



Department of Health & Human Services

Utah Medical Education Council (UMEC)

Monday, May 18, 2026

Virtual Meeting

Anchor Location: Multi-Agency State Office Building (MASOB)

4:00- 5:00 pm

FY26 Q4 Meeting Minutes

Council Members Present (Virtual): Kristina Callis Duffin, Karyn Springer, Cami Collett, Frank Powers, Marc Babitz, Mark Harris, Mark Greenwood, Collin Lash, and Michael Rhodes.

Guests Present (Virtual): Michelle Hofmann (University of Utah School of Medicine), Dr. Vidya Gopinath (University of Utah Primary Care Internal Medicine Track) & Jaime Christensen (University of Utah Huntsman Mental Health, Forensic Psychiatry Fellowship Program)

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

This meeting was recorded per the Open Public Meetings Act.

Welcome, Roll Call, and Approval of Meeting Minutes- Dr. Kristina Callis Duffin / All

Motion passed to approve the 3/16/2026 meeting minutes.

Program Updates- Dr. Frank Powers, Dr. Vidya Gopinath, & Jaime Christensen

The UMEC operates on a two-year application cycle for both the Residency grant program under UCA 26B-4-711 and the Forensic psychiatrist fellowship grant under UCA 26B-4-712. The programs currently receiving funding under these programs are wrapping up their first year of this application cycle and are here to report out to the group.

Residency grant program updates:

Dr. Vidya Gopinath represented and reported on behalf of the University of Utah, Primary Care Internal Medicine Track that significant success with the Primary Care Internal Medicine Track, noting that the inaugural intern class is excelling in rotations at the University of Utah Medical Center, Intermountain Medical Center, and the Veteran Affairs Medical Center ICU. The program recently completed a competitive application cycle, interviewing over 50 candidates to match four high-caliber residents. Notably, three of these matches have strong Utah ties, including students from Noorda College of Osteopathic Medicine School and residents from American Fork and Salt Lake City, while one resident from South Carolina brings a specific focus on rural primary care. The program is also seeing a robust pipeline of future interest through visiting student rotations.

Dr. Frank Powers represented and reported on behalf of the Community Health Center, Inc Family Medicine Residency. This program now has residents who are now seeing 10 patients per half-day and demonstrating a high degree of clinical independence. The program has expanded its community outreach through a partnership with the 4th Street Clinic to provide street medicine to homeless populations. Furthermore, the program has secured federal THCGME funding through 2029—a first for the state of Utah. This funding, alongside the grant,

will be used to bridge gaps in rural rotation support, including housing and faculty development. All four newly matched residents for this program have Utah ties and plan to remain in the state long-term.

Forensic psychiatrist fellowship grant program update:

Finally, Jaime Christensen presented on the University of Utah Forensic Psychiatry Fellowship, highlighting its role in addressing critical statewide staffing shortages. For the first time, the program has successfully placed a psychiatrist within the prison system, and all current graduating fellows have committed to staying in Utah. Despite a national trend of unfilled forensic fellowships, this program filled both of its positions and recruited a prestigious Rappaport Fellow. The fellowship continues to provide essential evaluation services to reduce backlogs at the Utah State Hospital and has even served as a recruitment tool for new child and adolescent faculty.

State Fiscal Year (SFY) 27 Funding for Residency and Forensic psychiatrist fellowship grant programs- All The UMEC held a detailed discussion regarding the allocation of annual appropriations for the Residency Grant Program and the Forensic Psychiatry Fellowship Program for the upcoming fiscal year (July 1, 2026 – June 30, 2027). Kendyl Brockman outlined the available budget, noting that appropriations remain consistent with previous years: \$1.5 million for the Residency Grant Program and \$550,000 for the Forensic Psychiatry Fellowship. As both programs are currently in the middle of a two-year contract cycle, no new applications were considered. The UMEC also reviewed and maintained a 2% administrative cost (\$30,000 and \$11,000 respectively) for the Department of Health and Human Services (DHHS) for program management.

A primary focus of the discussion was the distribution of the remaining \$1.47 million within the Residency Grant Program. Although the distribution was based on specific requests in the prior year, the committee reached a consensus to implement a 50-50 split between the two primary recipients: Community Health Centers, Inc. and the University of Utah Primary Care Internal Medicine Track. Dr. Frank Powers and Dr. Vidya Gopinath both expressed support for this simplified equal split, noting it aligns with their current budgeting. It was clarified that while the Residency Grant Program supports two 3-year residency tracks with 4 residents per year (12 total residents per program at full capacity), the Forensic Psychiatry Fellowship remains a separate legislative line item supporting 2 fellows per year in a 1-year program.

The UMEC addressed the structural challenge of the current two-year grant cycle, noting that while no new applications are needed for FY27, future discussions will be required to determine if the model should shift toward longer contract cycles. Following a clarification that the Forensic Psychiatry Fellowship funds are statutory and cannot be reallocated to the other residency programs, a motion was made to approve the second year of funding at the proposed rates, including the 50-50 split for the residency grants and the 2% administrative overhead. The motion was moved by Dr. Mark Harris, seconded by Dr. Cami Collett, and passed unanimously with no further discussion.

