Office of Professional Licensure Review

UTAH DEPARTMENT OF COMMERCE

Business & Labor Interim Committee Presentation

OPLR Healthcare Licensure Review (Year 2)

May 20th, 2026

Today's discussion

1. Overview of OPLR healthcare review
2. Early findings and implications from Year 2 ***– SUBJECT TO CHANGE***
3. Additional 'cross-cutting' reviews
    a. Minor Surgical, Med Spa & Wellness (MSMW) review
    b. National groups review

1 Licenses in OPLR healthcare review

Current

2025 Review – Year 1

Nursing & Related

APRN, CNM, CRNA, Direct Entry Midwife, LPN, **Medication Aide**, Physician Assistant, Respiratory Therapist, RN, RN Apprentice

Allied Health – Physical:

Acupuncturist, Athletic Trainer, OT, OT Assistant, PT, PT Assistant

Allied Health – Speech/Hearing:

Audiologist, Hearing Instrument Intern, Hearing Instrument Specialist, Speech Language Pathologist

2026 Review – Year 2

Fall 2025 Reviews

- Dietitian
- Genetic Counselor
- Health Facility Administrator
- Medical Language Interpreter

2026 Reviews

- Anesthesiologist Assistant
- Chiropractor
- Dentist & Dental Hygienist
- Naturopath
- Optometrist
- Pharmacist & Pharmacy Technician
- Physician & Surgeon (incl. DO)
- Podiatrist
- Radiologic Techs & Assistant

1 OPLR review criteria for healthcare licensure

Safety

- Harm to the **health**, **safety**, or **financial welfare** of the public
- **Severity**, **probability**, and **permanence** of harm
- The extent to which the proposed or existing regulation of the occupation **protects against** or **diminishes** the harm

Access

- The **supply** of qualified practitioners
- **Barriers to service** that are not in the public interest
- **Barriers to entry** into the occupation or related occupations
- Potentially **less burdensome regulatory alternatives**

Affordability

- Imposes **new costs** on existing practitioners
- Barriers to service that are not in the **public financial welfare**
- Impacts the health care provider's **ability to obtain payment**
- **Barriers to entry** into the occupation or related occupations

Selected OPLR review criteria from Utah Code 13-1b-302

1 OPLR review timeline

Review step	Timing
Develop initial findings from research & analysis	January – April
Vet findings and early recommendations	May – August
Finalize review recommendations	September – November

2 OPLR review themes

- **Access to physicians** – particularly in primary care specialties – is a concern, avenues to address that through licensure are limited

- **Scope expansions**: there are additional opportunities to expand access, though impact may be incremental due to existing broad scopes of practice

- **Several safety-related concerns** should be addressed (e.g., certain conduct within chiropractic practice, inconsistency of regulations for medication passing and facility administration within long-term care)

PRELIMINARY – SUBJECT TO CHANGE

2 Early findings from licensure review (1/3)

Of concern, but licensure has limited influence

Licensure may have more impact

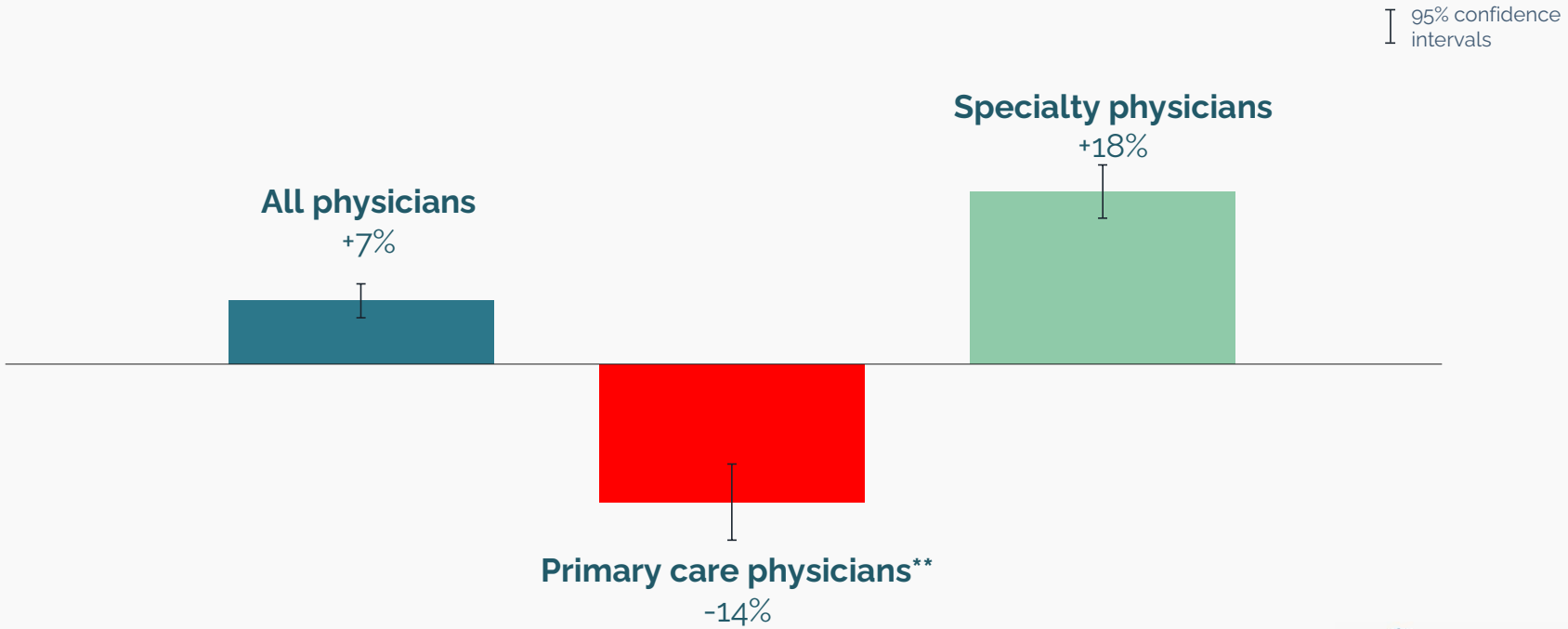
	Profession (#)	Key issues	Licensure implications
a	Physician (MD/DO) (*18,300*)	• Primary care & rural access • Training cost/length	Minimal (e.g., tidy up unused pathways)
b	Chiropractor (*1,105*)	• Rate of sexual misconduct • Reimbursement, education ROI	Patient safeguards (e.g., disclosures, enforcement)
c	Optometrist (*695*)	• Optimize access; align scope with training	Scope (e.g., laser procedures)
d	Rad Tech* (*3,915 & 560*)	• Workforce participation (RTs) • Narrow scope (RPT)	RPT scope & RT entry pathways
e	Medication Aide (*90*)	• Concerns re unlicensed aides • Different regulations b/n settings	Scope (e.g., insulin) and more standard training or regulations
f	Health Facility Administrator (*375*)	• Challenging setting • Different regulations b/n settings	More standard regulation across settings & DOPL/DHHS

