Utah’s medication aide workforce report, 2026

September 29, 2026

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Executive summary

Utah's medication aide workforce experienced rapid growth between 2023 and 2025, expanding its role in supporting nurses within long-term care and assisted living facilities. While average wages have increased and over half of providers plan to expand their working hours, the workforce is characterized by low full-time equivalent (FTE) participation rates, geographic clustering in urban areas, and ongoing economic retention challenges.

Approximately 62% of responding medication aides practice in long-term care or assisted living facilities, assisting registered nurses (RNs) and licensed practical nurses (LPNs) with routine medication passes.

Only 7% of survey respondents work at a full-time equivalent (FTE) level (37+ hours/week), and just 5% operate at full-time status in direct patient care (DPC).

Females represent 84.4% of Utah's medication aide workforce, lower than the national benchmark of 92.3%. The workforce is among the more ethnically diverse in Utah healthcare, with 68.9% identifying as white and 28.9% identifying as Hispanic.

Key findings

- Utah unemployment insurance data shows 8 medication aides working in 2023 but increased to 108 in 2025.
- Approximately 7% of respondents are full-time equivalent (FTE), 5% of those work in direct patient care (DPC).
- About 44% of respondents work in Salt Lake County.
- Females are highly represented, comprising nearly 84% of respondents.
- Nearly 69% of respondents are white while 29% are Hispanic.
- Roughly 52% of respondents plan to increase the hours they work in the next two years.

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/) was created in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include optional workforce survey questions as part of the licensing process. These survey questions, known as the Utah Cross-Profession Minimum Data Set (UCPMDS), were developed by the HWAC in 2023. The surveys help inform decisions regarding workforce supply, employment trends and demand, and options for training and education. Data collected from the DOPL surveys will help the HWAC in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Heather Borski, Assistant Deputy Commissioner, Community Health & Well-Being, of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

Medication aides handle the distribution of prescribed treatments. Their duties typically include administering medication, monitoring patients, and documentation (Indeed, 2025). The purpose of medication aides is to provide a safe way for individuals other than doctors, physician assistants, and more advanced nurses to provide medications to individuals who are not able to take medications by themselves (Southeast Community College, 2026). Medication aides are generally prohibited from administering intravenous (IV) medications, providing injections, or altering medication dosages (Indeed, 2025).

Utah medication aide workforce in context

Table 1. Comparing Utah median to national median, 2024

Measure	National	Utah
Median wage	$40,799	$46,041

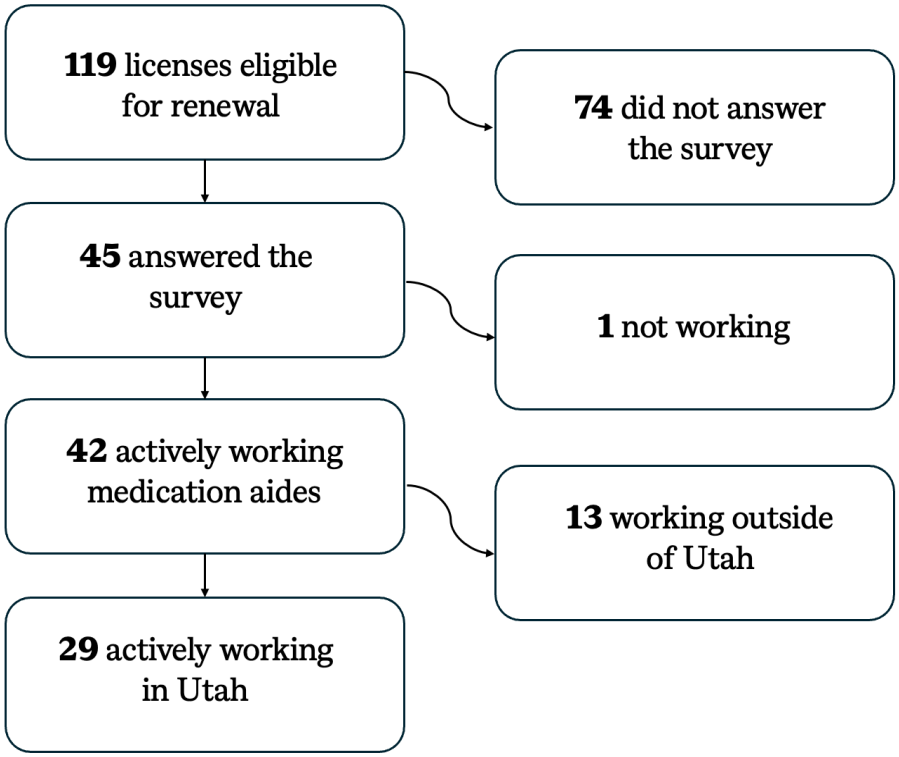
Measure	National	Utah
Employment per 100k population	7.8	2.7
Median age	42.4	41.2
Female distribution	92.3%	84.4%