Motion passed will all in favor to approve the 2% DHHS administrative fee and the associated SFY 2027 contract amendments. This includes an equal split of \$1.47 million for Community Health Centers, Inc. and University of Utah Primary Care Internal Medicine under the Residency grant program so each will receive \$735,000, alongside \$539,000 for the Forensic Psychiatry Fellowship at the Huntsman Mental Health Institute under the Forensic psychiatry fellowship grant program.

UMEC general account and future carryover balance- UMEC staff, All

UMEC then had a discussion on the "General UMEC Account," which serves as the primary funding source for program administration and the direct support of four family medicine residency spots across Utah Valley Hospital, McKay-Dee Hospital, and the University of Utah. While these residents are currently funded at \$97,500 per year, a review of financial projections revealed a looming sustainability crisis. Although the program is fully funded for State Fiscal Year 2027, the historical reliance on carryover funding to bridge the gap between the \$1.2 million annual appropriation and the \$1.3 million in actual expenses is no longer viable. Projections indicate that by July 1, 2027 (FY 2028), these carryover funds will be exhausted, leaving a significant deficit that threatens both program administration and the existing residency positions.

During the discussion, members emphasized that the current \$97,500 per-resident allocation has failed to keep pace with inflation and covers less than half of the actual training cost, which is estimated at \$180,000 to \$200,000 per resident. Concerns were raised regarding the volatility of relying on hospital institutions to cover the remaining costs, particularly as those organizations face shifting financial priorities. Michelle Hofmann suggested looking to the "Idaho Model," where the state provides a consistent base of roughly one-third of the funding for every resident spot, which is then supplemented by federal and private hospital funds. UMEC noted a critical need for better transparency with the legislature to correct the misconception that these residency spots are already fully state-funded.

To address these challenges, UMEC unanimously passed a motion to pursue a two-pronged advocacy strategy. First, UMEC would like to submit an initial legislative request through the DHHS "Building Blocks" process by July. Simultaneously, UMEC will work through professional channels and legislative champions to seek a permanent increase in UMEC's annual appropriation. UMEC agreed that the formal proposal must include both a "minimum request" to cover inflation and a more comprehensive "true cost" model to ensure the long-term stability of primary care training in Utah. The motion to formally recommend this request for additional funding to the Health Workforce Advisory Council (HWAC) was moved by Marc Babitz, seconded by Mark Harris, and passed with all in favor.

Motion passed with all in favor to recommend that HWAC submit a DHHS building block request for additional funding to the UMEC "general account".

UMEC statute and membership- All

UMEC concluded the meeting with a discussion regarding the potential modernization of the UMEC statute, which has remained largely unchanged since the 1990s. Dr. Michelle Hofmann and Dr. Frank Powers led the conversation, emphasizing that the current membership profile and governance structure may no longer align with Utah's evolving medical education and payer landscape. A primary concern raised was the organizational placement of UMEC; currently administered through the DHHS, the program must compete for funding within the highly competitive Social Services Appropriations (SSA) committee. Dr. Michelle Hofmann noted that the Utah System of Higher Education (USHE) has historically been a more productive pathway for securing Graduate Medical Education (GME) funding, as it allows for a collective, system-wide approach to workforce shortages rather than individual program requests.

UMEC discussed the potential benefits of aligning more closely with USHE or a Board of Higher Education model, similar to the structure utilized in Idaho. This shift could provide a more appropriate platform for strategic planning and drawing down federal funding. Members expressed a strong desire to ensure that any restructuring

maintains "equal opportunity" and transparency for all residency programs, including those not affiliated with the University of Utah. Dr. Frank Powers highlighted that the Rural Health Transformation Program (RHTP) plan includes a statewide assessment to be conducted by expert consultants, which will analyze the most effective governance structures across the country to determine the best fit for Utah's specific needs.

To ensure these strategic considerations move forward, UMEC unanimously passed a motion to present this topic as an informational item to the HWAC in June. The intent is to secure HWAC's support for a formal reassessment of the statute and to ensure they are prepared to act on recommendations stemming from the upcoming statewide GME assessment. The motion was moved and seconded with all members in favor, and the meeting was subsequently adjourned.

Motion passed with all in favor to recommend that the HWAC consider findings and strategic considerations from the statewide GME assessment that, will be conducted under the Utah Rural Health Transformation Program initiative "RISE 2.1, 2.A: GME Strategic Plan", specifically regarding UMEC's placement, membership, and statutory authority.

Wrap-up: Dr. Kristina Callis Duffin

Dr. Duffin mentioned that Kendyl will reach out in the coming weeks to schedule Fiscal Year 27 meetings.

Motion passed to adjourn the meeting. The meeting adjourned by 5:00pm

Respectfully submitted,
Kendyl Brockman