

Utah Health Workforce Advisory Council (HWAC)

Wednesday, June 18, 2025

Multi-agency State Office Building (MASOB)

1:00 – 3:00 pm

FY25 Q4 Meeting Minutes

Council Members Present: Heather Borski, Mia Nafziger, Sarah Woolsey, Michelle Hofmann, Sue Jackson, Teresa Garrett, Vic Hockett (virtual), Chris Williams (virtual), Kendra Muir (virtual), Francis Gibson (virtual) and Kristina Callis Duffin (virtual).

Council Members Absent: Mark Steinagel, Tyler Goddard, and Carrie Torgersen.

HWAC Staff Present: Ashley Moretz, Marc Watterson, Kendyl Brockman and Michelle Geller.

HWIC Staff Present: Holly Uphold, Matt Cottrell, Jiehong Jiang, Jordan Miller (virtual) and Julie Olson (virtual).

This meeting was recorded per the Open Public Meetings Act.

Welcome, Approval of Minutes and Roll Call: Heather Borski

Heather welcomed everyone to the meeting and asked everyone in attendance to introduce themselves.

Motion made by Mia Nafziger, seconded by Teresa Garrett and all in favor to approve the meeting minutes from the HWAC 3/12/2025 Meeting Minutes.

Administrative Updates and Actions: Kendyl Brockman

Kendyl provided the Council with an update on the progress that staff has made in addressing the recommendations made by the Office of the Legislative Auditor General's [2025 Performance Audit of the Behavioral Health Workforce: "A Review of Workforce Efforts, Entities, Indicators, and Oversight"](#). In the report, recommendations 1.1, 1.2, 1.3, 1.4, 1.5 and 2.2 were related to the HWAC and the Health Workforce Information Center.

HWAC, HWIC and the Behavioral Health Commission staff have been meeting to discuss next steps in addressing recommendations 1.2, 1.3, 1.4, and 1.5. The HWIC will be requesting/ gathering data on behavioral health paraprofessionals to include in their analysis. Additionally, the HWIC team will be working to evaluate all their data collection models to see if any more or adjustments are needed. The HWAC will own the behavioral health workforce strategic plan and then deliver it to the Behavioral Health Commissions for consideration and advancement

Built Here Update: Ashley Moretz and Brent Schmidt

Provide brief background and an update on the committee who is working on "Reduce the percentage of rural counties in a Primary Care Health Professional Shortage Area from 79% to 66% by 2029" in the "People" section of Governor Cox's [Built Here: Second Term Strategic Plan](#).

Legislative Review Subcommittee Update: Dr. Teresa Garrett

The Legislative Review Subcommittee has decided to start meeting monthly to discuss ongoing health workforce issues and stay up to date with the interim sessions. They will be tracking any

health workforce related interim items and engaging with Legislators earlier on in the process. Additionally, they have voted to appoint Carrie Torgersen as co-chair of the Legislative Review Subcommittee.

Motion to appoint Carrie Torgersen as co-chair for the HWAC Legislative Review Subcommittee passed, all in favor with none opposed.

Utah Medical Education Council (UMEC) Update: Kendyl Brockman

Kendyl shared that Dr. Finlayson has changed his roles at the University of Utah School of Medicine. Per UMEC statute in Utah Code 26B-4-706 the chair of UMEC shall be the dean of the School of Medicine at the University of Utah. Dr. Kristina Callis Duffin is the new Interim Dean at the Spencer Fox Eccles School of Medicine and will chair UMEC after being appointed. Additionally, Dr. Callis Duffin will also be a member of the HWAC. The UMEC administers a “Residency grant program” that provides funding to organizations who are wanting to expand or start a new graduate medical education program. They have just finished their FY26 application cycle and will be awarding funds to 2 organizations to continue to build and expand their family medicine programs. Lastly, UMEC secured a consultant, Charlie Alfero, to conduct a study on Graduate Medical Education (GME) here in Utah. Charlie will look at expanding both primary care and rural-based Graduate Medical Education (GME) in Utah. Additionally, he will explore with UMEC different sustainable funding mechanisms.

Data Subcommittee Update: Kendyl Brockman

Kendyl provided an update on the Data Subcommittee in Mark Steinagel's absence. The Data Subcommittee will collaborate with the HWIC to review the profession specific survey questions and make recommendations for any updates or adjustments.