* Includes Radiology Practical Technician (RPT) and Radiologic Technologist (RT), excludes Radiologist Assistant (<10 licensees)
Source: OPLR analysis

PRELIMINARY – FOR DISCUSSION

2a Growth in physician ratios in Utah is driven by specialties, not primary care

Percent change in number of physician FTEs per 10,000 people in Utah (2020–24)*



* FTE counts weighted by age and gender (to follow UMEC 2020 methodology)
** Primary care physicians include: family medicine, general internal medicine, general OBGYN, general pediatrics, and primary care
Source: 2020 UMEC Physician Report and OPLR analysis of 2024 MD and DO physician license renewal survey; OPLR analysis

PRELIMINARY – FOR DISCUSSION

2b Chiropractors have a disproportionate rate of sexual misconduct complaints

DOPL substantiated complaints 2017-22

License	Total complaint rate	Sexual misconduct rate	% of complaints listed as sexual misconduct*	Number of licensees
Chiropractic Physician	**5.1**	**0.80**	**10/64 (16%)**	**1,257**
Massage Therapist	1.7	0.37	36/168 (21%)	9,789
Physician (MD/DO)	2.0	0.07	12/365 (3%)	18,458
Physical Therapist	0.7	0.03	1/23 (4.3%)	3,449
Nurse Practitioner**	2.5	0.03	2/150 (1.3%)	6,047

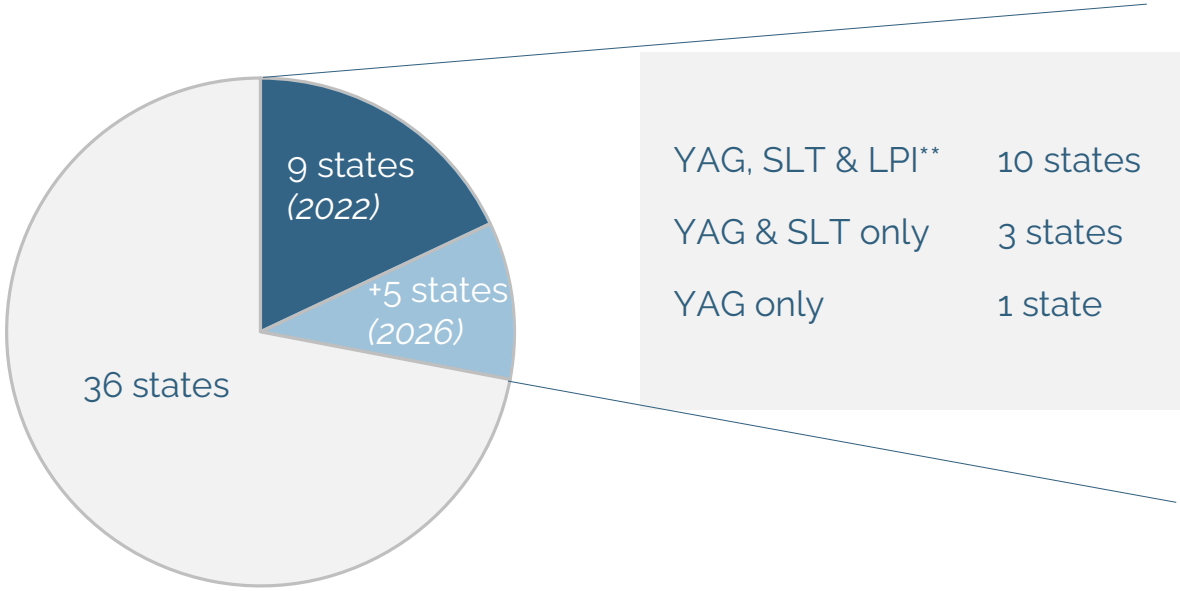
2017-2024 rates are slightly worse:

- Higher complaint rate: **5.35**
- Higher sexual misconduct rate: **1.0**
- Sexual misconduct is a greater share of complaints: **14/73 (19%)**

*Data reflect standard DOPL categories for comparison with other professions. OPLR's review of chiropractic complaints found a higher number related to sexual misconduct beyond DOPL's standard categorization (20 of 73 complaints reviewed).
**Includes APRN, CNM, and CRNA licenses
Source: DOPL license data; DOPL complaint data; OPLR analysis

2C Fourteen states allow optometrists to perform some laser procedures

States allowing laser procedures by optometrists*



YAG, SLT & LPI**	10 states
YAG & SLT only	3 states
YAG only	1 state

States typically require:

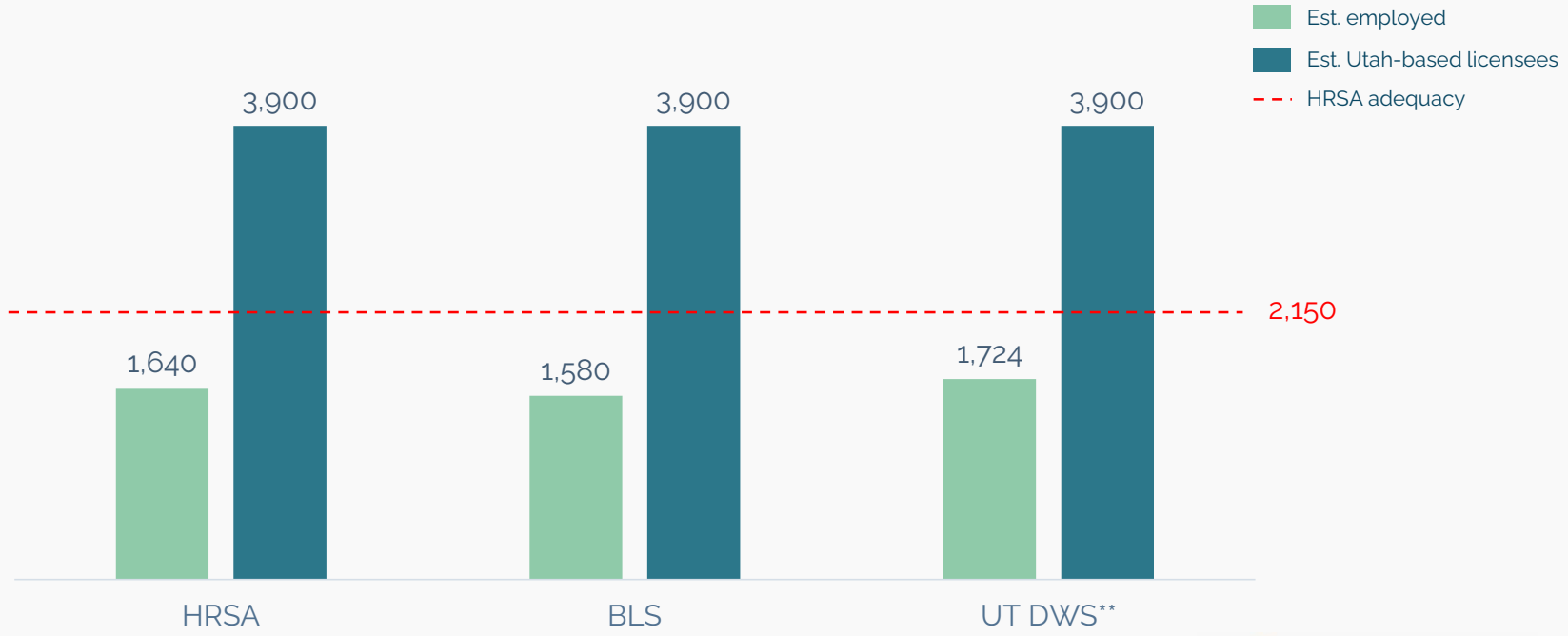
- **Recent graduation** (i.e., since 2020) from an accredited program **where procedures were taught**
- Completion of a training course with **demonstration of proficiency**

