Office of Professional Licensure Review
UTAH DEPARTMENT OF COMMERCE

Professional Licensing Coordination, National Groups, and Programmatic Accreditors

September 2026

Summary of findings on national accreditation groups in healthcare

PRELIMINARY – FOR DISCUSSION

1: DELEGATION

- 26 of 27 healthcare occupations reviewed name a private accreditor in Utah statute or rule, which transfers the education standard for licensure to that body
- 14 of the 26 name no alternative in law. None of those 14 has a viable U.S. alternative accreditor

2: ESCALATION

- A four-year bachelor's degree was the entry credential for physical therapy from 1927 until 2002
- A master's became the minimum in 2002; CAPTE (PT accreditor) set the doctorate in 2016
- U.S. physical and occupational therapy programs run 6-8 years against 3-5 in comparable developed countries

3: SAFETY

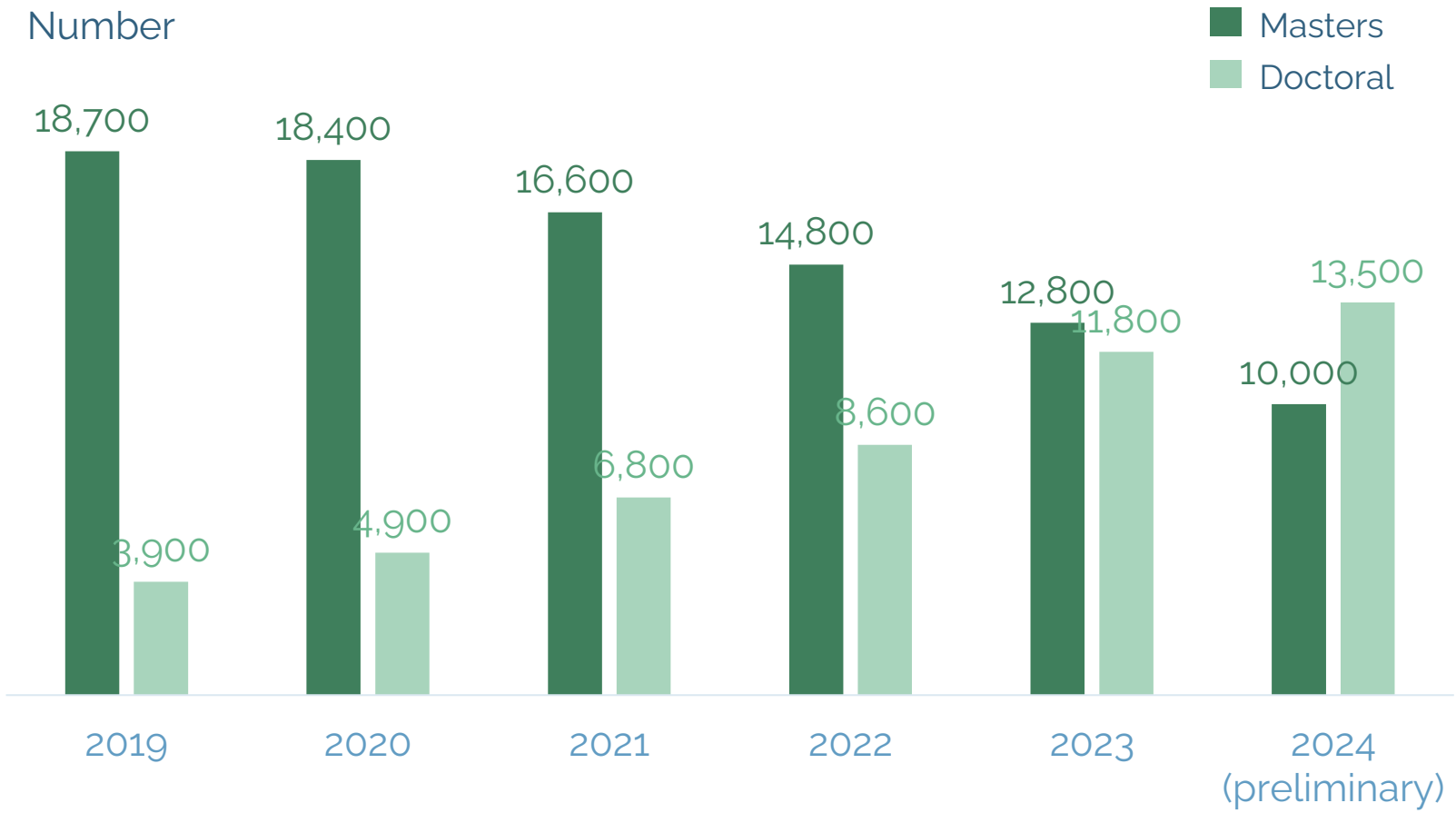
- Physical therapy and occupational therapy sit among the lowest substantiated-complaint rates of any licensed health occupation, 2017-22
- DOPL* complaint data is directionally informative; fine cross-profession comparisons are not supported by it

