels of education also have higher compensation, initial costs to acquiring education may disincentivize individuals from pursuing certain careers. With projected shortages across most healthcare occupations, reducing barriers to entering healthcare careers is critical.

Healthcare occupations, especially those that require graduate-level education, will have increased financial barriers as tuition increases:

- A Michigan Nurses survey found that 28.9 percent of Advanced Practice Nurses had over $100,000 in loans, higher than the graduate-level lifetime loan cap.[96]
- Between the 2004-2005 and 2024-2025 academic years, medical school tuition increased 95.0 percent, with the class of 2025 paying $228,959 to attend the average U.S. medical school.[97]
- The 2024 National Pharmacy Workforce Survey found that student loan debt at the time of graduation doubled for those graduating between 2011-2020 ($170,079) compared to those graduating between 2001-2010 ($94,522), which also doubled compared to the preceding decade ($42,121).[98]
- Student loan debt among counselor survey respondents was 113 percent higher than the national average.[99]

[93] Melanie Hanson, "Average Cost of College by Year," Education Data Initiative, September 23, 2025, https://educationdata.org/average-cost-of-college-by-year.
[94] Melanie Hanson, "Student Loan Debt Statistics," Education Data Initiative, February 2, 2026, https://educationdata.org/student-loan-debt-statistics.
[95] Charmaine Robinson, "How Much Does Nursing School Cost?" NurseJournal, July 9, 2025, https://nursejournal.org/resources/how-much-does-nursing-school-cost/.
[96] Friese et al., "Nurses Carry Substantial Student Loans."
[97] Melanie Hanson, "Average Cost of Medical School," Education Data Initiative, September 5, 2025, https://educationdata.org/average-cost-of-medical-school.
[98] Arya et al., *2024 National Pharmacist Workforce Study: Final Report*.
[99] McKinley Advisors, *2024 Counseling Workforce Survey Report* (American Counseling Association, n.d.), https://www.counseling.org/docs/default-source/default-document-library/public-policy-resources-reports/workforce-survey-report_final.pdf?sfvrsn=e4ab45d0_1.

- The Psychologist Group, the occupation with the lowest wage growth in the Index, has one of the lowest returns on investment for graduate degrees.[100]
- 79 percent of dental school seniors graduated with debt in 2025, with an average debt of $297,800. 82 percent of dental school students with debt utilized federal direct unsubsidized loans.[101]

Further, the new federal student loan borrowing caps took effect in July, altering the borrowing options available for future healthcare professionals obtaining graduate-level education. This change eliminated GradPLUS, which allowed graduate and professional students to pay for expenses not covered by other financial aid, and limited graduate students to a lifetime cap of $100,000 in federal loans and an annual limit of $20,500. Professional degrees[102] have a lifetime loan cap of $200,000, with an annual limit of $50,000.[103]

While increasing compensation for healthcare professionals is important, especially Healthcare Support Occupations, programs that provide tuition assistance or loan repayment may also be extremely valuable to mitigate the financial stress of healthcare professionals. Michigan offers some programs, including the Michigan State Loan Repayment Program,[104] the Behavioral Health Loan Repayment Program in 2024,[105] and the Michigan Opioid Treatment Access Loan

[100] Joseph G. Altonji and Zhengren Zhu, "Do Graduate Degrees Pay Off?" PEER Center, American University School of Public Affairs, March 2026, https://www.peer-center.org/research/do-graduate-degrees-pay-off.
[101] Emilia C. Istrate et al., "Dentists of Tomorrow 2025: An Analysis of the Results of the ADEA 2025 Survey of U.S. Dental School Seniors Summary Report," *ADEA Education Research Series* (Washington, DC), no. 10 (January 2026), https://www.adea.org/home/publications/research-and-data/graduating-oral-health-students/dentists-of-tomorrow-2025.
[102] Occupations originally eligible as professional degrees included the following: pharmacy (Pharm.D.), dentistry (D.D.S. or D.M.D.), veterinary medicine (D.V.M.), chiropractic (D.C. or D.C.M.), law (L.L.B. or J.D.), medicine (M.D.), optometry (O.D.), osteopathic medicine (D.O.), podiatry (D.P.M., D.P., or Pod.D.), theology (M.Div., or M.H.L.), and clinical psychology (Psy.D. or Ph.D.). As of July 10, 2026, this list was expanded to include other Psy.D. psychology specialties (counseling; school; clinical child; health/medical; family; forensic; and clinical, counseling, and applied), audiology (AuD), speech language pathology (SLP), Anesthesiology Assistant (CAA), Physician Associate/Assistant (MSPA; PA), Athletic Trainer (MSAT; MAT), occupational therapy (OT; MSOT; OTD), physical therapy (PT; DPT), registered nursing/Registered Nurse (MSN), Nurse Anesthetist (DNAP), and nursing practice (DNP).
[103] U.S. Department of Education, "Fact Sheet: Trump Administration Implements Student Loan Provisions of the Working Families Tax Cut," Fact Sheet, U.S. Department of Education, May 1, 2026, https://www.ed.gov/media/document/rise-final-rule-fact-sheet-113947.pdf.
[104] Michigan Department of Health and Human Services, "Michigan State Loan Repayment Program Overview," accessed July 14, 2026, https://www.michigan.gov/mdhhs/doing-business/providers/slrp/michigan-state-loan-repayment-program-overview.
[105] Michigan Department of Health and Human Services, "MDHHS Behavioral Health Loan Repayment Program Offered to Help Retain, Attract Providers through Student Debt Relief," Press Release, March 26, 2024, https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2024/03/26/loan-program.