* Excludes Wisconsin and Indiana because OPLR was unable to verify laser procedure scope within those states' statutes
** This analysis focuses on YAG, SLT and LPI procedures. Somes states include other procedures, such as ALT and PRK, but the number is hard to determine as the procedures may not be mentioned explicitly in statute
Source: OPLR policy scan

PRELIMINARY – FOR DISCUSSION

2d RT employment estimates are much lower than licensure, suggesting participation is an issue

Comparison of employment vs licensure for Radiologic Technologists and Technicians, 2024*
Number



* HRSA estimates full-time equivalent (FTE) workers, BLS and DWS estimates include full-time and part-time workers
** DWS data is presented as "current", year unknown
Source: HRSA: Health Resources and Services Administration (HRSA) Workforce Projections; U.S. Bureau of Labor Statistics (BLS): Occupational Employment and Wage Statistics; UT DWS: Utah Department of Workforce Services; DOPL licensee data; OPLR analysis

PRELIMINARY – FOR DISCUSSION

2e Requirements for medication passing varies between long-term care settings

Long-term care includes two settings with different regulations re: med passing

	Skilled Nursing Facilities	Assisted Living Facilities
Residents[1]	• Need the help of more than one person to exit the building • Require long-term, 24-hour nursing care	• Able to exit the building with the help of one person • Can be "cognitively impaired or physically disabled" but cannot require long-term, 24-hour nursing care
Govt. Oversight	Heavy federal regulations; state regulations via DHHS facility licensing	State regulations vis DHHS facility licensing
24-Hour Nursing Presence[2]	Yes	No
Med-Passer Qualifications[3]	**Medication Aide Certified (MAC)** • 2,000 hours as a CNA • 100 hours of training	**Unlicensed 'med techs'** • 16 hours of training (all staff) • Training as required by RN
Passing Controlled Substances	Yes	Yes

What problems are we trying to solve?

- **Med passing violations** happen in Utah ALFs[4]
- A robust study shows resident **meds are similar across settings**[5]
- Allowing **limited insulin in assisted living** could increase access and affordability

1. ALF admission criteria are found in R432-270-10
2. See R432-150-4(3)(d)
3. MAC requirements are found in UCA 58-31b-102(9), R156-31b-302g, & R156-31b-802. Requirements for those passing medications in ALFs are found in DHHS rules (R432-270-8 & R432-270-18).
4. In 2025, DHHS cited ALFs for noncompliance with medication delegation rules 64 times – 3 resulted in high actual or likely harm, and 17 resulted in moderate actual or likely harm (data provided by DHHS).
5. Lei et al. (2022) found that a similar percent of ALF and SNF residents take 5 or more medications, 10 or more medications, antipsychotics, and benzodiazepines.

PRELIMINARY – FOR DISCUSSION

2f Regulation for administrators is also uneven across long-term care settings

Long-term care includes two settings with different regulations re: med passing

	Skilled Nursing Facilities	Assisted Living Facilities
Residents[1]	• Need the help of more than one person to exit the building • Require long-term, 24-hour nursing care	• Able to exit the building with the help of one person • Can be "cognitively impaired or physically disabled" but cannot require 24-hour nursing care for more than 15 days
Govt. Oversight	Heavy federal regulations; state regulations via DHHS facility licensing	State regulations vis DHHS facility licensing
Administrator Requirements	**Health Facility Administrator (HFA)** license required by federal law[2]	License not required; DHHS outlines qualifications[3]
Employer Oversight	77% of facilities owned by a company with >1 facility[4]	72% of facilities part of a company[5]

What problems are we trying to solve?

- DHHS does see issues with some ALF administrators[6]
- Closing any long-term care facility is very disruptive; last resort
- Some administrators are also owners
- Removing administrators in assisted living is difficult

* HRSA estimates full-time equivalent (FTE) workers, BLS and DWS estimates include full-time and part-time workers
** DWS data is presented as "current", year unknown
Source: HRSA: Health Resources and Services Administration (HRSA) Workforce Projections; U.S. Bureau of Labor Statistics (BLS): Occupational Employment and Wage Statistics; UT DWS: Utah Department of Workforce Services; DOPL licensee data; OPLR analysis

PRELIMINARY – SUBJECT TO CHANGE

2 Early findings from licensure review (2/3)

Potentially incremental impact via licensure

	Profession (#)	Key issues	Licensure implications
g	Pharmacist & Tech (*4,210 & 6,460*)	• Pressures in retail pharmacy • Regulatory complexity/compliance	Likely minimal opportunities for scope expansion; billing/payment issues
h	Podiatric Physician (*280*)	• Access and safeguards for higher risk procedures appear sufficient	Incremental scope expansion
i	Dietitian (*1,665*)	• Access appears sufficient • States are including other providers	Additional pathway or certification
j	Naturopathic Physician (*110*)	• Very small profession relative to its primary care focus	Scope and reducing barriers to licensure/practice

Source: OPLR analysis

PRELIMINARY – SUBJECT TO CHANGE

2 Early findings from licensure review (3/3)

Minimal to no impact

	Profession (#)	Key issues	Licensure implications
k	Genetic Counselor (*515*)	• Access assisted by telehealth	Minimal, potentially scope
l	Dentist & Hygienist (*3,910 & 4,235*)	• Income/insurance affects access • Hygienist workforce participation • Recent hygienist practice expansions	Minimal to none given recent expansions
m	Anesthesiology Assistant (*5*)	• New license, low uptake	None
n	Medical Language Interpreter (*65*)	• Substantial existing oversight • Hard to source niche languages	TBC