4: COST TO STUDENTS

- ~$300K per student: DPT vs BA results in $105K in added tuition plus ~$196K in forgone earnings over three added years out of the workforce
- About $35M per annual cohort at roughly 120 Utah PT students graduating

Occupational therapy is becoming a doctoral-level profession

Trends in OT student enrolment
Number



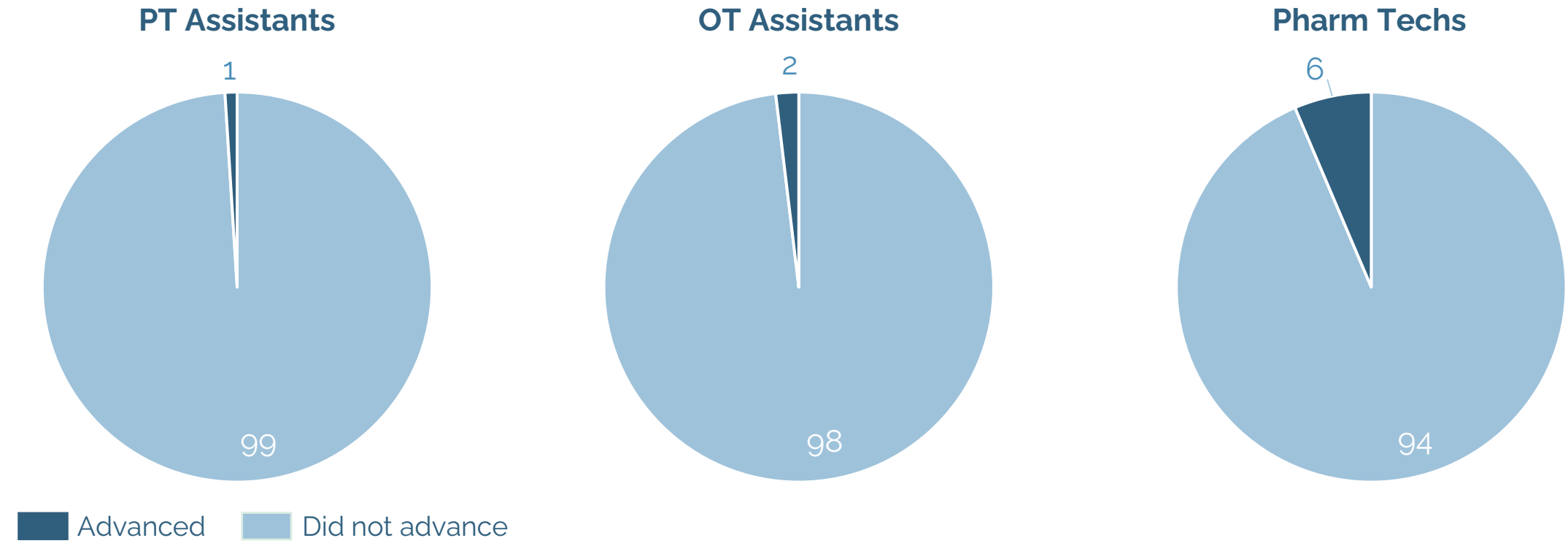
*"In 2014, the American Occupational Therapy Association…published a position statement supporting the idea of moving **all entry-level occupational therapy** education programs to the **clinical doctorate** level by 2025"*

Source: American Occupational Therapy Association (AOTA); Brown, T., Crabtree, J. L., Mu, K., & Wells, J. (2015). The next paradigm shift in occupational therapy education: the move to the Entry-Level clinical doctorate. American Journal of Occupational Therapy