Health Workforce Information Center Update: Holly Uphold, Jordan Miller and Matt Cottrell

Holly, manager of the HWIC, started by introducing herself and her team- Matt Cottrell, Jordan Miller, Jiehong (Rainbow) Jang and Julie Olson. The HWIC received the Registered Nurse (RN) and Behavioral Health Professionals workforce data collected through the profession specific survey, from the Department of Commerce, Division of Professional Licensing. Holly asked that if HWAC members have questions regarding the data or would like to see it presented a certain way to please reach out to her. In addition to the reports the HWIC team is creating, Jordan is also working through building dashboards for each of the professions. The reports can be found on the home page of the HWIC website and the dashboards are soon to come. The HWIC team asked the HWAC members if they would like to see both the technical reports which can be lengthy and the dashboards or just the dashboards. The HWAC said they would definitely like to have both because the technical reports, although they are lengthy, are really helpful in understanding the data and can include more than the dashboards.

Jordan then presented an example of a dashboard he created for physicians. The dashboard helps to visually digest the data and will be interactive for the user. The example dashboard included physician locations on a map of Utah with the number of physicians in each county and a tree map is also included. He then showed where Utah physicians are located per 100,000 residents. He then showed a pie chart with the percentage of physicians that provide telehealth. The example dashboard was to show where they are headed and asked for feedback on what the HWAC would like to see.

Vic Hockett shared that on the Utah System of Higher Education's website they have the higher education completion data for the various occupations. He thinks they could be a good companion link so we can see what supply is coming out of higher education and which schools. A discussion of including a breakdown of specialties of providers would be really helpful in understanding where efforts should be focused. There are quite a few specialties to creatively grouping may be a good idea. The HWIC envisions a template dashboard that will be used for each profession but then different and unique dashboards can be created upon request.

Matt Cottrell then shared that he has done a review of the survey tool used over the last year and provided a few recommendations to make it better. The average response rate across health professions was approximately 55%. Matt then presented the number of survey responses for various groups and recommended that there a couple of avenues that can be taken to better the survey. His recommendations around changing the methods are potentially moving away from convenience sampling or adjusting how our survey is implemented and revisit the issue after another round of survey. He also recommended modifying a few of the questions that may be confusing or not gather enough responses to have quality data. There were approximately 13 questions that had response rates under 70% and 6 were under 50%. He recommended including a question around where qualifying degrees were obtained to see if we are bringing in providers from other states. He then overviewed a few other recommendations that may better the survey and help to increase the overall and individual question response rates. Members of the HWAC suggested that the survey changes be presented to the Data Subcommittee for initial consideration and then bring those back to the HWAC at a later meeting. The HWAC and HWIC team will work with the Data Subcommittee to do an overview of the current survey tool and develop recommendations to make it better for the HWAC's consideration.

Office of Professional Licensure Review (OPLR) Presentation: Jeff Shumway and Jennifer Adler

Jeff Shumway, Jennifer Adler and the OPLR team have been looking at nursing and allied professions. They shared their timeline of the study and what to expect next from their team. Jeff then presented a high level overview of their findings which include that some allied health occupations have low potential for harm, it seems there is an adequate number of nursing and allied health professionals in Utah, and some aspects of licensure are slow to adapt to innovations in technology and practice. He then reviewed broad implications of these takeaways. Jeff then provided a high level overview of their early recommendations and observations. Jeff and Jennifer then asked the HWAC members to reach out to them if they have any questions or comments on their presentation.

Utah Clinical Preceptorship Stipend Program- Dr. Sarah Woolsey

Dr. Sarah Woolsey began her presentation by sharing that the Clinical Preceptorship Subcommittee is a subcommittee of the HWAC. They created a strategic plan and looked at the preceptorship gaps we have in Utah and it being a barrier to increasing the healthcare workforce in the state, particularly physicians and Advance Practice Registered Nurses (APRNs). Physicians Assistants (PAs) were also included in the recommendation. However, data from the profession specific survey was not available for PAs so data is limited on this profession. She also mentioned that the research for this study and discussion was done by the HWAC consultants, Veritas Health Solutions, LLC.

She then shared that there will be an increase in health professional students in the area and they will need preceptors. By 2031, there is expected to be a 57% increase in the number of preceptors required to mentor health professional students.

Sarah then presented the Utah Clinical Preceptorship Stipend Program. This recommendation addresses the key program of preceptorship shortages with the anticipation of it worsening with new and expanded programs. The proposed solution is to provide financial recognition and support for Utah's clinical preceptors who train healthcare students in priority disciplines. The high priority disciplines include physicians, APRNs, and PAs. The expected impact or outcome is that this program will help to recruit and retain preceptors in Utah. The subcommittee recommends that the administering agency is the Utah Department of Health and Human Services (DHHS) with the direct distribution of the funds to individual preceptors.