Source: OPLR analysis

3 Cross-cutting initiatives

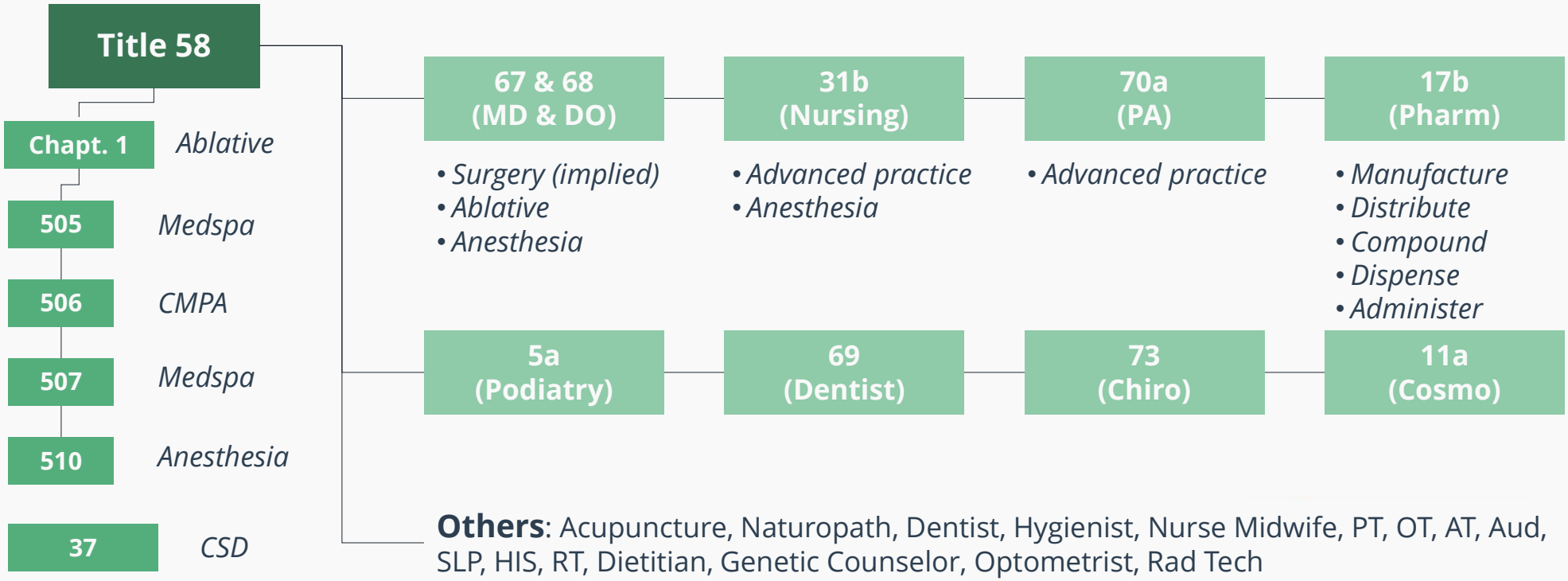
	Review topic	Main issues	Next steps
a	Minor surgical, med spa & wellness (MSMW)	• Definition of 'minor surgical'; who may perform • Clarity for cosmetic medical procedures • Ketamine & IV clinic policy	• Work with technical group • Coordinating proposal with DOPL/LRGC
b	National professional groups	• Education escalation via accrediting bodies • Professional associations' control of funding (e.g., RHTP) • Role of profession-specific exam and accrediting bodies	• TBD • Planning coordination with USHE, employers, payors, HWAC, others

3a MSMW: What problem(s) are we trying to solve?

*Current statutes may be adding to **confusion** and **patient safety issues** through a lack of clarity in four main areas:*

- Minor surgical: practitioners (incl. APPs, physicians, employers) need clear definitions of 'minor surgical procedures' that allow industry participants to practice safely at top of license (see SB31).
- CMPA rewrite: the Cosmetic Medical Procedures Act (UCA 58-1-505, 506, 507) uses inconsistent language, and requires licensees to understand multiple chapters within Title 58.
- Ketamine clinics: as ketamine use grows, DOPL needs appropriate clarity for investigators and practitioners, and appropriate enforcement authority.
- Wellness clinics: similarly, the growth of IV and other wellness clinics, and related complaints around compounding, pharmacy violations, and substandard care, require clear guidance for investigators, practitioners and appropriate enforcement authority.

3a The complexity of current statutes may confuse even savvy practitioners



Others: Acupuncture, Naturopath, Dentist, Hygienist, Nurse Midwife, PT, OT, AT, Aud, SLP, HIS, RT, Dietitian, Genetic Counselor, Optometrist, Rad Tech

3a MSMW technical working group: kick-off 5/6

Name	Profession	Affiliation	Education
Shelbi Brooke	Physician Assistant	The Plastics Clinic & Spa	Rocky Mountain University
Kevin Byrne	Physician (Psychiatry)	University of Utah; Huntsman Mental Health Institute	Boston University
Rich Cox	Pharmacist	Intermountain Healthcare	University of Utah
Shawn Kinross	Certified Registered Nurse Anesthetist	Intermountain Healthcare	Southern Connecticut State University
Eric Millican	Physician (Dermatology)	University of Utah	Washington University
Christine Platt	Advanced Practice Nurse Practitioner	Brigham Young University Parkinson Dermatology	Brigham Young University University of Arizona
Mallory Stahl	Master Esthetician	Elle Esthetics	Skin Science Institute