Few assistant-level practitioners advance to full licensure

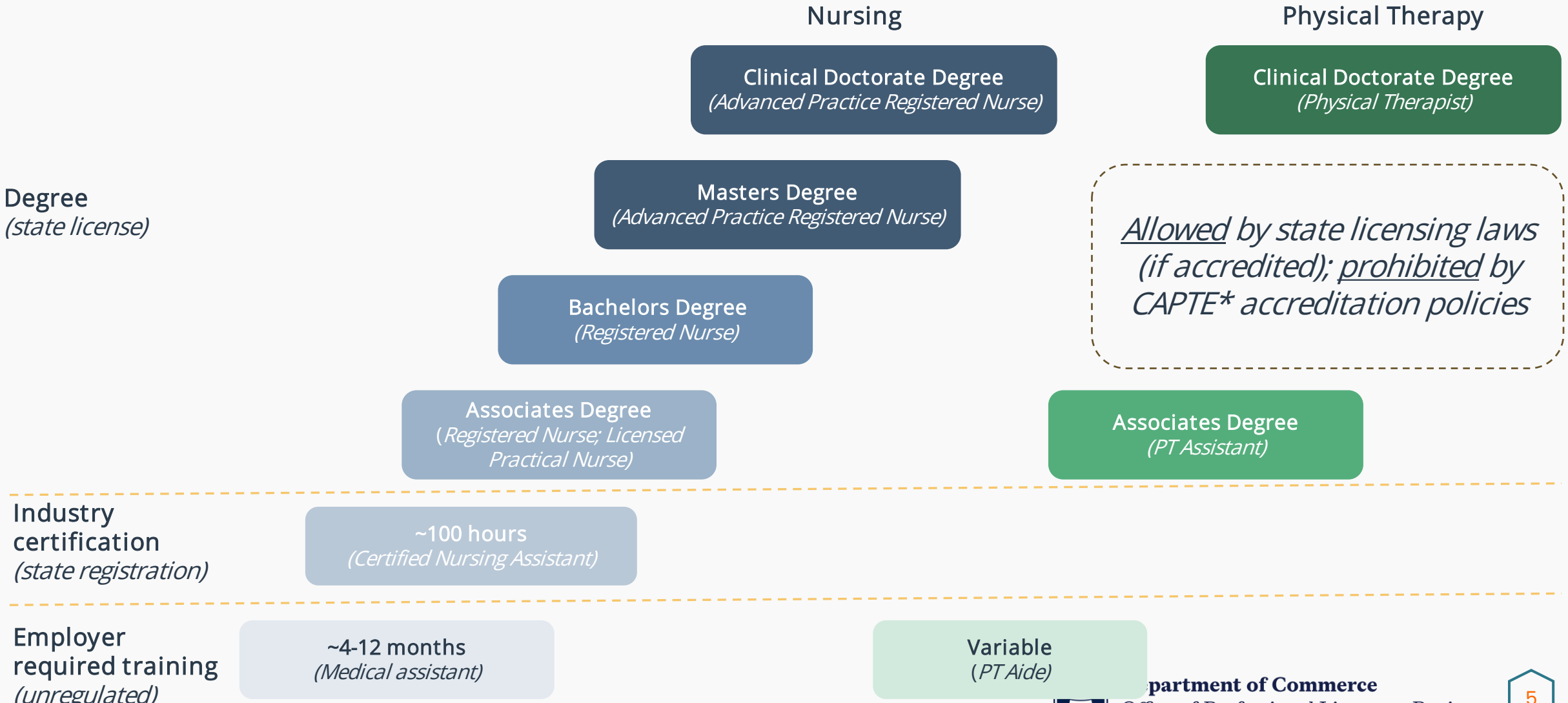
PRELIMINARY – FOR DISCUSSION

Advancement by assistants to full licensure (PT, OT, Pharmacist)
Percent



Source: Utah DOPL license data 2025; OPLR analysis

Accreditation is restricting market choice in the healthcare workforce

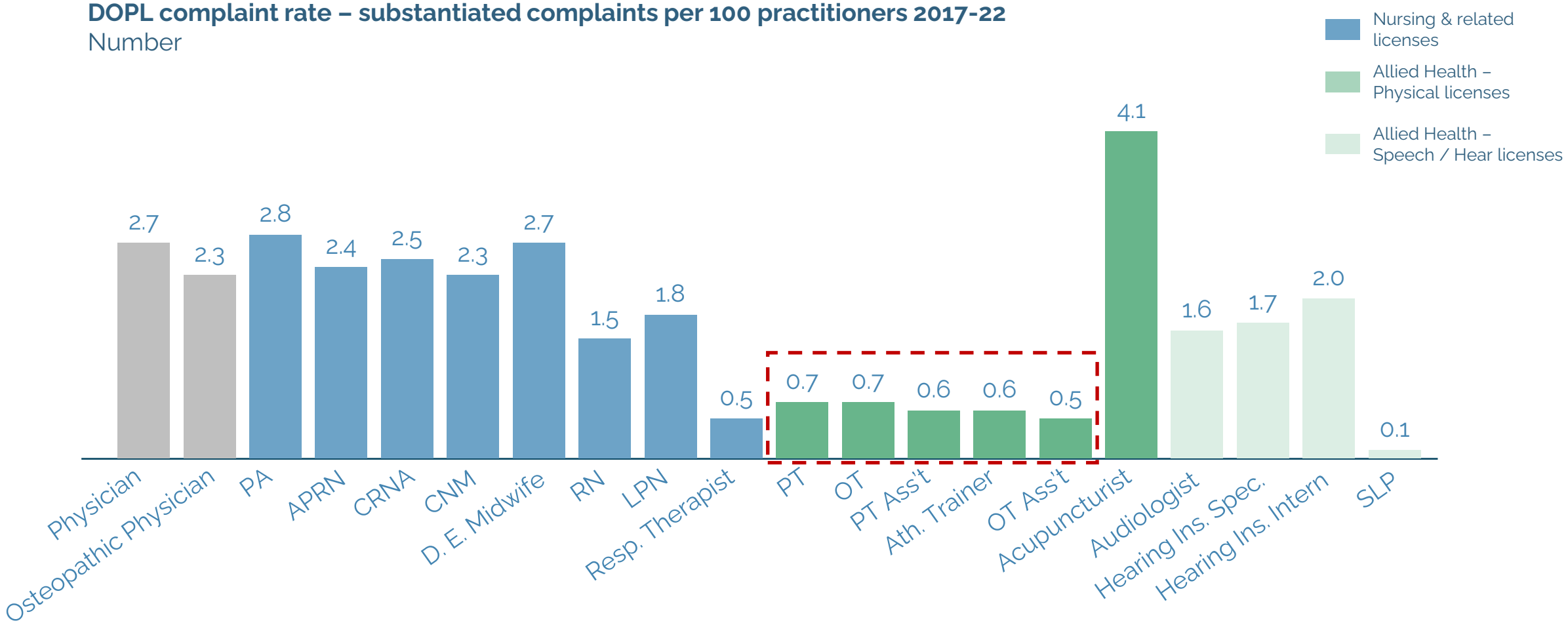


*CAPTE = Commission on Accreditation for Physical Therapy Education

PT and OT are low harm occupations per DOPL data

PRELIMINARY – FOR DISCUSSION

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

