Department *of* Health
& Human Services

Health Workforce Advisory Council (HWAC)
Thursday, June 11th, 2026 | 12:00 – 2:00 p.m.
Virtual
FY26 Q4 Meeting Minutes

Council Members Present Virtually: Heather Borski, Igor Limansky, Teresa Garrett , Carrie Torgersen, Kristina Callis Duffin, Chris Williams, Michelle Hofmann, Tyler Goddard, and Mark Steinagel.

Council Members Absent: Francis Gibson, Vic Hockett, Sue Jackson, Kendra Muir, Sarah Woolsey

Guest Presenters: Jeff Shumway (OPLR)

HWAC Staff Present: Kendyl Brockman

HWIC Staff Present: Holly Uphold, Jiehong "Rainbow" Jiang, Jordan Miller, 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 03/18/2026 meeting minutes.

Administrative Update
Kendyl Brockman reported that the official sunset date for the Health and Workforce Advisory Council (HWAC) is approaching on July 1, 2027. She noted that the Department of Health and Human Services (DHHS) has recommended a renewal to the legislature, which is expected to be introduced via a cleanup bill to extend the council's timeline and ensure continuity of its work. Heather Borski added that the Health and Human Services Interim Committee briefly reviewed the sunset list during its May meeting without taking formal action or receiving agency comments. Heather mentioned that DHHS anticipates an opportunity to formally address the sunset items at an upcoming interim meeting over the summer and does not anticipate any challenges to securing the extension.

Health Workforce Information Center (HWIC) Update
Holly Uphold provided an update on the HWIC's progress, noting that Division of Professional Licensing (DOPL) completed its first full round of data collection for all assigned healthcare professions over the past two years. Since gaining access to the data last fall, the HWIC team has been analyzing the first round of findings while simultaneously starting analyses on a second round of professions up for renewal this year. She highlighted that the behavioral health and dentist workforce reports, along with data snapshots for APRNs and LPNs, are currently published on the website. Furthermore, workforce reports for substance use disorder counselors, dental hygienists, and physician assistants (PAs) are in the final review stages and expected within the next few weeks. Reports on audiologists, physical therapists, pharmacists, pharmacy techs, recreation therapists,

and podiatrists are anticipated to be reviewed and published in the upcoming months. HWIC is hoping to have all reports finished from the first round of data collection by the end of the year. She appreciates the support and patience as they have worked on getting on track after a data backlog.

Teresa Garrett expresses support and is wondering if with the fairly new data sets there are gaps, holes, or missing variables needed to be evaluated. Holly responded that while the team makes minor tweaks to the surveys, no substantial changes are needed, and they are eager to move into the second round to begin analyzing longitudinal data. Holly stated the HWAC would be informed if a broader evaluation becomes necessary. Teresa then suggested that the team document their lessons learned from using this standardized dataset in a peer-reviewed publication. Holly agreed that it was a great idea to potentially pursue with assistance from Veritas.

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

Teresa Garrett provided an update on the Legislative Review Subcommittee, noting that she and Heather Borski presented a high-level explanation of preceptorships and briefly presented on the stipend program recommended by the HWAC to the Health and Human Services Interim Committee on May 20th, 2026. While the presentation successfully illustrated that a stipend program is part of a multi-faceted solution to a complicated problem, she noted that no legislators volunteered to open a bill file yet. This may be due to an unestablished funding mechanism. To keep the momentum going for a potential bill in the 2027 legislative session, the subcommittee scheduled a meeting for the following week with key partners and legislators.

To address the administrative and program costs required to run the initiative, Teresa Garrett proposed that the council request the Department of Health and Human Services (DHHS) to submit a building block request, recalling that a previous request sought approximately $450,000 ($225,000 annually for the first two years) to establish the program. Heather Borski supported the initiative, noting that while utilizing Rural Health Transformation Program (RHTP) funding for preceptorships presents a challenge for a building block request, the process itself serves as a valuable educational tool for legislators even if it takes time to progress.

Following the discussion, Teresa made the **motion** that HWAC staff develop a building block request, to continue furthering the efforts of a preceptor stipend program in the state. Carrie Torgersen seconded the motion. The **motion** passed unanimously with no opposition or abstentions and no further discussion.