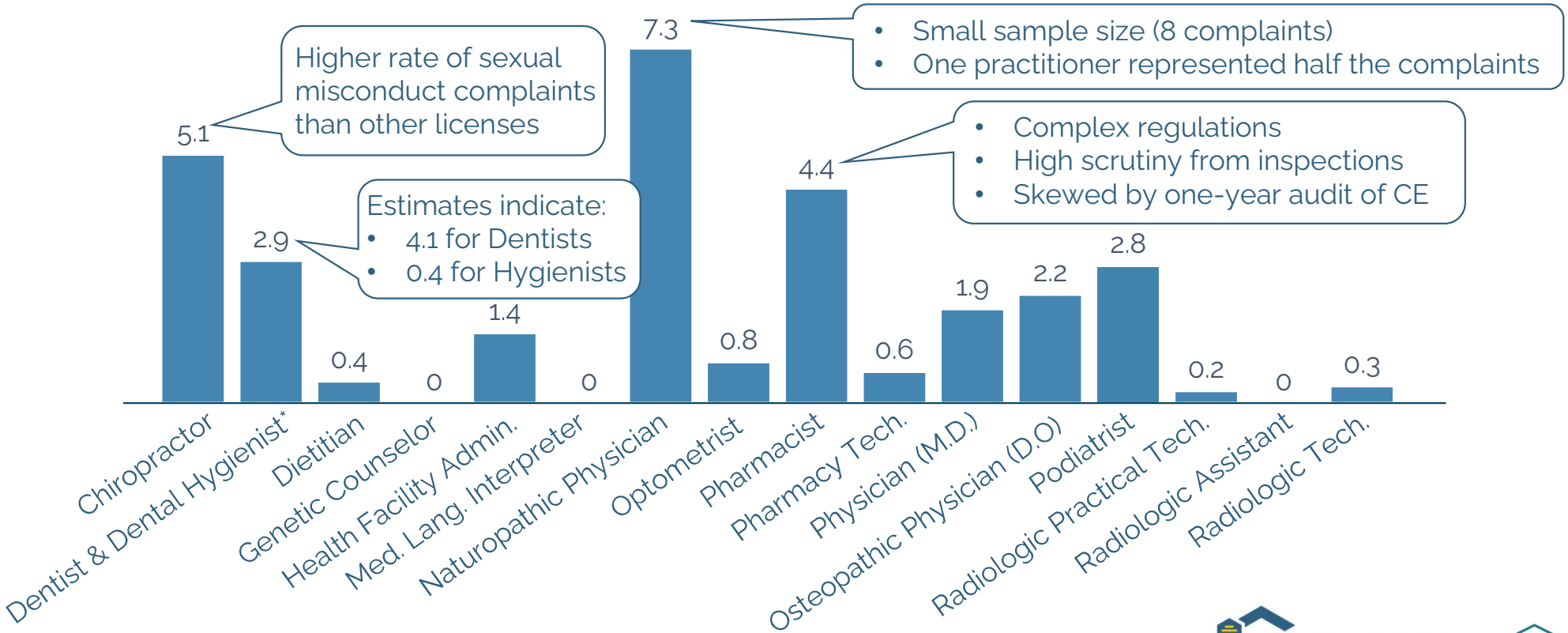
Appendix

PRELIMINARY – SUBJECT TO CHANGE

Most licenses don't present safety concerns

DOPL complaint rate – substantiated complaints per 100 practitioners 2017-22

Number

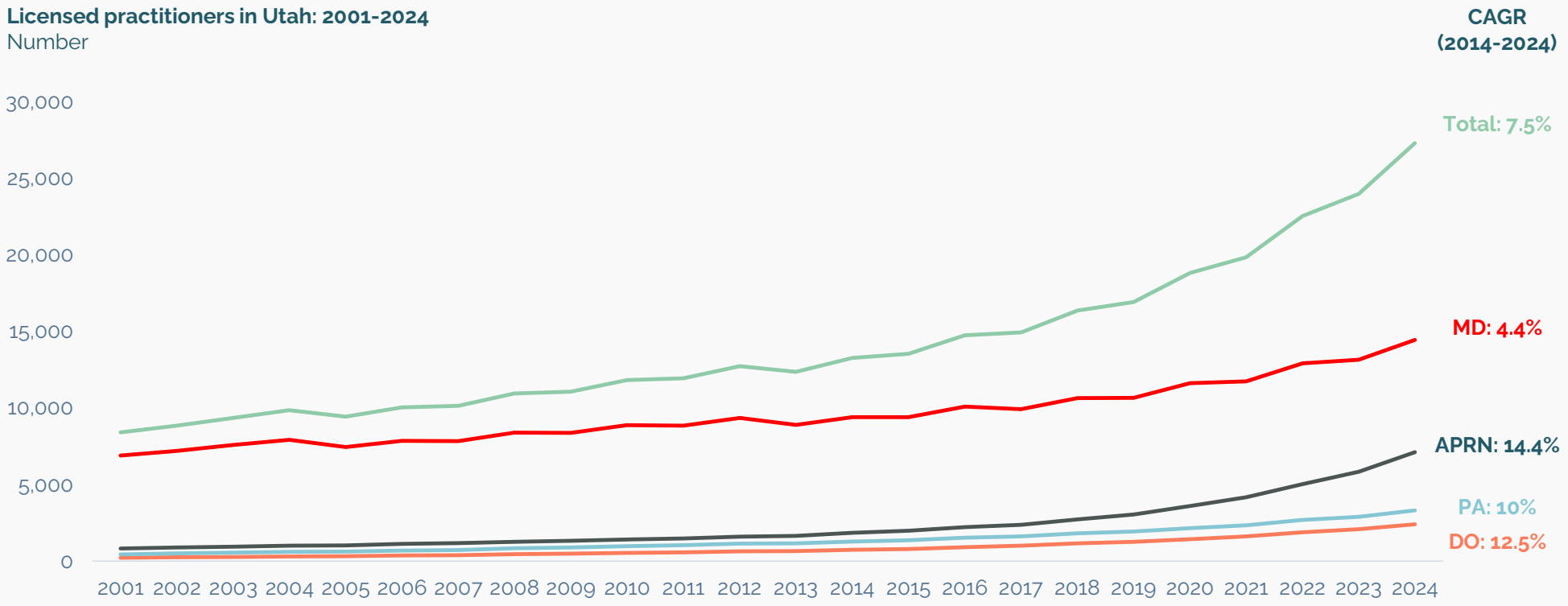


* Rate is blended due to information gaps in some historical DOPL licensing records