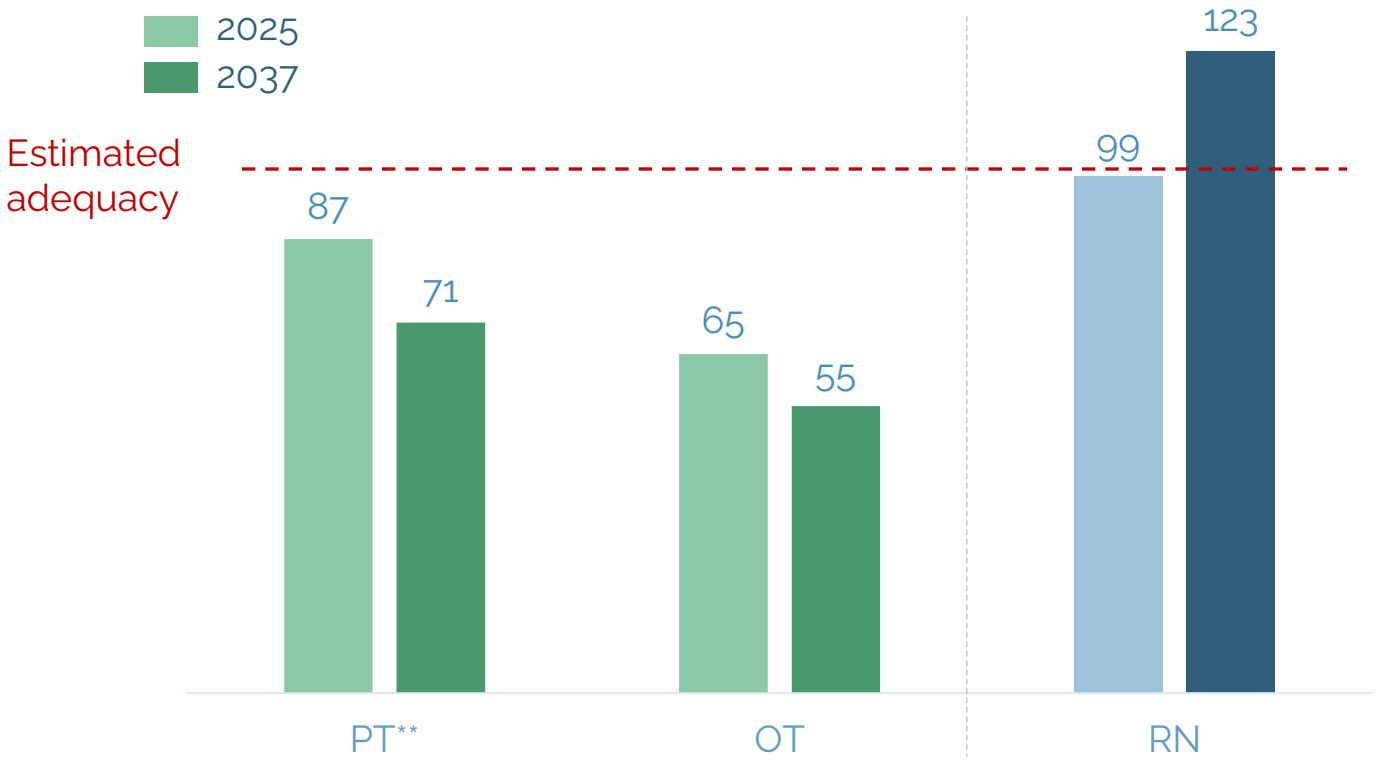


Source: DOPL license data; DOPL complaint data; OPLR analysis

Utah lacks practitioners in OT and PT; projected to worsen

PRELIMINARY – FOR DISCUSSION

HRSA workforce projections for physical and occupational therapy
Percent adequacy*



Employer hiring perspective
Talent Ready Utah, May 2025

Rural Utah

- Health leaders in rural Utah rate both Physical Therapy and Occupational Therapy roles '*hard to fill*'

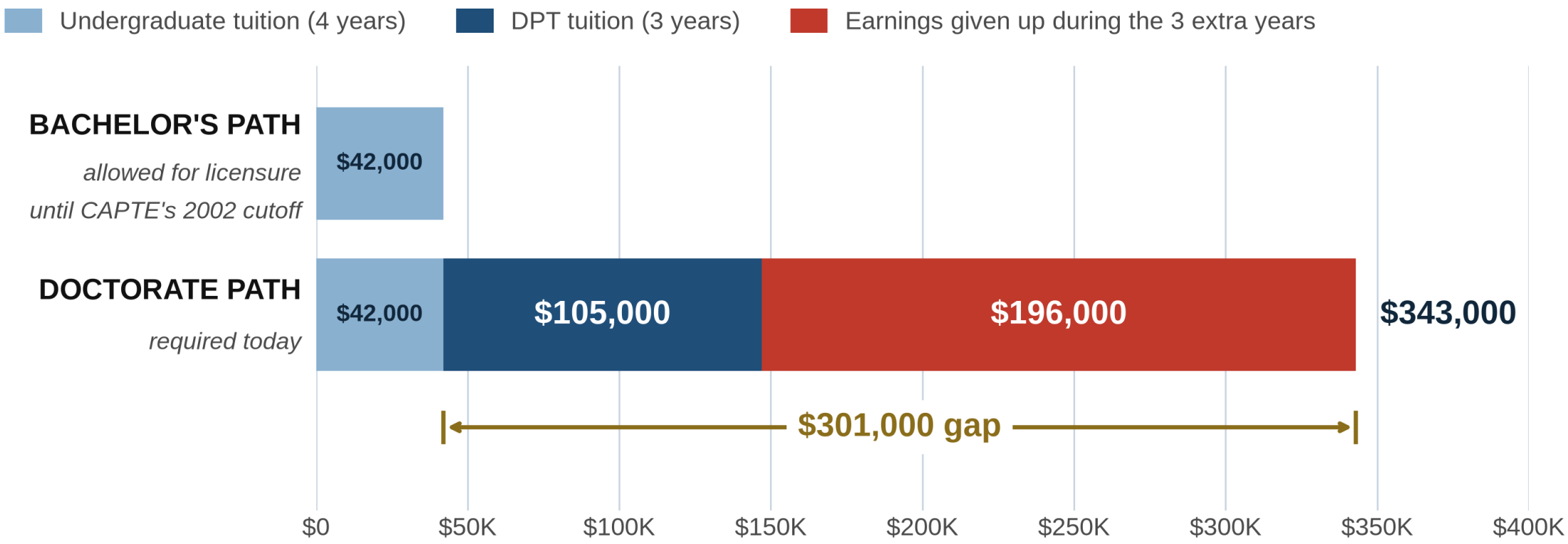
Intermountain Health

- Intermountain Health Rates Occupational Therapy as '*difficult to fill*'
- Intermountain Health rates Physical Therapy roles as '*moderately difficult to fill*'

Source: HRSA workforce projections; interviews.
*Supply estimates include factors such as exam pass rates, 40-hour work week and workforce attrition, but do not account for new programs or program growth. Demand estimates include population growth and demographic projections, health risk factors and provider ratios. **Projections may be underestimates, HRSA does not account for expansion of education programs.

