

Medical Personnel Shortage in West Virginia

April 2024

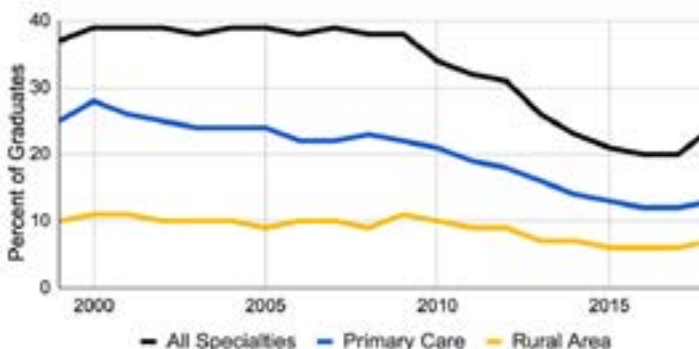
With significantly [higher rates](#) of numerous chronic health conditions, access to healthcare providers is a critical concern for many West Virginians. Yet, the state faces a shortage of healthcare providers, including doctors and nurses. Further, given West Virginia's [aging population](#), the demand for healthcare providers is likely to increase. This Science and Technology Note details the state of the healthcare provider shortage in West Virginia and offers policy options to increase the availability of healthcare providers in the state.

Healthcare Providers in West Virginia

The Robert Graham Center, a healthcare think tank, [projects](#) that primary care physician numbers in West Virginia will need to increase by 190 providers (14%) to keep up with population demand by 2030. The average medical student debt for West Virginia graduates in 2023 was [\\$191,890](#), while the average physician pay in West Virginia is [near the lowest in the nation](#). This likely contributes to the [decreasing](#) percentage of West Virginia medical school graduates remaining in-state.

Nursing professions throughout the state have a [vacancy rate](#) of 19.3%. These vacancies result in reduced capacity at hospitals and contribute to facility closures in a state

Percent of West Virginia Medical School Graduates Practicing in West Virginia, 5-year average

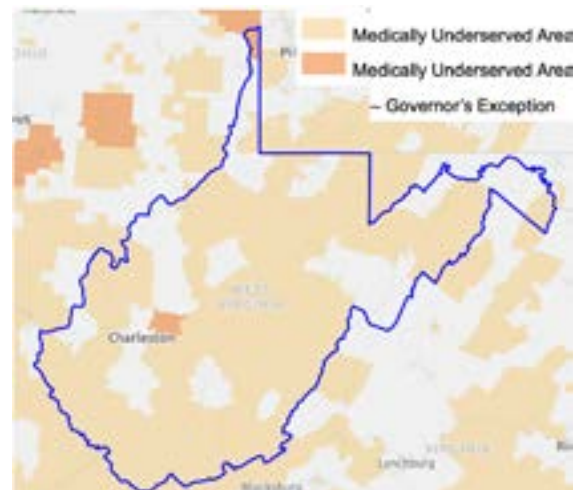


Adapted from: [West Virginia Health Sciences and Rural Health Report, 2023](#)

Research Highlights

- West Virginia is facing a projected 14% shortage of physicians and currently has a 19% shortage of registered nurses.
- Healthcare provider shortages impact patient care by making it more difficult for patients to get care and causing office and hospital closures. In West Virginia, closure of already sparse medical centers result in increased transportation needs among patients seeking care.
- Policy options to incentivize healthcare professionals to serve in West Virginia include expansion of current loan repayment programs to include critical professions, such as nursing, and increasing the amount of loan repayment for in-state service.

where the [majority of counties](#) are already designated as medically underserved areas. [Shortages](#) have also been reported in medical laboratory, diagnostic imaging, and respiratory therapy staff in West Virginia.



Adapted from: [HRSA Map Tool](#)

Map shows federally designated medically underserved areas (shortage of primary care health services) in light orange and governor-designated medically underserved areas according to state-level standards in darker orange.