Source: DOPL license data; DOPL complaint data; OPLR analysis

PRELIMINARY – FOR DISCUSSION

Growth in MD physician licensure lags other healthcare providers

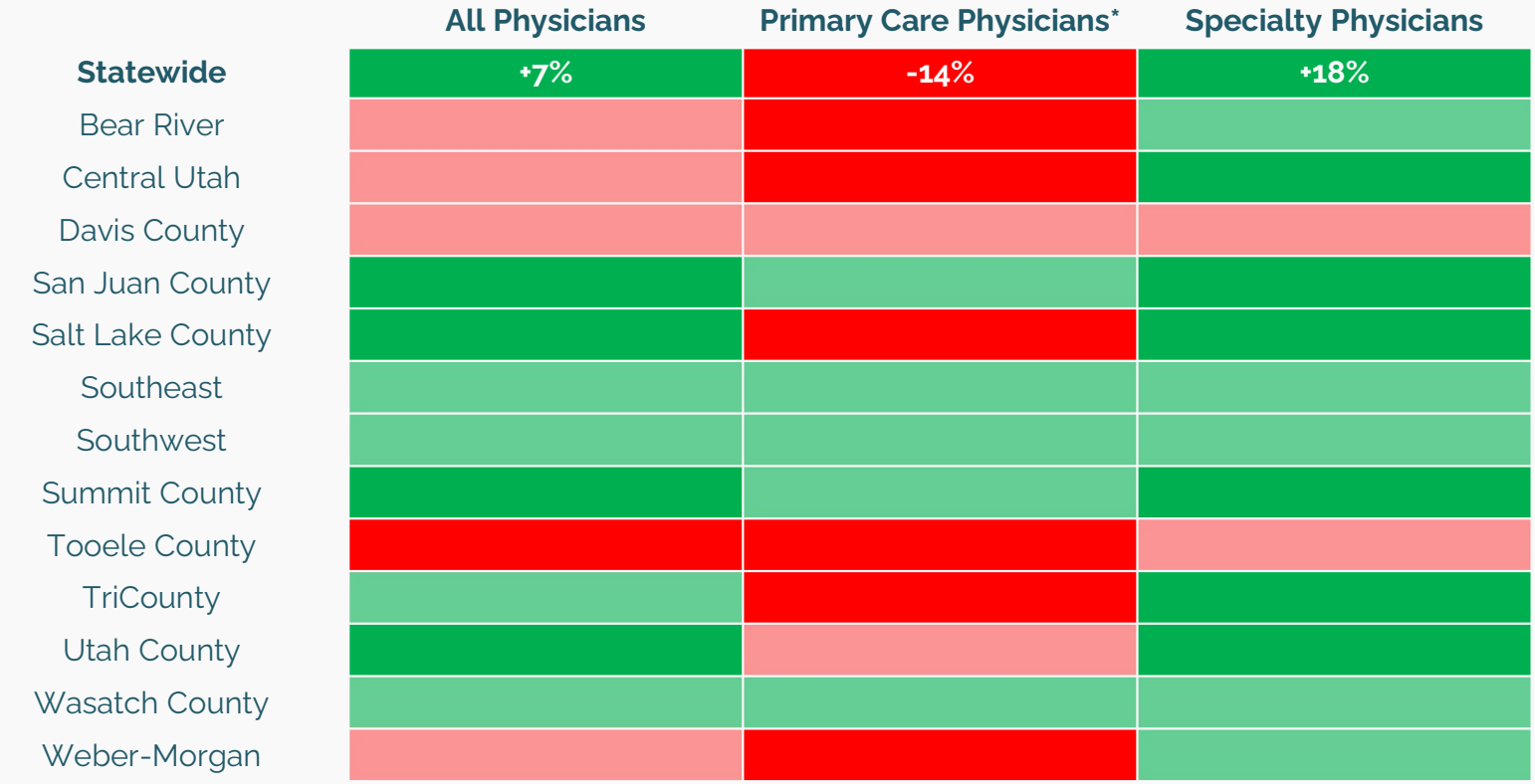


Source: DOPL Licensing Data; OPLR analysis

PRELIMINARY – FOR DISCUSSION

Growth in specialty and reduction in primary care physicians is apparent statewide

Percent change in number of physician FTEs per 10,000 people by location (2020–24)



Decreased (95% confidence interval)

Decreased (Point estimate only)

Increased (95% confidence interval)

Increased (Point estimate only)

Bear River: Cache, Box Elder, Rich

Central Utah: Juab, Millard, Piute, Sanpete, Sevier, Wayne

Southeast: Carbon, Emery, Grand

Southwest: Beaver, Garfield, Iron, Kane, Washington

TriCounty: Daggett, Duchesne, Uintah

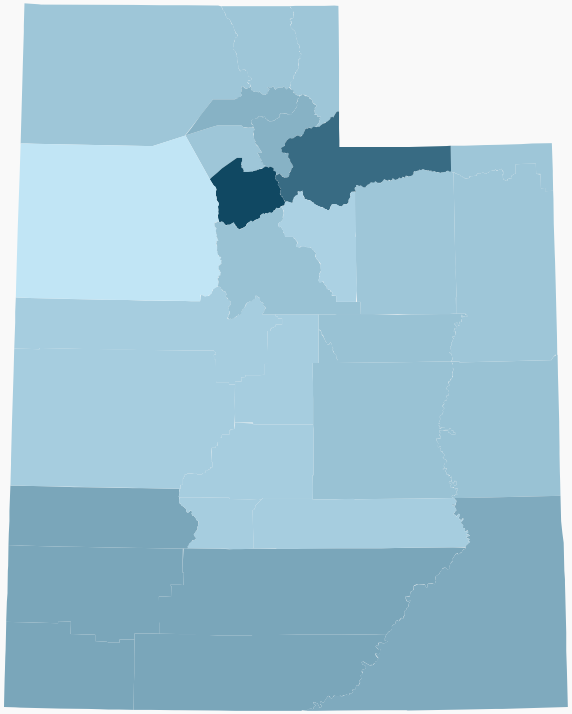
*Primary care physicians include: family medicine, general internal medicine, general OBGYN, general pediatrics, and primary care.
Source: 2020 UMEC Physician Report and OPLR analysis of 2024 MD and DO physician license renewal survey; OPLR analysis
FTE counts weighted by age-gender categories.

Utah COMMERCE

PRELIMINARY – FOR DISCUSSION

The number of physicians per population varies significantly throughout the state

Number of physician FTEs per 10,000 people (2024)



	FTEs per 10,000 people
Salt Lake County	46
Summit County	37
STATEWIDE	26
Southwest Utah	22
San Juan	21
Weber-Morgan	19
Utah County	15
Southeast Utah	15
Davis County	14
Bear River	14
TriCounty Utah	14
Central Utah	12
Wasatch County	11
Tooele County	6
Mean	19
Median	15

Bear River: Cache, Box Elder, Rich

Central Utah: Juab, Millard, Piute, Sanpete, Sevier, Wayne

Southeast: Carbon, Emery, Grand

Southwest: Beaver, Garfield, Iron, Kane, Washington

TriCounty: Daggett, Duchesne, Uintah

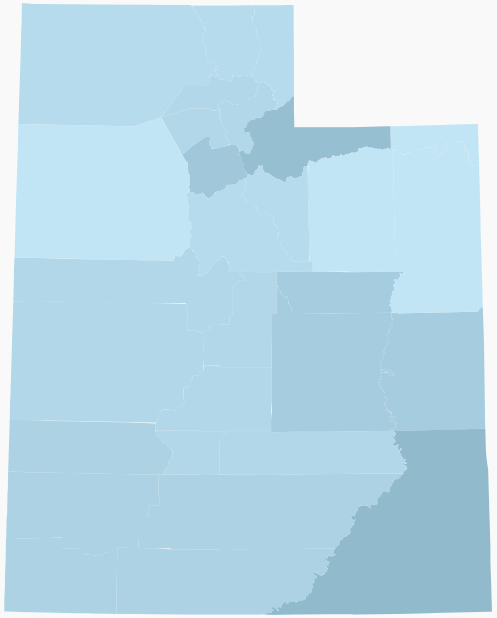
Source: OPLR analysis of 2024 MD and DO physician license renewal survey
FTE counts weighted by age-gender categories, geographic area of DOPL license address, and time in the profession.

PRELIMINARY – FOR DISCUSSION

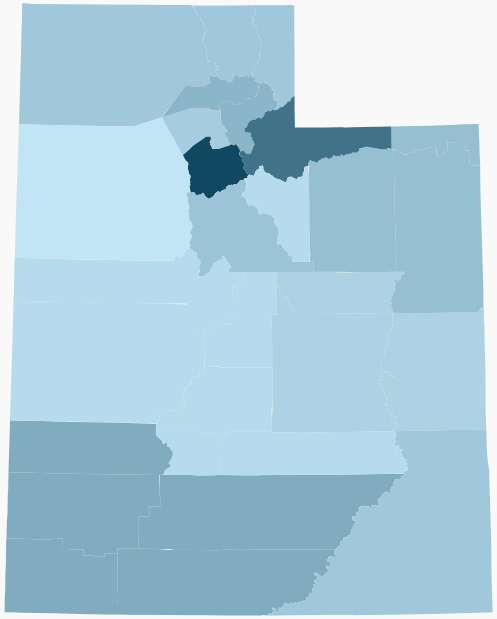
Utah's primary care physician workforce is smaller but more evenly distributed than specialists

Number of physician FTEs per 10,000 people (2024)