> *There continues to be a behavioral health crisis in Michigan, and a significant number of individuals are left untreated.*

Repayment Program this year.[106] National programs (including HRSA scholarships and loan repayment programs[107]), organization programs (such as Delta Dental Foundation's loan repayment program[108]), and employer-led programs can also alleviate some financial barriers to education.

Population health indicators underscore the need for a more robust behavioral health workforce.

There continues to be a behavioral health crisis in Michigan, and a significant number of individuals are left untreated. In general, high turnover and shortage numbers persist among BH Occupations. According to June 2026 HPSA data, only 37.9 percent of the need is met in mental healthcare.[109] The percent of individuals receiving treatment in Michigan did increase,[110] but 516,000 Michiganders reported needing mental health treatment and not receiving it.[111] Cost was the most significant factor in their lack of treatment, and insurance plays a part in that affordability (individuals in Michigan are 1.5 times more likely to be forced out-of-network for mental healthcare than primary care[112]), but availability of mental health providers remains a barrier.

---

[106] Michigan Department of Health and Human Services, "Applications for Student Loan Repayment Program to Help Expand Substance Use Disorder Treatment Due April 30," Press Release, April 7, 2026, https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2026/04/07/miota-2026.
[107] Health Resources and Services Administration, "Health Workforce Programs," accessed July 14, 2026, https://bhw.hrsa.gov/programs.
[108] Delta Dental Foundation, "Delta Dental, Delta Dental Foundation Tackle Student Loan Debt," Press Release, January 21, 2025, https://www.deltadental.foundation/scholarships-lrp.
[109] Bureau of Health Workforce, *Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2026, Designated HPSA Quarterly Summary*.
[110] Hannah Orlicki, "Latest Behavioral Health Access Study Reveals Progress, Persistent Challenges," Michigan Health Endowment Fund, January 21, 2026, https://mihealthfund.org/latest-behavioral-health-access-study-reveals-progress-persistent-challenges.
[111] National Alliance on Mental Illness, "Mental Health in Michigan," Data Sheet, National Alliance on Mental Illness, May 2025, https://www.nami.org/wp-content/uploads/2025/05/Michigan-GRPA-Data-Sheet-8.5-x-11-wide.pdf.
[112] National Alliance on Mental Illness, "Mental Health in Michigan."

1,789,000 adults in Michigan have a mental health condition, with one in five Michigan adults experiencing a mental illness each year.[113] From February 1 to 13 of 2023, 29.9 percent of adults in Michigan reported symptoms of anxiety and/or depressive disorder, which is comparable to the 32.3 percent of adults in the U.S.[114] Significantly, drug overdose death rates have declined by 47 percent since 2021, based on preliminary 2025 data.[115] However, 72.4 percent of individuals remain untreated for substance use disorder (SUD). This percentage is even higher for alcohol use disorder (AUD), at 81 percent untreated statewide.[116] While the state is seeing success in reducing drug overdose deaths and implementing strategies to recruit and retain Addiction Counselors,[117] the shortage of Addiction Counselors is a significant barrier to receiving SUD treatment.[118]

Strategies to increase access to BH treatment include virtual care, with telehealth accounting for 44 percent of all mental health visits, though this did not increase the total number of healthcare visits.[119,120] As there are efforts to increase access to BH services, the prevalence of AI

[113] National Alliance on Mental Illness, "Mental Health in Michigan."
[114] KFF, "Mental Health in Michigan," Fact Sheet, March 20, 2023, https://www.kff.org/interactive/mental-health-and-substance-use-state-fact-sheets/michigan.
[115] Michigan Department of Health and Human Services, "Michigan Overdose Death Rate Declines by 47 Percent since 2021," Press Release, June 9, 2026, https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2026/06/09/2025-overdose.
[116] Orlicki, "Latest Behavioral Health Access Study Reveals Progress, Persistent Challenges."
[117] Michigan Department of Health and Human Services, "Michigan Opioid Treatment Access Internship Stipend Program (MIOTA-ISP)," accessed July 14, 2026, https://www.michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/workforce-access-and-grants-management-section/miota-isp.
[118] Nate Miller, "Addiction Counselor Shortage Hits Michigan Hard: 'We're All Struggling,'" Michigan Health Watch, *Bridge Michigan*, May 25, 2026, https://bridgemi.com/michigan-health-watch/addiction-counselor-shortage-hits-michigan-hard-were-all-struggling.
[119] Kara Gavin, "With Telehealth Coverage on the Brink, Study Shows It Hasn't Driven up Total Visits," Health Lab, January 15, 2026, https://www.michiganmedicine.org/health-lab/telehealth-coverage-brink-study-shows-it-hasnt-driven-total-visits.
[120] James D. Lee et al., "The Volume of Outpatient Office Visits Did Not Increase for Specialties That Were More Likely to Adopt Telehealth," *Health Affairs Scholar* 3, no. 12 (2025): qxaf227, https://doi.org/10.1093/haschl/qxaf227.