Requiring a clinical doctorate raises cost to students significantly

Total cost of reaching a physical therapist license in Utah, by the degree the accreditor requires



Source: tuition: 4 yrs U of U resident tuition & fees ($10,480/yr); DPT is U of U ($85,350) and Rocky Mountain ($116,100), weighted 46/99 by Utah graduates (IPEDS 2023-24). Forgone earnings: 3 extra years at $65,530, the Utah DWS inexperienced PT wage (OEWS May 2024). Current-year dollars, not discounted. Utah Rehab Credential Escalation Cost Model, OPLR, August 2026.

What allows accreditors to increase degree requirements via state licensure?

Like all states, the Utah Legislature in statute (and in some cases DOPL in rule) have delegated authority to private groups to determine minimum entry requirements for licensure:

- Dentistry and dental hygiene, Utah Code § 58-69-302
  - *"…successfully completed a program…from a dental school **accredited by the Commission on Dental Accreditation of the American Dental Association**"*
- Occupational therapy, Utah Code § 58-42a-302(1)(c)
  - *"…graduate with a bachelor's or graduate degree…**program accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education**, a predecessor organization, or an equivalent organization as determined by division rule"*

The accreditation problem is pervasive within Utah's healthcare practice acts and rules

- Named accreditor: 26 of 27 reviewed healthcare occupations name an accreditor in statute or rule, effectively **delegating education requirements** for licensure
- Alternative accreditor:
  - 11 of 26 licensed occupations' provide for an **alternative accreditor** in law (where one exists) through language such as 'an equivalent organization as determined by division rule'
  - 14 of 26 occupations provide **no meaningful alternative** in law, effectively creating a regulatory monopoly
  - Of the 14, **none has a viable alternative accreditor in the U.S.**

Source: OPLR analysis Sept 2026

Recommendations

1. Support federal action: U.S. Department of Education has a proposed rule[1] that would curtail power of private accreditors. Under the proposed rule accreditors…
   - …are assessed on inflating qualifications required as a 'negative factor'
   - …are assessed on collusive activity between the accreditor and related professional organizations.
   - …do not need have two years of operational experience before seeking initial federal recognition (spurring new entrants and competition)
2. Form (and staff) a working group: Objective would be to lower the cost of attendance, attract more students, increase healthcare workforce, and ultimately improve access and affordability for the Utah public
   - Engage employers and higher education institutions to assess the demand for new, mid-level degree programs
   - Investigate alternative accreditation options including Utah specific options, multi-state options, and competing national options

1 Proposed rule: Accreditation, Innovation, and Modernization: The Secretary's Recognition of Accrediting Agencies, 91 Fed. Reg. 53940
Source: OPLR analysis Sept 2026

Appendix

Education has a significant effect on healthcare costs in the U.S.

1. Cost is *the* issue in healthcare: The U.S. spends $13, 400 per capita vs. $7,400 on average for comparable countries
2. People cost money: Labor compensation makes up half or more of health care spending (56% in hospitals)
3. The U.S. pays more: U.S. physicians are paid 70-200% more, and nurses 20-70% more than other developed countries
4. Education escalation: The U.S. requires much more education (1-3 years more) for healthcare practitioners than other developed countries