Primary Care



Specialty Care



FTEs per 10,000 people		
	Primary Care	Specialty Care
STATEWIDE	7	19
Maximum	12 (San Juan)	36 (Salt Lake)
Minimum	3 (Tooele, TriCounty)	3 (Tooele)
Mean	7	12
Median	6	9
Standard Deviation	3	9

Bear River: Cache, Box Elder, Rich

Central Utah: Juab, Millard, Piute, Sanpete, Sevier, Wayne

Southeast: Carbon, Emery, Grand

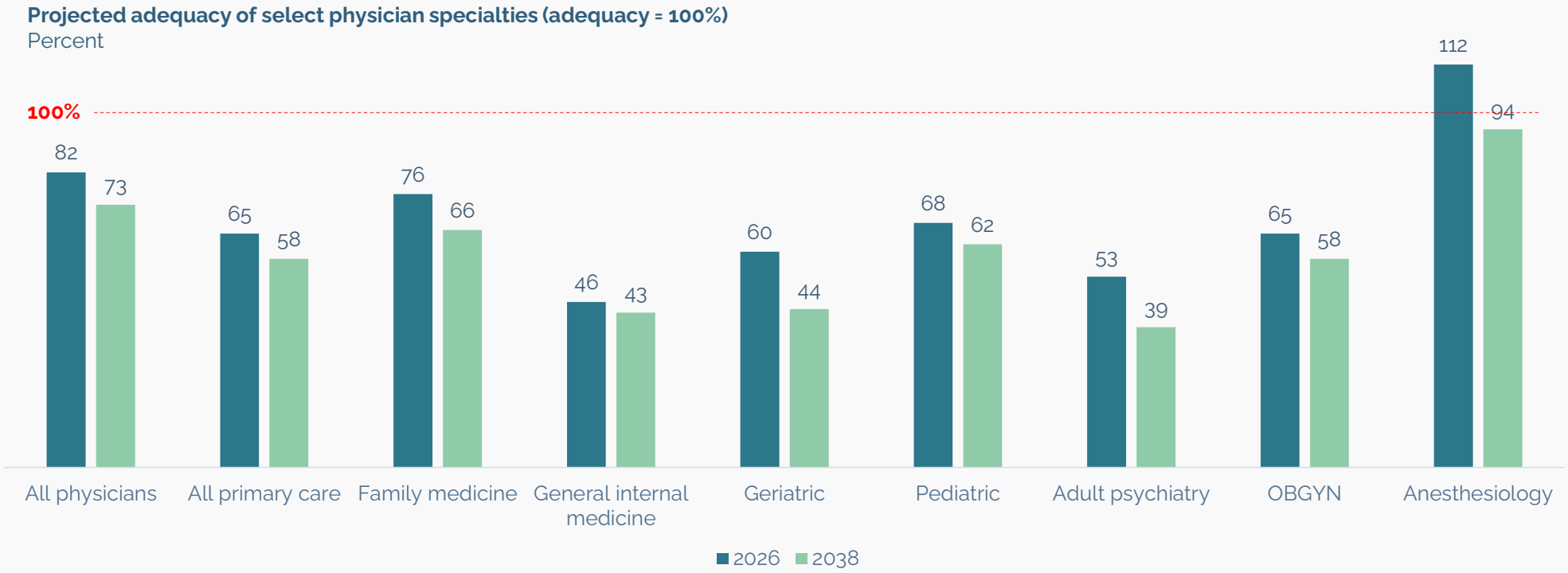
Southwest: Beaver, Garfield, Iron, Kane, Washington

TriCounty: Daggett, Duchesne, Uintah

*Primary care physicians include: family medicine, general internal medicine, general OBGYN, general pediatrics, and primary care.
Source: OPLR analysis of 2024 MD and DO physician license renewal survey
FTE counts weighted by age-gender categories, geographic area of DOPL license address, and time in the profession.

PRELIMINARY – FOR DISCUSSION

HRSA estimates Utah's physician shortage will worsen

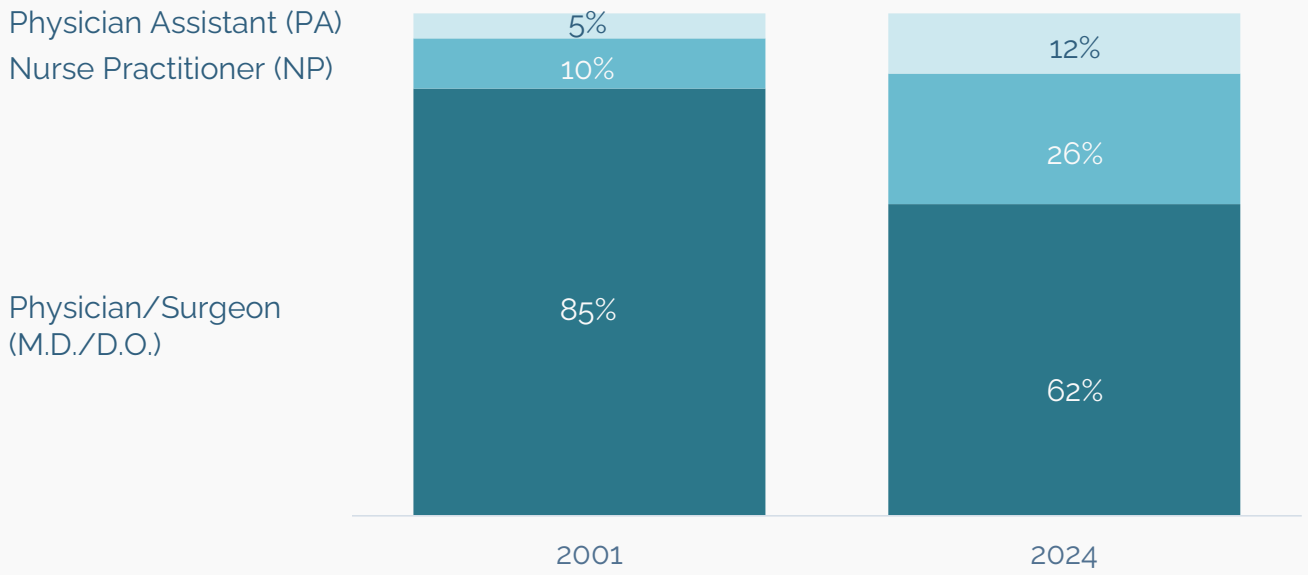


Source: Health Resources & Services Administration based on supply and demand estimates

PRELIMINARY – FOR DISCUSSION

PAs and NPs represent a larger portion of the healthcare workforce than in the past