West Virginia Policies to Increase Healthcare

Workforce

West Virginia has taken numerous approaches to address the primary healthcare provider shortage in the state. Beginning in [2016](#), West Virginia granted nurse practitioners [full practice authority](#), meaning they can diagnose and treat conditions as a primary care provider. In 2024, the West Virginia legislature passed [HB 4768](#) to grant in-state medical school tuition to non-residents who commit to an equal number of years of practice in rural, medically underserved areas of the state. The West Virginia Higher Education Policy Commission offers up to [\\$40,000](#) in loan forgiveness to medical students who agree to practice in state. [Other state and federal programs](#) may offer additional loan repayment or scholarships for practicing in medically underserved areas.

Benefits of Increasing Healthcare Providers in West Virginia

Increasing the number of healthcare providers may reduce the current [delay of care](#) for West Virginians, office and [hospital closures](#), and [burnout](#) among healthcare professionals. An increase in medical centers and physician offices throughout the state can reduce transportation needs among West Virginians seeking care for chronic diseases, where regular visits to physicians and specialists are needed.

State Incentives to Recruit Healthcare Providers

Kentucky may provide a possible model for West Virginia. Kentucky established the [Kentucky Healthcare Workforce Collaborative](#) (HWC) in 2022 after its Governor issued an [executive order](#) declaring its nursing shortage a state of emergency. This \$10 million initiative provides grants to public universities and community and technical colleges to expand healthcare-related programs. West Virginia does not currently have an equivalent to the HWC or any task force aimed at addressing the healthcare provider shortages in the state.

Kentucky also established the [Healthcare Worker Loan Relief Program](#) (HWLRP) in 2022 to provide loan repayment for healthcare workers serving rural areas for at least [2 years](#). The West Virginia [Health Sciences Scholarship Program](#) (HSSP) is similar in [requiring 2 years](#) of service, but its loan repayment amounts are much lower and the professions included vary. Notably, the HSSP does not currently include loan repayment for registered nurses but does include physical therapists.

Loan Repayment Incentives for Medical Providers in Kentucky and West Virginia

Profession	Kentucky HWLRP Max Repayment	West Virginia HSSP Max Repayment	Median Debt at Graduation (US)
Physician	\$100,000	\$30,000	\$250,995
Dentist	\$100,000	\$30,000	\$286,000
Pharmacist	\$100,000	\$15,000	\$167,711
Nurse Practitioner	\$60,000	\$15,000	\$154,083
Mental Health Specialist	\$60,000	\$15,000	\$30,000- \$120,000
Physician Assistan	\$60,000	\$15,000	\$112,500
Registered Nurses	\$40,000	\$0	\$47,321
Physical Therapists	\$0	\$15,000	\$142,489

Policy Options to Increase the Healthcare Workforce in West Virginia

One option to curb the growing disparity in healthcare provider supply and demand in West Virginia is to expand existing programs to include additional professions. West Virginia has a critical nursing shortage, but few financial incentive programs currently include registered nurses. Expansion of HB4768 and/or the HSSP to include nursing students could address this discrepancy.

To aid in reversing the trend of decreasing retention of in-state medical students, increasing the loan repayment amounts for those that agree to serve in medically underserved areas. Another option is to utilize a portion of the recent [opioid settlement funds](#) to fund medical residency and loan repayment programs for providers willing to serve in West Virginia, with a focus on those serving the communities hit hardest by the opioid crisis. There is precedent for this practice, as Oklahoma currently funds physicians practicing in underserved areas through the [Tobacco Settlement Endowment Trust](#).

This Science & Technology Note was written by Kensey Bergdorf-Smith, PhD, West Virginia Science and Technology Policy Fellow on behalf of West Virginia University's Bridge Initiative for Science and Technology Policy, Leadership, and Communications. Please see <https://scitech-policy.wvu.edu/> or contact scitechpolicy@mail.wvu.edu for more information.

