

## **Health Workforce Advisory Council (HWAC)**

Wednesday, December 17, 2025 | 1:00 – 3:00 p.m.

Virtual Meeting | Anchor Location: Multi-Agency State Office Building (MASOB)  
FY26 Q2 Meeting Minutes

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**Council Members Present:** Heather Borski, Vic Hockett, Mia Nafziger, Igor Limansky, Sue Jackson, Teresa Garrett, Carrie Torgersen, Kristina Callis Duffin, Francis Gibson, Michelle Hofmann, Tyler Goddard, Sarah Woolsey, and Mark Steinagel.

**Council Members Absent:** Chris Williams and Kendra Muir.

**Guest Presenters:** Jeff Shumway (OPLR), Brittney Okada (Utah RHTP team), and Stephanie Bank (University of Utah College of Social Work).

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

**HWIC Staff Present:** Holly Uphold, Jiehong (Rainbow) Jiang, and Matt Cottrell.

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**This meeting was recorded per the Open Public Meetings Act.**

**Welcome and Approval of Meeting Minutes: Heather Borski**

Heather welcomed everyone and conducted a roll call.

**Motion passed to approve the 9/17/25 meeting minutes.**

**Administrative Update: Kendyl Brockman**

Kendyl shared that HWAC Staff are exploring modifications to the HWAC statutory code. The two proposed changes add language around: (1) having an HWAC Vice Chair, and (2) the HWAC maintaining independence from DHHS and the governor to enable the HWAC to provide independent advice and recommendations. These changes are being proposed in the DHHS "cleanup" bill. Heather added that the independence component mirrors the Behavioral Health Commission's code and operating structure.

**Legislative Review Subcommittee Update: Teresa Garrett**

Teresa shared that the Legislative Review Subcommittee has been meeting monthly to review and discuss items from the Business & Labor and Health & Human Services interim committees. The Subcommittee proposes the following 2026 topical areas to focus on during the 2026 Legislative Session:

- Health Workforce Development/Incentive Programs
- Health Workforce Education/Pipeline
- Health Facilities/Staffing
- Scope of Practice/Supervision of Providers
- Rural Health Transformation Program (RHTP), specifically anything workforce related

Teresa clarified that Behavioral Health Workforce, which was a topical area in previous years, has been removed from the proposed list because USAAV+ will review those bills, per the recommendations from the Office of Legislative Auditor General (OLAG) behavioral health workforce audit. Mia Nafziger will share with the Legislative Review Subcommittee any behavioral health workforce bills that the HWAC should weigh in on.

**Motion passed to approve the 2026 legislative review topical areas.**

Teresa also shared an update regarding her discussions with Representative Thurston, Mark Steinagel, and others from the Department of Commerce on the mechanics of configuring a fund account for the Clinical Preceptorship Incentive Program and collecting voluntary contributions from precepting health professionals upon re-licensure. Representative Thurston plans to open a bill file for the Clinical Preceptorship Incentive Program, but he does not have the capacity to sponsor it. Senator McKell has agreed to be a sponsor, but has requested the bill start in the House.

#### **Utah Medical Education Council (UMEC) Update: Kristina Callis Duffin**

Kristina shared that the UMEC met on December 1st, during which two main points were discussed. The first was an overview of the graduate medical education (GME) expansion proposal developed by several UMEC and HWAC members that was submitted to the RHT Program. The second was a discussion around the current makeup of UMEC and the need to include GME stakeholders to help inform and carry out GME expansion efforts. Rationale for expanding UMEC statute and membership include the outdated language of the UMEC statute. The UMEC was formed many years ago before the additional medical schools came into being, and the statute currently does not include member representation from those schools.

**Motion passed for the HWAC to task the UMEC in the upcoming year to convene the appropriate parties to evaluate its current statute and membership, then recommend changes to modify the group.**

**Motion passed for the HWAC to task the UMEC to identify its legislative priorities in partnership with the Legislative Review Subcommittee to be brought forward for the 2027 session.**

#### **Data Subcommittee Update: Mark Steinagel and Holly Uphold**

Mark shared that the Data Subcommittee has been working closely with the Health Workforce Information Center (HWIC) team to review and make recommendations for updating a few questions in the profession-specific surveys completed upon license renewal. The two groups also discussed whether the survey should be embedded into the relicensure software. Ultimately, due to other technical system adjustments occurring in the Department of Commerce, the groups decided not to proceed with the embedding process at this time.