Share of active Utah healthcare practitioner licenses by profession



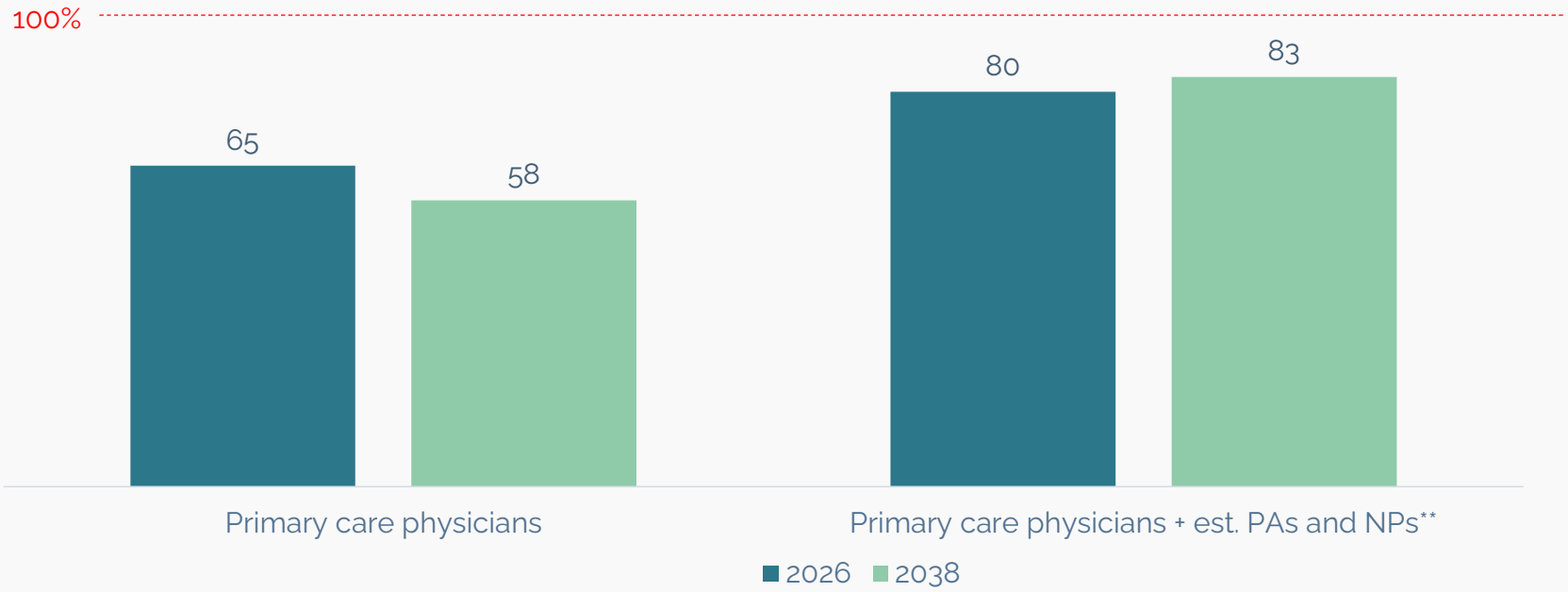
	2001	2024
Ratio of M.D./D.O. per NP/PA	**5.6**	**1.6**

Source: DOPL licensing data; OPLR analysis

PRELIMINARY – FOR DISCUSSION

Growth of PAs and NPs partially addresses Utah's primary care physician shortage

Estimated adequacy, *combining primary care physicians and estimated primary care PAs and NPs**
Percent

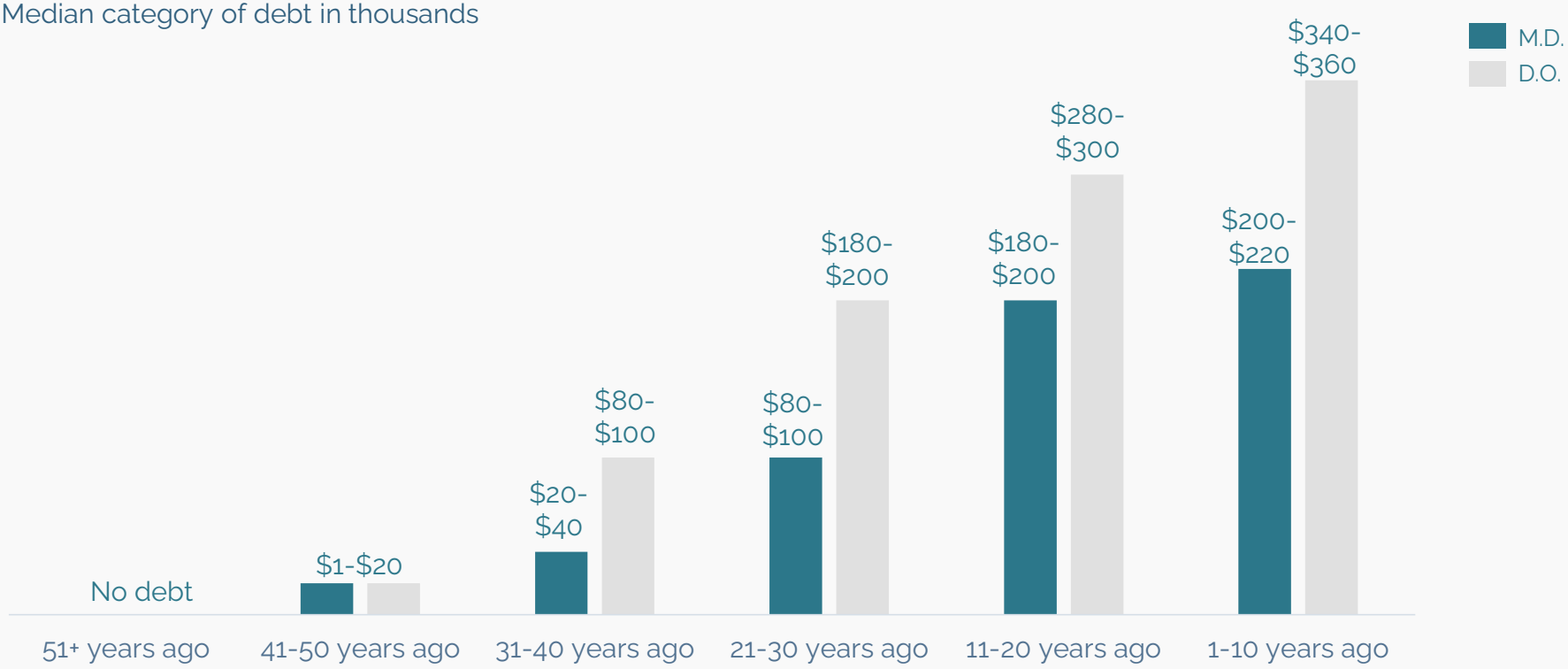


*Primary care includes family medicine, geriatrics, general internal medicine, and pediatrics.
**OPLR applied an estimated percent of NPs and PAs working in primary care specialties from responses to DOPL licensee renewal surveys
Source: U.S. Health Resources & Services Administration (HRSA); DOPL renewal surveys 2024, OPLR analysis

PRELIMINARY – FOR DISCUSSION

Medical school debt is high and increasing

Reported physician debt level *upon graduation* by years since finishing medical school
Median category of debt in thousands



Source: DOPL licensee renewal survey 2024; OPLR analysis