Data Subcommittee Update

Mark Steinagel reported the data subcommittee has not met since last quarter so no current updates at this time. The Department of Commerce is working to update its licensing system and hopes data collection will be streamlined in the future. At this time, their current aging licensing software cannot perform additional data enhancements until a new license system is in place. However, he noted that data continues to flow successfully despite these challenges, highlighting a 51% response rate for the newly published dental report on the HWIC webpage.

Office of Professional Licensure Review (OPLR) Update

Jeff Shumway presented an overview of the current remaining healthcare occupations reviewed by OPLR. While comparative data from 2020 to 2024 revealed a net 7% increase in total licensed

physicians, this growth was driven entirely by specialists, while the number of primary care physicians declined. The council discussed key factors driving this shortage, including high student debt loads worsened by new federal loan caps, preceptor bottlenecks in rural areas, and the lack of pipeline programs in rural high schools. Kristina Duffin offered to share more solution-oriented ideas/programs currently in place with her institution with OPLR, while Mark Steinagel confirmed that DOPL is designing a regulated clinical supervision pathway for foreign-educated professionals to serve as a localized substitute for traditional residency requirements.

Jeff then presented OPLR's preliminary recommendations aimed at reforming licensing, safety standards, and scopes of practice across several healthcare occupations. Key proposals include strengthening safety protocols for chiropractors, expanding practice scopes for optometrists and long-term care staff, and establishing a new registry to increase accountability for assisted living administrators. The recommendations also seek to streamline credentialing requirements for dietitians and naturopathic physicians.

Jeff concluded the presentation by highlighting two legislative reviews, focusing on statutory references and Minor Surgical, Med Spa, and Wellness (MSMW) guidelines. The MSMW review aims to clarify safety boundaries and definitions for minor surgical procedures, ketamine treatments, and IV hydration clinics, particularly for solo practitioners. Heather Borski noted jurisdictional confusion surrounding hydration and wellness facilities, and Jeff committed to coordinating with DHHS to clarify oversight authority.

Utah Medical Education Council (UMEC) Subcommittee Update
Kristina Duffin reported that during its May 18, 2026 meeting, the UMEC approved fiscal year 2027 funding for two grant programs entering their second cycle year. Under the Residency Grant Program, funding was approved for Community Health Centers (CHC) and the Primary Care Internal Medicine Residency at the University of Utah. Under the Forensic Psychiatry Fellowship Program, funding was approved for the forensic psychiatry fellowship at the University of Utah, Huntsman Mental Health Institute (HMHI).

Kristina then highlighted a projected deficit in the general UMEC account by fiscal year 2028 due to inflation and depleted cash reserves, which threatens localized funding for residents funded through UMEC. To address this, Kristina introduced a formal **motion** to pursue a two-pronged funding strategy: directing the HWAC staff to submit an initial building block request to DHHS leadership while simultaneously working with legislative champions to submit a Request for Appropriation (RFA) to boost the annual UMEC allocation to increase funding for family medicine residencies. Michelle Hofmann seconded the motion, and **motion** passed unanimously.

The council then engaged in a broader discussion regarding the long-term governance and statutory placement of UMEC. Kristina raised a philosophical question about whether Graduate Medical Education (GME) funding would be better protected and leveraged under the Utah System of Higher Education (USHE). Teresa Garrett supported exploring a USHE partnership, noting historically higher appropriation success rates through higher education committees, while Michelle provided historical context regarding UMEC's move to DHHS during the creation of the Health Workforce Advisory Council (HWAC). Michelle also noted that the University of Utah successfully sought state GME funding directly through USHE during the past session. Heather Borski recommended reviewing past legislative testimony to understand the initial shift to DHHS, and the council agreed to place this structural review on the next agenda.

Concluding her report, Kristina outlined an updated timeline for modernizing the UMEC statute and expanding its membership to account for the state's expanding medical schools, including Brigham Young University. Instead of running a formal restructuring motion in June, the HWAC will defer action to harmonize with an ongoing nationwide GME governance assessment being conducted by expert consultants under the RHTP, RISE 2.1 initiative. Heather confirmed that both the governance review and the consultant updates will return as future agenda items.

Behavioral Health Workforce Strategic Planning Update
Kendyl Brockman presented the final recommendations of the Behavioral Health Workforce Strategic Plan, which was developed by the Behavioral Health Workforce Subcommittee made up of behavioral health professionals and stakeholders in response to a legislative audit from the . The Office of the Legislative Auditor General (OLAG) directed the HWAC with collaboration from Utah Behavioral Health Commission to create the strategic plan.

