Utah Department of Health & Human Services

Health Workforce Advisory Council (HWAC)
Wednesday, March 18, 2025 | 1:00 – 3:00 p.m.
Multi-Agency State Office Building (MASOB)
FY26 Q3 Meeting Minutes

Council Members Present: Heather Borski, Vic Hockett (virtual), Mia Nafziger, Igor Limansky (virtual), Sue Jackson, Teresa Garrett (virtual), Carrie Torgersen (virtual), Kristina Callis Duffin, Chris Williams, Kendra Muir (virtual), Michelle Hofmann, Tyler Goddard (virtual), Sarah Woolsey, and Mark Steinagel (virtual).

Council Members Absent: Francis Gibson

Guest Presenters: Jeff Shumway (OPLR) and John Stuligross

HWAC Staff Present: Ashley Moretz, Marc Watterson (virtual), and Kendyl Brockman.

HWIC Staff Present: Holly Uphold, Jiehong "Rainbow" Jiang, and Matt Cottrell.

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 12/17/2025 and 2/24/2026 meeting minutes.

Data Subcommittee Update
Mark Steinagel shared that the subcommittee did not formally convene during the past quarter because there were no re-licensure survey requests that needed to be considered. He also shared that DOPL will be implementing a new licensing software. DOPL hopes to have the decision on which licensure software/ provider they are going with by this summer and in place next Summer 2027.

Office of Professional Licensure Review (OPLR) Update
Jeff Shumway of the Utah Office of Professional Licensure Review (OPLR) presented an update on the current review cycle, which focuses on physicians, dentists, pharmacists, radiologic technologists, and several smaller healthcare groups. Utilizing a data-driven approach centered on patient safety, access, and affordability, the OPLR is evaluating these professions to identify unnecessary licensing barriers. Preliminary findings suggest that while total physician numbers have increased by 3% since 2020, this growth is concentrated in specialties, leading to a critical decline in primary care providers. This shortage is exacerbated by "education escalation," where external entities set credentialing requirements higher than state standards, potentially hindering workforce entry.

The review also highlighted distinct market dynamics affecting healthcare access and safety. While HRSA data indicates sufficient numbers of nurses and radiologic technologists, operational

constraints like burnout and episodic work schedules create perceived shortages. The pharmacy profession faces a unique "squeeze" from declining enrollments and rising costs, while the dental field prepares for a surge in demand in Southern Utah due to a wave of upcoming retirements. Regarding safety, the OPLR noted higher complaint rates for chiropractors and pharmacists; however, they cautioned that these figures often reflect facility-wide compliance issues or specific occupational risks rather than general patient harm, necessitating a more holistic review of national data and qualitative interviews.

In response to these findings, the OPLR is considering several incremental policy shifts, such as recognizing the Certified Nutrition Specialist credential similar to dietitians and modernizing the scope of practice for podiatrists to align with other states. A major priority is the development of a robust regulatory framework for "wellness" settings, including med spas and ketamine clinics. This involves defining "minor surgical procedures" for Nurse Practitioners and Physician Assistants to provide legal clarity following the Anderson v. Department of Commerce ruling. This effort aims to stabilize the cash-pay wellness market while ensuring practitioners can operate within a permanent, safe framework.

The presentation concluded by emphasizing the shifting composition of Utah's healthcare workforce. As the ratio of physicians to Advanced Practice Providers (APPs) continues to decrease, APPs are increasingly "backfilling" primary care roles to mitigate the impact of physician shortages. While the OPLR does not lead the policy response for residency funding or medical education, they remain committed to sharing this data to coordinate action across state departments and local health districts. Furthermore, progress continues on streamlining pathways for internationally trained professionals, with a dental pathway already established and a physician pathway currently in development.

Utah Medical Education Council Subcommittee Update
Kristina Duffin shared an update on the most recent UMEC meeting which was held on Monday, March 16th. She shared that UMEC revisited the conversation of HWAC and UMEC's role in graduate medical education (GME) expansion in the state. UMEC feels strongly that the membership needs to be expanded to include representation from both GME, undergraduate medical education (UME) and medical schools in Utah.

Kristina Duffin then shared that UMEC had a brief discussion on the 2026 legislative session and expressed their gratitude for Teresa Garrett and others for their leadership during the session. The session underscored the essential role of UMEC's funding in supporting Graduate Medical Education (GME) in Utah, highlighting the ongoing need to educate legislators and the public on its importance. Additionally, Michelle Hofmann shared that Idaho has a great example of a group that has been working on GME expansion in their state. The HWAC directed UMEC to draft recommendations for expanding its membership and to present these proposals during the June meeting. Another suggestion was to consult with one of DHHS Assistant Attorneys Generals (AAGs) to review UMEC's current statute and recommend updates to modernize it.