use is also a factor to consider in quality mental health care, especially among younger age groups. 19.2 percent of adolescents and young adults utilized AI for mental health advice, around the same rate they reported discussing their mental health with a physician in the past six months (21.1 percent).[121]

Stronger career pathways could help workers in high-growth, low-wage occupations stay and advance in the healthcare workforce while also better reflecting the communities they serve.

With the largest absolute-value (and in most cases, percentage) shortages occurring in occupations that do not require significant education beyond high school, it is critical to explore whether these occupations offer enough opportunities for career progression. Building more career pathways and apprenticeships to make it easier to advance in healthcare occupations could encourage individuals in these high-growth, low-wage roles to remain in the healthcare workforce. Career pathways can also target and grow specific demographic representation in professions with low diversity or those that do not reflect the populations or communities they serve.[122] Bridge programs for entry-level occupations may facilitate career progression by reducing the time and cost of pursuing further education.[123] For example, bridge programs have created a way for Dental Assistants to become Dental Hygienists more easily at some schools in Florida,[124] an occupation with continued wage growth but persistent shortages.

With the largest absolute-value shortages occurring in occupations that do not require significant education beyond high school, it is critical to explore whether these occupations offer enough opportunities for career progression.

[121] Ryan K. McBain et al., "AI Chatbot Use and Disclosure for Mental Health Among US Adolescents and Young Adults," *JAMA Pediatrics*, ahead of print, June 1, 2026, https://doi.org/10.1001/jamapediatrics.2026.2015.
[122] Shaneah Taylor et al., "Improving Health Care Career Pipeline Programs for Underrepresented Students: Program Design That Makes a Difference," *Progress in Community Health Partnerships: Research, Education, and Action* 13, no. 5 (2019): 113–22, https://muse.jhu.edu/article/730029.
[123] Bridge programs are pathways for current professionals to advance their education and credentials on an accelerated track, building off of training and experience they already have.
[124] Santa Fe College, "Dental Hygiene Bridge, A.S.," accessed March 5, 2025, https://www.sfcollege.edu/academics/programs/3321.html; Broward College, "Dental Assisting & Dental Hygiene Associate of Science," Broward College, accessed July 14, 2026, https://www.broward.edu/academics/health-sciences/dental.

Opportunities for advancement, especially in Healthcare Support Occupations, will be even more crucial as the population ages, and home health occupations become necessary to assist Michiganders aging in place. Community Health Workers and HHAs are among the most in-demand occupations over the next ten years, yet both are experiencing shortages, with HHAs experiencing the highest absolute-value shortage of any healthcare occupation. All Healthcare Support Occupations rank 22nd or lower overall on the Index. Creating and expanding employer-led upskilling opportunities can improve retention in this occupation group. A study of CNAs working in nursing homes found that those with access to continuing education increased the likelihood that they stay in their jobs.[125]

Conclusion

Overall, the 2026 Index shows a healthcare workforce under sustained pressure. The healthcare workforce in Michigan is experiencing some improvements, such as continued wage growth, job growth across many occupations, and reduced shortages in some occupations. However, challenges persist. Increased wages can still be relatively low when compared to occupations with similar training; job growth may not align with positions that are needed most to impact care quality and access; projected shortages persist across much of the workforce; and high turnover rates highlight the continued need for retention efforts. With an aging population and an aging healthcare workforce, it is essential for Michigan to continue developing strategies to strengthen healthcare occupation pipelines, recruit new providers to practice in Michigan, and retain existing employees. For additional insight on data-driven solutions to our state's healthcare workforce challenges, see MHC's Michigan Healthcare Workforce Plan.

Additional Data & Research

A full data appendix for the 2026 Michigan Healthcare Workforce Index is available upon request, which details the data used to rank each occupation.

The Index presents statewide findings, but workforce conditions can vary considerably across Michigan. Organizations interested in understanding these differences may engage MHC Insight to conduct a customized regional analysis. Depending on your needs, this work can examine specific geographic areas, occupations, or workforce questions to support local planning, investment, and collaboration. Contact MHC to discuss data needs and project scope.

[125] Regan, "UGA Study."

Contact Information

michigan health council

Michigan Health Council is a 501(c)(3) on a mission to ensure the future of the healthcare workforce.

Office :

2121 University Park Dr. STE 150
Okemos, MI 48864

Website:

mhc.org