Brockman outlined the plan's 11 core recommendations, defining the structural accountability and specific focus areas for each:

- **Recommendation 1 (Identify opportunities for free or low-cost clinical supervisor training and continuing education):** HWAC will partner with DOPL to identify and publish free or low-cost clinical supervision training options that meet new statutory guidelines taking effect January 1, 2027, without increasing administrative costs or creating additional friction for providers.
- **Recommendation 2 (Develop and promote clear behavioral health career resources and pathways):** HWAC will collaborate with Area Health Education Centers and the Association for Utah Community Health Centers to create clear, plain-language entry-to-advance career guides.
- **Recommendation 3 (Supporting and strengthening behavioral health paraprofessional roles):** The Behavioral Health Commission (BHC) will lead statewide stakeholder and employer engagement to resolve team integration, career progression, and utilization barriers for new state-level paraprofessional roles, specifically behavioral health technicians and coaches. Teresa Garrett noted these issues closely mirror ongoing sustainability and billing challenges faced by community health workers.
- **Recommendation 4 (Gather provider feedback on medicaid education resources and provide workforce considerations to DHHS for SB0288 implementation):** The BHC will gather workforce-informed feedback from rural and urban providers to share with the Utah Medicaid office to clarify training resources and align performance metrics required by SB 288 with workforce realities.
- **Recommendation 5 (Enhanced guidance for community-level behavioral health needs assessments):** The BHC will establish standardized, voluntary frameworks to assist local mental health authorities in identifying community-specific workforce gaps without placing mandates on local entities.
- **Recommendation 6 (Encourage or require commercial insurers to reimburse peer support services):** The BHC will lead an initiative to encourage or mandate state-regulated commercial insurers to reimburse for peer support specialists. Michelle Hofmann noted that this process mirrors the state's past successful efforts to bring Applied Behavior Analysis (ABA) therapy into the private commercial market to relieve the financial burden on families and Medicaid.

- **Recommendation 7 (Advise and monitor DOPL working group on statewide behavioral health provider database):** The BHC will advise a statutory DOPL working group (established under HB 71) to ensure a developing resource directory tracks critical workforce capacity planning data without over-burdening practitioners. This will coordinate directly with the RHTP, SHIFT directory initiative.
- **Recommendation 8 (Enhance behavioral health workforce data collection during DOPL licensure processes):** HWAC will coordinate with DOPL to integrate a minimal, high-utility set of required workforce planning questions directly into DOPL's new licensing platform scheduled for a 2027 rollout.
- **Recommendation 9 (Enhance data on behavioral health paraprofessionals available for workforce planning):** The BHC will lead a multi-agency data collection strategy to capture workforce metrics for non-DOPL certified behavioral professionals.
- **Recommendation 10 (Enhance data collection and reporting on behavioral health field instructor and supervisor workforce needs):** HWAC will collaborate with HWIC to successfully measure supervisory capacity and training constraints through future licensure surveys.
- **Recommendation 11 (Regular reporting of data on existing workforce incentive programs):** HWIC will aggregate and de-identify existing administrative reporting data from the Office of Primary Care and Rural Health to publish public-facing dashboards tracking state and federal incentive programs to measure their efficacy in underserved areas.

Following the presentation, Michelle Hofmann asked for clarification on how responsibilities are divided between HWAC and the Commission and how that division is being tracked. She expressed concern that, without clear lines, the two groups might compete over the same workforce priorities. Heather Borski and Kendyl Brockman reassured her that their joint oversight model was specifically designed to prevent overlapping responsibilities, per OLAG's directives. Kendyl also noted that the Behavioral Health Commission helped develop the behavioral health strategic plan.

Michelle **motioned** to approve the Behavioral Health Workforce Strategic Plan as presented. Teresa seconded the motion. The **motion** passed unanimously with no opposition or abstentions and there was no additional discussion.

Wrap-up: Heather Borski
The meeting officially concluded at approximately 2:00 PM. Heather Borski noted that the next scheduled meeting date of Wednesday, September 16th, appears to conflict with the standard legislative or subcommittee calendar. Staff will work to finalize a rescheduled date and distribute it to council members in the near future.

Motion passed to adjourn the meeting. The meeting adjourned by 2:00 p.m.

Respectfully submitted,

Kallysta Strong