UMEC also briefly discussed lessons learned from House Bill 359 "Health Care Preceptor Amendments". Teresa Garrett suggested that we engage in a legislator much sooner than we have in past sessions.

Legislative Review Subcommittee Update/ Legislative Session Debrief/ Preceptorship Program DIscussion

Teresa started her update by sharing a brief overview on the 2026 General Session including the number of bill requests, numbered, passed, substitutes and amendments. She then did an overview on the Legislative Review Subcommittee. The subcommittee:

- Met 6 times throughout the session
- Reviewed a total of 16 health workforce related bills
- Of those 16 bills:
    - 5 were related to health workforce development and incentive programs
    - 5 were related to scope of practice/ supervision of providers
    - 4 were related to health workforce education and pipeline
    - 1 was directly related to the HWAC
    - 1 was directly related to the Rural Health Transformation Program
- 11 of the 16 bills were passed.
- There were bills passed in each of our topical areas.
- We reviewed bills from 11 different sponsors.

She then shared the successes of the HWAC and Legislative Review Subcommittee during the session. The success include:

- Letter from the HWAC to the Social Services Appropriations Subcommittee
- Narrowed the focus on legislation review
- Got more involved in the appropriation process
- HWAC's first bill being ran

She then moved into the Subcommittee's suggestions to update the legislative review process:

- Follow up with the 11 bill sponsors whose bills we reviewed and share that the HWAC is available as a subject-matter expert to help with future efforts.
- During the interim session, hold a workforce meet and greet with legislators- potentially coordinate this with AUCH and the Utah Academy Of Family Physicians for a "Workforce and Primary Care" day.
- Continue to keep a close eye on appropriations
- Invite legislators to present to the HWAC or Legislative Review Subcommittee to present on their health workforce related ideas and legislation

Teresa Garrett provided a comprehensive update on the progress of HB359, acknowledging Representative Thurston for initiating the bill and Representative Monson for leading it through the session. The legislation aims to address the preceptor bottleneck by creating a special fund supported by voluntary donations during the Department of Commerce's re-licensure process. While the bill reached a hearing and received broad conceptual support, several areas for improvement were identified. Specifically, the HWAC plans to refine the funding mechanism to increase clarity and projected revenue, as well as adjust language regarding "Utah-based" schools to ensure it includes programs located in Utah that may be headquartered elsewhere.

The council discussed the potential for a public-private partnership to strengthen the bill's financial viability, suggesting that commitments from institutions could provide necessary "starting funds." Due to the significant interest from the legislature, there is a strong push to designate this issue as a study item for the interim. The Department of Health and Human Services (DHHS) confirmed that

they recently received a request for study item recommendations and will work with the DHHS Office of Legislative Affairs to draft the language to request this as a study item.

Additionally, the council addressed the implications of HB383, which grants the Health Workforce Advisory Council (HWAC) greater autonomy as an independent body, similar to the Behavioral Health Commission. This shift is expected to allow HWAC more flexibility in legislative engagement. Moving forward, the cHWAC will coordinate with DHHS to understand how to best utilize this new independence. Teresa Garrett concluded by praising the efficiency of the Legislative Review Subcommittee and invited new members to join the Legislative Review Subcommittee.

Health Workforce Information Center (HWIC) Update
The HWIC shared part two of the behavioral health workforce study. The shared data on Substance Use Disorder Counselors (SUDCs) in Utah. Presented by Rainbow and Holly, the data highlighted a trend: while alcohol misuse and binge drinking increased between 2018 and 2022, treatment admissions dropped by 20%, raising concerns about whether residents are simply unable to access necessary care. The workforce itself faces a looming "retirement cliff," with 74% of providers over the age of 45 and only 6.8% under age 34. Although student enrollment has quadrupled since 2020, low wages remain a primary barrier to entry; SUDCs currently earn approximately $5,300 less than the state per capita income, often leaving them with little to no disposable income after student loan payments.

