



Department of Health & Human Services

Health Workforce Advisory Council (HWAC)

Wednesday, September 30, 2026 | 10:00 a.m. - 12:00 p.m.

Multi-agency State Office Building (MASOB)

FY27 Q1 Meeting Minutes

Council Members Present: Heather Borski, (v) Igor Limansky, Teresa Garrett , (v) Carrie Torgersen, Kristina Callis Duffin, (v) Chris Williams, Michelle Hofmann, (v) Vic Hockett, Darcy Carter, Maren Hansen, and (v) Melissa Aitken

Council Members Absent: Mark Steinagel, Sarah Woolsey, Lorena Horse, and Lori Weston

Guest Presenters: Jeff Shumway (OPLR)

HWAC Staff Present: Kendyl Brockman, Kallysta Strong, and Marc Watterson

HWIC Staff Present: Holly Uphold, Jiehong "Rainbow" Jiang, Julie Olson, 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.

Heather recognized departing committee members for their service: Tyler Goddard (Indian Health Advisory Board), Mia Nafziger, (Utah Behavioral Health Commission), and Kendra Muir (State Board of Education).

Heather introduced and welcomed new council members:

- Lorena Horse – Representing the Utah Indian Health Advisory Board
- Melissa Aitken – Representing the Utah Behavioral Health Commission
- Maren Hansen – Representing the Utah State Board of Education
- Darcy Carter and Lori Weston – Joining as new public members appointed by Commissioner Gruber

Heather expressed appreciation to appointed members Teresa Garrett and Sarah Woolsey for agreeing to continue their service on the committee, noting their ongoing leadership and engagement with council workgroups and subcommittees.

Following introductions, Mollie McDonald, Assistant Attorney General within Utah Department of Health and Human Services (DHHS), administered the constitutional Oath of Office to all attending council members.



Motion passed to approve the 06/11/2026 meeting minutes.

Administrative Update

Kendyl Brockman and Holly Uphold presented progress on the five HWAC/HWIC-led recommendations from the Behavioral Health Workforce Strategic Plan. To address upcoming licensing rules, staff is finalizing a live website inventory of free or low-cost DOPL-approved supervisor trainings (Recommendation 1), alongside clear career pathway guides developed with Salt Lake AHEC for entry-level roles (Recommendation 2). To enhance data quality, HWIC has updated behavioral health profession surveys, terminology to field instructors and clinical supervisors rather than preceptors (Recommendation 10) while collaborating with DOPL to embed 5 to 6 core workforce questions into its new licensing platform (Recommendation 8). Additionally, HWIC is partnering with the Office of Primary Care and Rural Health to launch a public-facing dashboard tracking state and federal provider incentive programs across all healthcare fields (Recommendation 11). All of these recommendations are in progress and should be completely or nearly completed by the next HWAC meeting.

Melissa Aitken provided an update on the Behavioral Health Workforce Strategic Plan previously presented to the Utah Behavioral Health Commission in May. The Commission is currently compiling a comprehensive strategic plan update that incorporates HWAC's plan as an assigned tactic. A formal adoption vote by the Behavioral Health Commission is scheduled for December 17, 2026.

Health Workforce Information Center (HWIC) Update

Holly Uphold reported that HWIC has worked through much of its historical data backlog by publishing reports for PAs, dentists, dental hygienists, and pharmacists, with reports for pharmacy technicians, speech-language pathologists, audiologists, medication aides, physical therapists, podiatrists, and substance use disorder counselors currently in review to wrap up the first round of 2024 survey data. The team is now transitioning to second-round analyses for physicians and APRNs while also sharing preliminary 2026 Behavioral Risk Factor Surveillance Survey (BRFSS) survey data on provider wait times, which revealed that 18% of respondents waited over a month for healthcare—ranging from 33% for primary care and 20% for mental health to 41% among write-in responses for specialty care. Following a question from Michelle Hofmann, Holly clarified that "primary care doctor" reflects general access across physicians and advanced practice providers, As well as noting from a question from Darcy Carter that care-seeking avoidance may account for lower-than-expected mental health wait-time figures.

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

Teresa Garrett presented an update on the subcommittee's summer efforts, which focused on refining the preceptorship stipend bill in partnership with Representative Monson for the upcoming



legislative session. Hoping to be drafted by November, the revised bill addresses previous legislative feedback by clarifying eligibility for schools operating in Utah and the potential to propose a dedicated funding stream generated by a small fee (up to 10%) on professional licensing renewals. This funding mechanism aims to allow healthcare professions to help fund their own clinical preceptors, with potential rulemaking to help prorate distributed funds back to the contributing specialties. However, this is something that could potentially be addressed in the rule making efforts. The subcommittee will resume monthly meetings in October and switch to weekly sessions during the legislative session to review healthcare-related legislation. Teresa called for new members to join the subcommittee.

Utah Medical Education Council (UMEC) Subcommittee Update

Kristina Duffin provided updates from UMEC's September 3rd meeting. Following Karen Springer's departure due to a role change at Intermountain Health, Chief Research Officer Sam Brown was introduced to take over her role on UMEC. A budget request was submitted to the Governor's Office of Planning and Budget (GOPB) to secure funding to expand and sustain family medicine residencies, which is currently under review ahead of the Governor's budget release in December. Additionally, UMEC is collaborating with consultants on the RISE 2.1 initiative to develop a 10-year strategic plan for expanding Graduate Medical Education (GME) across Utah to address critical residency bottlenecks.