*One key to slowing **healthcare inflation** is slowing **education inflation***

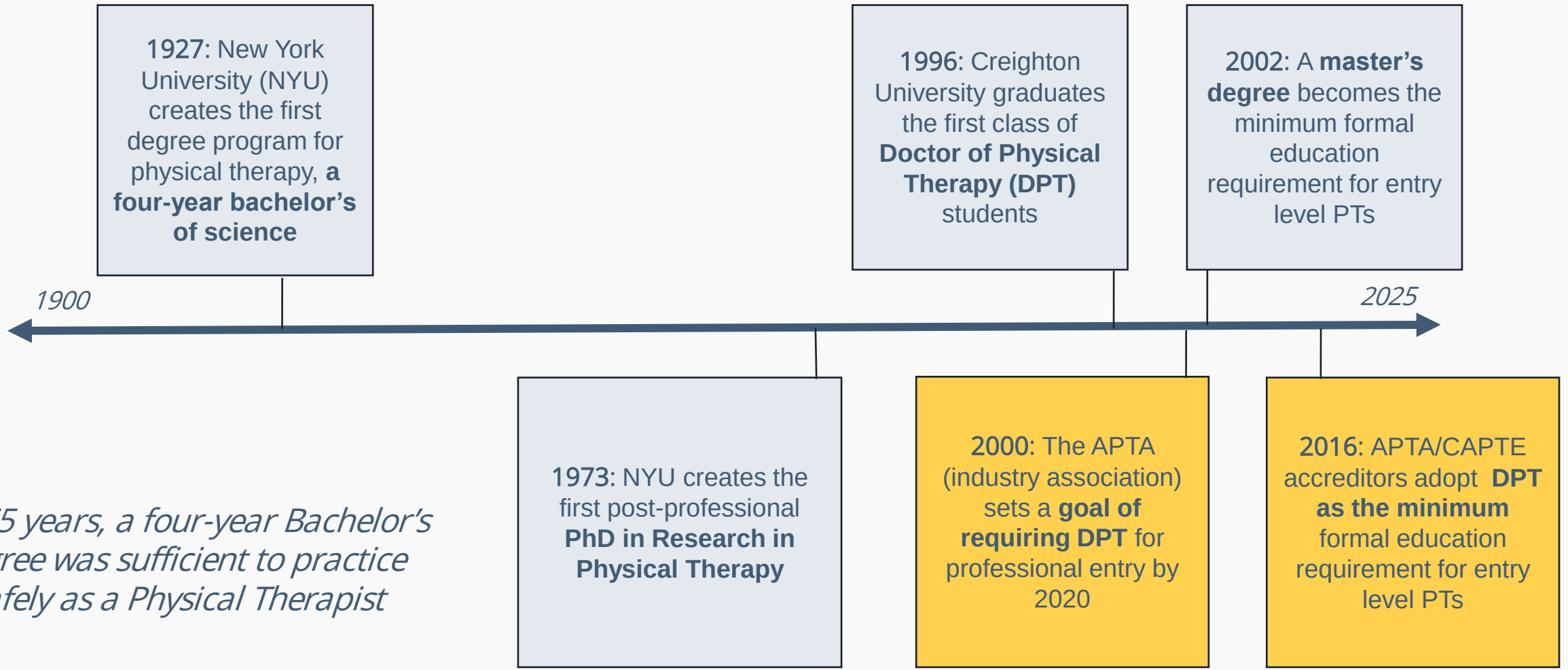
1. KFF analysis of OECD data from 2023; 2. "Where The Money Goes: The Evolving Expenses Of The US Health Care System" Sherry Glied, Stephanie Ma, and Claudia Solis-Roman; AHA "The Cost of Caring" https://www.aha.org/costsofcaring 3. Multiple, contact OPLR for sources; based on UK, Germany, France, Australia, Japan, 3. Int'l Physician Compensation Report' Medscape; Nurse.org

Most U.S. training programs are significantly longer than other countries

Profession	U.S. programs	Developed country programs (range)	Notes
Audiology*	**7-8 yrs**	**3-7 yrs**	**U.S. is AuD; others BA & MA level**
APRN/NP	6-8+	5-7	U.S. MSN/DNP; others MA level
Occupational Therapy	**6-8**	**3-5**	**U.S. MOT/DOT; others largely BA level**
Pharmacist	6-8	5-6*	U.S. PharmD; *France Dr Pharm (9); others 5-6
Physician	8	5-6	Variable
Physical Therapy*	**6-7**	**3-5**	**U.S. DPT; others BA or MA level**
RN	4	3-4	U.S. BSN (legacy ASN); others BA level

*U.S. accreditors do not recognize programs below clinical doctorate degree (AuD, DPT)
Note: Does not include residency or other clinical training required after formal education
Source: [multiple; contact OPLR for sources], based on UK, Germany, France, Australia, Japan

Education escalation: PT history



For 75 years, a four-year Bachelor's degree was sufficient to practice safely as a Physical Therapist

Source: APTA, CAPTE, OPLR Analysis

Education escalation is often driven by national bodies—not state licensure laws

PRELIMINARY – FOR DISCUSSION

Profession	Licensure Requirement	National Accreditation Requirement	Utah Higher Education Programs
Athletic Trainer	"Obtain a **bachelor's or advanced degree** from an accredited four-year college or university"	Accredited programs **must confer at least a master's degree** for the entry-level degree	• University of Utah (MS) • Brigham Young University (MS) • Southern Utah University (MS) • Utah Tech University (MS) • Weber State University (MS)
Audiology*	"Legal holder of a clinical doctor's degree or AuD, in audiology, from an accredited university or college"	Accredited programs must confer a Doctor of Audiology (AuD) earned from a CAA-accredited or equivalent program	• University of Utah (AuD) • Utah State University (AuD)
Occupational Therapy	"Graduate with a **bachelor's or graduate degree** for the practice of OT from an education program accredited by ACOTE"	Accredited programs **must confer at least a master's degree**, where one or two years must be full-time college-level study beyond the bachelor's degree	• University of Utah (MOT) • University of Utah (DOT) • Rocky Mountain University (MOT) • Rocky Mountain University (DOT) • Utah Tech University (DOT)
Physical Therapy	"Graduation from **a professional physical therapist education program** accredited by CAPTE"	Accredited programs must confer a **Doctor of Physical Therapy (DPT)** as the entry-level degree	• University of Utah (*DPT*): SLC, St. George, Hybrid • Rocky Mountain University (*DPT*)