Holly Uphold shared more detail on the proposed survey changes to three questions to improve question clarity and data quality, as well as reduce respondent burden. The first proposed change is to combine questions 10 and 11, which are currently complex and require a high cognitive load, into a simplified question that allows for comparison with the national Cross-Profession Minimum Data Set. The second proposed change is to question 23, which currently asks for a range of hours per week spent at the primary practice location, and the change would modify the answer choice format to a drop-down selection of single-increment hours.

**Motion passed to approve of the proposed survey changes.**

#### **OLAG Behavioral Health Workforce Recommendation: Kendyl Brockman**

Kendyl shared an update regarding the formalization of the reporting structure between the Behavioral Health Commission (BHC) and the HWAC. Veritas Health Solutions, in partnership with Kendyl and Mia Nafziger, helped craft language that outlines the collaborative efforts and regularly scheduled meetings between the two organizations to avoid duplication.

In summary:

- Mia serves as the official Behavioral Health Commissioner and its representation on the HWAC.
- The BHC requests annual updates from the HWAC on behavioral health workforce efforts that the HWAC is working on.
- BHC and HWAC staff will meet at least monthly to provide updates and coordinate on behavioral health workforce-related activities.

### **Behavioral Health Workforce Data Report: Jiehong (Rainbow) Jiang**

Rainbow introduced the key findings and methodology of the survey data. The report's findings come from a voluntary survey of over 10,800 respondents and achieved a 53.6% response rate. Over the last decade, the percentage of Utahns reporting poor mental health jumped from roughly 16% to 24%, which indicates growing demand for the behavioral health workforce. The supply of behavioral health professionals in the state is growing, but that growth is uneven across professions. Financial barriers are a major constraint for increasing the supply of the workforce, due to educational debt and low wages. After several years of net increases in supply, we experienced a net decrease of 428 behavioral health professionals in 2023 and a net decrease of 343 in 2024. Based on the data projections, Utah will likely continue to fall below adequacy levels, where demand significantly outpaces supply.

### **Behavioral Health Workforce Strategic Planning: Mia Nafziger**

Mia shared an overview of the results from a survey that went out to members of the USAAV+ Behavioral Health Workforce Workgroup and the Utah Local Mental Health and Substance Use Authorities, in order to identify top issues and priorities for Utah's behavioral health workforce. Respondents identified Licensed Clinical Social Workers (LCSWs) and clinical-level counselors (clinical mental health counselors and marriage & family therapists) as Utah's most urgent workforce needs. Across all respondent groups, the following top issues and priorities emerged:

- Recruiting qualified behavioral health professionals
- Retaining experienced staff
- Low compensation or wage compensation

**Motion passed to approve of the top issues and priorities, identified by behavioral health workforce survey respondents.**

**Motion passed for the HWAC to create a time-limited Behavioral Health Workforce Strategic Planning Subcommittee to lead the strategic planning process, in coordination with the BHC.**

### **Office of Professional Licensure Review (OPLR) Update: Jeff Shumway**

Jeff shared an overview of the 2025 nursing and allied health occupation recommendations, as well as an update on OPLR's review of the rest of the healthcare professions that will be continued to be reviewed in 2026. During the 2026 upcoming Legislative Session, there will be a main OPLR bill through the Business and Labor Committee addressing the main recommendations around nursing, physician assistants, and physical allied health professions. In November, Representative Ballard had moved to carve out speech and hearing from the main OPLR bill, so she will be pursuing that as a separate bill.

For the rest of the health professions to be reviewed, early reviews have already begun for dieticians, genetic counselors, health facility administrators, and medical language interpreters. Beginning on January 1, 2026, OPLR will begin reviewing anesthesiologist assistants, chiropractors, dentists & dental hygienists, naturopaths, optometrists, pharmacists & pharmacy technicians,

physicians & surgeons (including DO), podiatrists, and radiologic technicians & assistants. OPLR's review is statutorily required to focus on patient safety, patient access and affordability, reducing barriers or costs for prospective professionals, and efficient & effective oversight of the professions.