They do propose for the funding that an initial start up amount is requested through a General Fund appropriation, then sustained through modest licensure fee surcharge. Additionally, they would welcome private donations. To qualify preceptors will either need to be a physician, APRN or PA who is not already receiving any compensation. Additionally, the preceptors will need to be mentoring Utah based students and have a minimum of 160 hours. They can combine hours across multiple students. The base award will be \$1,000 but multiple awards are possible per preceptor. The approach will be tiered by professions so physicians are eligible to receive the maximum. There will be an application based process with verification requirements that are established by DHHS.

A question of why the stipend was chosen over a tax credit as asked. A tax credit doesn't seem to work as well as a stipend program and requires more agency involvement. Dr. Hannah Maxey shared that she found in their research that states who administered a tax credit program frequently did not actually administer all of the tax credit funding, whereas the States that have a stipend program typically utilize their funding. Additionally, the tax credit is given a year after they have made the contribution so a stipend program allows for the recognition to be more timely.

A question was asked if the stipend program was meant to replace what the institution is paying for preceptorship in addition to that. This program is an addition to what institutions are paying for preceptors. Also, was there any discussion around state schools versus private institutions because sometimes state schools have a hard time competing with private institutions. During the subcommittee meeting there wasn't an in depth discussion on state versus private institutions but has briefly been touched on. There is a concern that without acknowledging that we have a public and private divide already, the stipend program could lead to making it worse.

Clarification around the funding proposal was asked on whether the request to the Utah Legislature was a one-time or multi-year ask. The subcommittee recommends a one- time appropriation. Another concern was raised around the potential of a stipend program creating an unintended bidding war between schools, especially with out of state schools and the precedent that the stipend program will set for other healthcare programs in the future. There are many different healthcare professions that require some sort of preceptor or clinical training so this sets a precedent that every student is required to go into the hospital or clinical site to get payment. A point was made that setting a cap with the award amount is very important so that it doesn't become overly transactional.

For funding, the subcommittee recommends a one-time appropriation request to the Utah Legislature for a total of \$500,000 for \$250,000 annually for Fiscal Year 27 and 28. They recommend that the biennial program fee be implemented at time of license renewal for qualifying professions, but not to exceed 10% of state renewal fee. The approximate fees for each qualification profession would be \$19 for physicians, \$8 for APRNs, and \$13 for PAs. A question was asked if it's common to have a license fee to help fund workforce programs. Dr. Hannah Maxey confirmed that yes other states do have licensure surcharges to help support health workforce initiatives. It was shared that in comparison to neighboring states Utah is fairly low in licensure fees. It was asked that if a 10% license surcharge was implemented, how many health professionals would need to pay in order to recoup the \$250,000. If a licensure surcharge was implemented, it would equate to approximately \$225,000 per year to operate the program. This was determined through math and data analysis and stakeholder engagement to ensure the license fee was reasonable.

A recommendation was brought forward to prioritize public schools because they don't have the resources to pay their preceptors like some private schools do. Chair Borski shared that the 2026 General Session may be a very tight budget year so this program will require multiple fronts to get this funded. A request will be submitted to the DHHS Executive Director's office to include in the DHHS building block process. She recommended that while DHHS is pursuing the building block process, request that simultaneously an independent or parallel track to find a legislative sponsor. Another recommendation was made to reduce the one-time request amount from \$500,000 (\$250,000 annually) to \$450,000 (\$225,000 annually) to match what the licensure surcharge would recoup.

Dr. Teresa Garrett moved to approve of the Utah Clinical Preceptorship Stipend Program as presented with the caveats that preceptors in rural areas or from a state school will be prioritized. Mia Nafziger seconded the motion. There was a brief discussion about whether to award preceptors for mentoring out-of-state students. Ultimately, it was decided that they should be included when calculating the award hours. Chair Borski asked all in favor of approving this motion to say "aye". All were in favor, none opposed to the motion.

Motion passed for the HWAC to recommend the Utah State Clinical Preceptorship Program with the caveat that it prioritizes preceptors in rural areas and from state schools.

Wrap Up: Heather Borski

Heather closed the meeting by thanking everyone for joining and participating. She then shared that the next quarterly HWAC meeting will be held on Wednesday, September 17 from 1:00 – 3:00pm.

Meeting adjourned by 3:15PM

Respectfully submitted, Kendyl Brockman