The HWIC also shared significant geographic and economic imbalances within the profession. Approximately 81% of the workforce is concentrated in urban centers, despite frontier areas reporting higher rates of substance misuse. While there is a strong trend toward "upskilling"—with many providers eventually earning master's degrees—there is a projected shortage of 330 FTEs by 2038 if recruitment does not improve. It was noted that while federal funding provided a temporary boost during the pandemic, long-term sustainability is threatened by high debt-to-income ratios. Moving forward, the HWAC and HWIC look forward to One Utah Collaborative Utah Behavioral Health Payment and Access Parity Dashboard to better understand how reimbursement issues and payer gaps are impacting service delivery in rural communities.

Behavioral Health Workforce Strategic Planning Update
Mia Nafziger shared an update on the Behavioral Health Workforce Strategic Planning Subcommittee. She started with a high-level review of the priority areas and emerging strategic plan for the behavioral health workforce, focusing on the three pillars of recruitment, retention, and compensation. A landscape analysis conducted by Veritas highlighted profession-specific challenges, notably a documented shortage of psychiatrists and a projected decline in the psychologist workforce. The report identified several systemic friction points, including long vacancy periods, supervision limitations, and high educational debt that often steers providers away from community-based settings. Retention remains a critical concern, as community and public providers frequently lose trained staff to higher-paying private practices or out-of-state remote roles. Additionally, pervasive burnout and limited career growth for paraprofessionals were noted as significant threats to workforce stability.

In response to these findings, several tentative solutions were proposed across four strategic buckets. To strengthen the pipeline, the Council is exploring ways to expand supervision capacity and bolster rural education pathways. Recruitment and retention efforts will focus on stabilizing the

rural workforce through collaboration with the Rural Health Transformation Project and identifying specific interventions to reduce provider burnout. Regarding compensation, there is a push to improve Medicaid engagement and conduct rate analyses, alongside a legislative effort to explore a behavioral health provider directory to ease administrative burdens. Finally, the Council discussed improving "workforce intelligence" by potentially mandating specific survey questions and formally evaluating the efficacy of existing incentives, such as the tax credits that recently led to a doubling of participating psychiatrists. The Council concluded by seeking feedback on which of these pressing areas should be prioritized in the upcoming strategic plan.

GME Efforts Update

Michelle Hofmann started her presentation with an overview of the physician pipeline, emphasizing that rural medical education must be viewed as a full continuum rather than isolated segments. She then noted a critical bottleneck in Utah's healthcare workforce: while undergraduate medical education (UME) has seen a 310% growth in student spots over the last decade, graduate medical education (GME) residency spots have only increased by 29%, with primary care growing by 15%. This disparity is significant because training location is the strongest predictor of practice location. Currently, Utah ranks fourth lowest in the nation for primary care physicians per capita, a gap that persists even when accounting for Advanced Practice Providers (APPs).

To address these gaps, the University of Utah is shifting its educational model toward Longitudinal Integrated Clerkships (LICs). This model moves medical students out of traditional hospital settings and into ambulatory, underserved, and rural clinics for year-long experiences. These efforts are supported by partnerships such as the Intermountain Population Health Scholars program, which provides forgivable loans to students who commit to practicing in high-need fields like general surgery or psychiatry. Additionally, a new regional campus is opening in St. George this fall to specifically recruit and retain students with deep ties to rural and underserved areas.

John Stuligross from Intermountain Health detailed the significant operational and federal hurdles to expanding residency programs in rural areas. While there is interest in "rural tracks," many Utah locations are classified by the federal government in ways that make them ineligible for certain funding, despite their high clinical need. Furthermore, most rural hospitals in the state lack the specific patient volumes in areas like labor and delivery required for residency accreditation. Beyond clinical volume, the infrastructure required to support a resident—including housing, transportation, and trained preceptors—requires significant upfront investment and a planning timeline of two to three years.

The discussion concluded with a focus on future strategic planning and the need for sustainable state funding. The team identified that while rural rotations are a viable short-term strategy, they do not offer the same retention benefits as full rural residency tracks. A new federal funding opportunity for GME Strategic Planning was noted as a critical next step, though the group emphasized that an external technical assistance partner would likely need to lead that effort.

Wrap-up: Heather Borski

The meeting concluded with an update from Heather regarding the establishment of the new Office of AI Policy within the Department of Commerce. This office has been identified as a key stakeholder due to its focus on workforce implications; consequently, leadership from the Office of AI Policy will be invited to a future meeting to discuss the evolving role of artificial intelligence and its potential

impact on the healthcare workforce. The next HWAC meeting is scheduled for Wednesday, June 17, 2026 from 1:00 - 3:00 p.m.

Motion passed to adjourn the meeting. The meeting adjourned by 3:00 p.m.

Respectfully submitted,
Kendyl Brockman