In the ensuing discussion, Teresa Garrett and Michelle Hofmann highlighted the need for sustainable GME financing models tied to inflation or CPI, noting that one-time Rural Health Transformation Program (RHTP) funds require long-term funding strategies. Michelle and Kristina noted that neighboring states like Idaho utilize scalable, inflation-adjusted state co-funding models that braid state revenue with federal and clinical dollars.

RISE 2.2, 2.C: Rural Clinical Preceptor Stipend Program Update:

Kendyl Brockman presented initial data from Year 1 of the Rural Incentive and Skill Expansion (RISE) Preceptorship Stipend Program, a \$200,000 pilot initiative funded through the Utah Rural Health Transformation Program (RHTP). Operating as a pilot model for the state's long-term legislative stipend proposal, the Year 1 program successfully obligated 156,000 across 73 rural preceptors - comprising 30 APRNs (\$59,000), 18 PAs (\$46,000), 18 MDs (\$36,000), and 7 DOs (\$15,000). Preceptors spanned 13 non-urban counties, with the highest concentrations in Washington, Cache, and Iron counties. The program incentivized 12 first-time preceptors, primarily in family medicine, pediatrics, and OB/GYN. Application survey data indicated that over 50% of participants agreed the financial stipend was an important factor in their decision to be preceptor, while primary non-financial motivators included the joy of teaching and a commitment to training the future workforce. Key barriers identified by participants and non-applicants included schedule constraints, cumbersome application processes, payout conditions, and difficulties connecting with trainees.



Looking ahead to Year 2, staff plans to simplify applications, standardize stipend rates across all professions, and explore expanding eligible licensure types. During the council discussion, Michelle Hofmann raised concerns regarding the proposed 6-month application cycle, noting it disadvantages longitudinal integrated clerkship (LIC) models where rural medical students accumulate 160 hours over an 11-month school year. Michelle also highlighted Idaho's RHTP-funded initiative to establish a centralized statewide preceptor clearinghouse. Kristina Callis Duffin emphasized that credentialing, accreditation rules, and complex institutional affiliation agreements represent significant administrative hurdles to placement. Kendyl confirmed staff would incorporate this feedback, including evaluating flexible timeline horizons, for Year 2 cycle planning.

Office of Professional Licensure Review (OPLR) Update

Jeff Shumway presented key findings and preliminary recommendations from OPLR's annual healthcare occupational reviews and recent legislative study items. Data comparing 2020 and 2024 DOPL surveys revealed that while Utah saw a net growth in licensed physicians, this expansion was driven entirely by specialists, whereas primary care physician numbers declined. In other professional reviews, OPLR proposed establishing systemic sexual misconduct safeguards for chiropractors, supporting a limited scope expansion for optometrists to perform certain minor and laser eye procedures, and sunseting Utah's redundant state-level medical language interpreter certification in favor of established federal standards.

To address imaging shortages, OPLR recommends broadening Radiologic Practical Technician (RPT) scopes to allow supervised on-the-job training across all X-ray projections and permitting Radiologic Assistants (RAs) to draft initial image observations for radiologist sign-off. Vic Hockett (Talent Ready Utah) detailed a high school-to-career pilot program supporting these imaging pathways, while Darcy Carter, Carrie Torgersen, and Michelle Hofmann discussed outpatient demand and potential integration with AI tools. Additionally, OPLR recommends recognizing the Certified Nutrition Specialist (CNS) credential alongside Registered Dietitians to open reimbursement pathways and expand access to medical nutrition therapy across the state.

Addressing the Minor Surgical, Med Spa, and Wellness (MSMW) review, OPLR partnered with a multi-disciplinary technical working group to establish explicit statutory definitions for minor surgical procedures performable by Advanced Practice Providers (APPs). Under upcoming draft legislation sponsored by Representative Thurston, minor surgical procedures are defined around minimal sedation, lower risk, and no required post-operative hospitalization. Kristina Callis Duffin expressed appreciation for OPLR's clinical stakeholder engagement while emphasizing the need to preserve procedural flexibility in rural and underserved ER settings. In response to Michelle Hofmann regarding med spa oversight, Jeff clarified that OPLR is proposing a distinct regulatory structure that holds designated medical directors personally liable for safety protocols and compliance at standalone med spas and ketamine clinics.



Department of Health & Human Services

Wrap-up: Heather Borski

Chair Heather Borski opened the floor for final announcements before concluding the formal agenda early: Teresa Garrett announced a new CMS grant awarded to the Colorado Center for Nursing Excellence (with the Utah Action Coalition as a subrecipient). The initiative provides up to \$40,000 in loan repayment plus a \$10,000 annual salary stipend for RNs and LPNs committing to three years in long-term care facilities, prioritizing rural Utah. Utah will have up to 60 recipient opportunities, with the program expected to launch around November 1, 2026.

Heather Borski noted that the next scheduled meeting date is Thursday, November 12th, 2026.

Motion passed to adjourn the meeting. The meeting adjourned by 11:30 AM.

Respectfully submitted,

Kallysta Strong