*Changed in 2010 via HB196 to require a clinical doctorate in audiology (AuD); the industry recommended doctoral degree for entry-level audiology starting in 1995 and mandated the AuD for certification beginning 2012. Sources: [see appendix]

Potential solutions

PRELIMINARY – FOR DISCUSSION

Status Quo

- State licensure laws require accredited programs
- Professions drive accreditation and testing (thus licensure) higher
- Patient access and affordability suffer

Accelerated Clinical Doctoral Programs

- Create more accelerated (3+3) clinical doctoral programs
- These are already being accredited in some areas
- PRO: faster to workforce, lower tuition, quicker loan repayment
- CON: students can't work so prevents some (LMI) from attending, and offsets some of the tuition gains; must choose in high school

Plan A *('Force accreditation')*

- Push national programmatic accreditation bodies to **accredit BA/MA level**
- Utah creates its own 'clinical' BA/MA programs
- Ensures that degrees would still align with exams, compacts, CMS reimbursement rules
- PRO: working w/in existing system; limits disruption in market
- CON: may say 'no'

Plan B *('Go rogue')*

- Create **new programmatic accrediting body** (e.g., Western Programmatic Accrediting Commission)
- Align programs with major employer needs
- Launch clinical BA/MA programs for allied health
- No exam needed (statutory recognition of final exams)
- PRO: State sovereignty
- CON: [see considerations]

Ideally in collaboration with other states

Considerations

*Assume Utah (w/ other states) were to **create and accredit USHE non-doctoral programs** in allied health professions. What would be disrupted?*

- **Exams**: national exam providers (closely connected to industry associations) require a degree from a program accredited by (CAPTE/ACOTE for PT/OT) or "substantially equivalent"
  - Potential solution: Creation of a new accrediting body should address this
- **CMS reimbursement**: CMS requires a 'qualified professional' for reimbursement which includes state licensure (but may require other elements as well)
  - Potential solution: does not apply to OT (still accredits MA-level); for PT, would need a 'state-approved exam' (could be statutory recognition of final exams for degree); work with CMS regs
- **Interstate licensing compacts & portability**: Compacts (run by members of the profession) often require degrees accredited by specific bodies (e.g., CAPTE for PT) to gain a multi-state license
  - Potential solution: Gain accreditation through normal bodies, or work with compacts directly through our Utah commissioners to recognize Utah's new accreditor if needed

NOTE: Federal student aid could in theory be an issue; OPLR has been told that federal student aid is driven by U.S. Dept. of Education recognition of the institutional accreditation, rather than the program accreditation of the specific degree program in PT

PRELIMINARY – FOR DISCUSSION

What could be the impact in Utah? Physical therapy example

Lower Cost of Education

Up until 1998, PT was a BA-level program. Allowing the BA in PT would save students and the healthcare system[1].

- Cost of a BA degree = $42K
- Cost of a DPT = $105K
- Difference = **$63K**

Foregone earnings for add'l 3 years in school = **$196K**

$260,000 per student, or **$30,000,000** saved (~120 students/yr)

More Professionals

BA would be the most common PT degree[2], and likely attract more PT professionals[3].

Today there are **4,250 PT professionals** in Utah. Adding a BA degree could result in:

- 10% increase = 425
- 20% increase = 850
- 30% increase = 1,275

~400–1,300 additional PT professionals in Utah

More Access to Care

With more professionals, patients could have more appointments available.

The additional professionals means roughly **1-3 million additional appointments** each year.

The additional appointments translate to[4]:

100–300K additional patients treated each year in Utah

1 U of U in-state tuition & fees; DPT blended rate from the U and RMU based on enrollment; foregone earnings based on Utah DWS earnings for inexperienced PT of $65,500; assumes 120 BA completions per year, and 30 DPTs based on current USHE completion data 2 Based on nursing workforce which has AA, BA, MA, and Doctoral level education available; 3 There are roughly 3x more undergrad vs associates-level students in the U.S., and almost 5x more students enrolled in undergrad vs grad (Association of American Universities) greater exposure to PT as a career option. 4 Assumes caseload of 45 visits per week, 9 visits per episode of care.