### **2026 HWAC Action Plan: Kendyl Brockman**

Kendyl shared an overview of the 2026 HWAC Action Plan proposed activities that were distributed prior to the meeting. In summary, the proposed actions and activities include:

- **Action #1: Behavioral Health Workforce**
  - Review and affirm identified priorities
  - Establish a Behavioral Health Workforce Strategic Planning Subcommittee
  - Develop a draft Behavioral Health Workforce Strategic Plan for HWAC consideration
  - Share with the Behavioral Health Commission for input
  - Approve of final Behavioral Health Strategic Plan
  - Implement Behavioral Health Strategic Plan
- **Action #2: Rural Health Transformation Program Support**
  - Support health workforce initiatives associated with Utah's Rural Health Transformation (RHT) proposal and outcomes. (GME, Preceptorship, etc)
  - Collaborate with UMEC, USHE/Talent Ready Utah, health systems, and other partners to identify HWAC's appropriate role
  - Develop a collaborative structure, or another mechanism identified by stakeholders
- **Action #3: Fulfilling statutory duties and continuing collaboration**
  - HWAC and its Subcommittees to review its statute and/or other governing documents to identify any updates or language changes needed to better align with current state priorities.
  - Review health workforce related legislation and leverage subject matter expertise of the HWAC
  - Create data reports on the status of the statutorily prioritized health professions
  - Develop list of profession-specific considerations and opportunities
  - Explore and implement enhancements to Utah's health workforce data to increase data validity for use to support state decision making

**Motion passed to approve of the proposed 2026 HWAC Action Plan.**

### **University of Utah Bachelor's Degree in Health and Human Services: Stephanie Bank**

Stephanie introduced the exciting new bachelor's degree in Health and Human Services (HHS). The degree is currently undergoing review by USHE and will launch at the University of Utah during the Fall 2026 semester. Compared to the social work degree, which is a closed, clinically-focused program that has its own accreditation, the HHS will be an open, cross-disciplinary degree. The goal of the HHS degree program is to prepare and enable students to enter the health workforce without necessarily obtaining a master's degree if students choose not to or want to delay doing so. A unique feature of the degree is that it requires students to pursue specialties in other colleges within the university, such as Substance Use Disorder (College of Social Work), Health Communications (College of Humanities), Gerontology (College of Nursing), and more. Looking ahead, the next step for the HHS degree program is to make the courses available online. HWAC members and the community can help this degree program flourish by offering internship placement opportunities for HHS students to strengthen the health workforce pipeline.

### **Rural Health Transformation Program Update: Brittney Okada**

Brittney shared updates on Utah's RHTP application, which was submitted on November 5th for a hypothetical budget of \$1 billion. The funding notice was released by CMS on September 15th. Prior to the funding notice and throughout the application development process, the Utah RHTP team continuously conducted stakeholder engagement, resulting in a survey, 2 public open sessions, 4 workgroups, 3 listening sessions in rural communities, as well as a request for proposals with over 210 responses. Utah's RHTP application focused on 4 main strategic goals:

- **Make Rural Utahns Healthy (~\$155 million)**
  - Improve health, including maternal and behavioral health, and reduce the overall burden of chronic disease.
- **Workforce Development (~\$187 million)**
  - Build a sustainable rural health workforce by investing in career pathways, expanding training, connecting education to local needs, and supporting recruitment and retention.
- **Innovation and Access (~\$437 million)**
  - Strategically invest in preventative care infrastructure to advance proactive, community-based health delivery systems, which strengthen public health capacity.
  - Drive high-quality care, cost efficiency, and financial stability in rural health systems.
  - Harness scalable, data-informed telehealth strategies and create a system that is accessible and enduring.
- **Technology Innovation (~\$190 million)**
  - Leverage and expand shared services, which offer rural healthcare facilities a lifeline by providing the scalability and sophistication needed to operate efficiently.
  - Modernize interoperability and secure exchange of health data among clinics, hospitals, public health, behavioral health entities, and community-based organizations.

Utah's RHTP team expects a notice of funding award by December 31st, as required by law. 90% of the funding received will not stay with the department (DHHS), and will go toward the best of activities for strengthening the health of rural Utah. Key actions that can be taken during the waiting period include reading Utah's application (the summary and full narrative can be found here: <https://dhhs.utah.gov/ruralhealth/>) and understanding how your organizations might fit into or contribute to the proposed initiatives and activities. Utah's RHTP team thanks the HWAC for its key role in sharing its expertise, particularly with the Workforce Development initiative.

### **Wrap-up: Heather Borski**

The next HWAC meeting is scheduled for: Wednesday, March 18, 2026 from 1:00 - 3:00 p.m.

**Motion passed to adjourn the meeting.** The meeting adjourned by 2:58 p.m.

Respectfully submitted,  
Michelle Geller