Unemployment insurance data, 2024; Data USA, 2024; Zappia, 2024

Methods

DOPL Survey

Figure 1. DOPL survey population and respondents



DOPL survey responses data, 2024

All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does

not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only data from respondents who replied to a question and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Medication aides whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 119 medication aides were sent a renewal link and survey invitation. Of those, 45 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the medication aide DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the medication aide workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 110 providers during 2021-2025. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program. Also, the data does not include federal

employees such as medication aides working in Veterans Affairs or military installation clinics.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Limitations include that most professionals who do not bill for services do not keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Data is available through the Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

Help wanted online data is provided by DWS to track job postings. Data is received as needed to report on specific health workforce professions based on SOC (Standard Occupational Classification) codes.

Caution should be exercised when interpreting **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

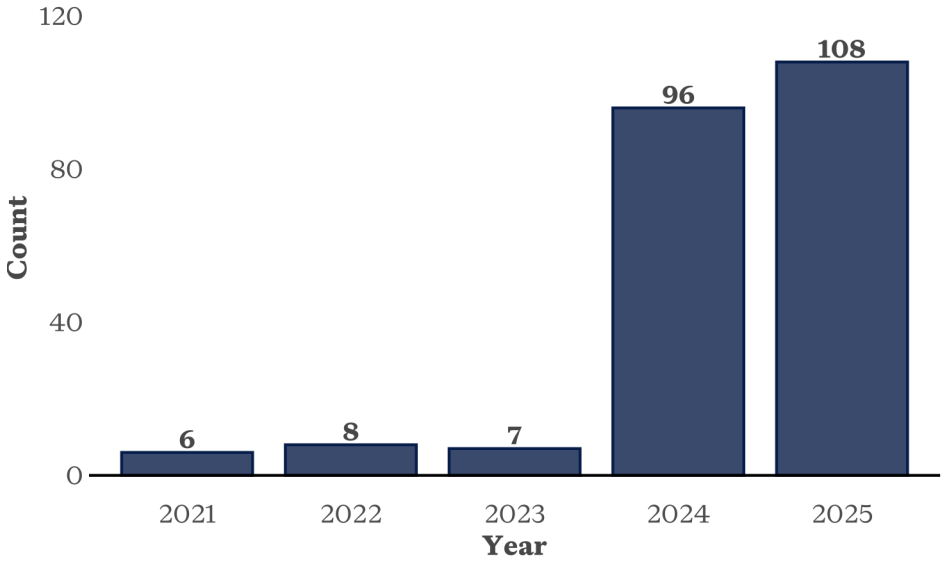
Results

Licensed and active workforce

Medication aides renewing their licenses and those whose license expired within the previous two years were invited to participate in a voluntary survey upon renewal of their license. DOPL reports that 119 providers were sent a renewal link and survey invitation. Of those, 45 responded to at least one survey question and provided a valid license number that matched provider licenses from DOPL's database view, representing a response rate of 38%.

Figure 2. Count of providers from UI data

Medication aides fully emerged in 2024

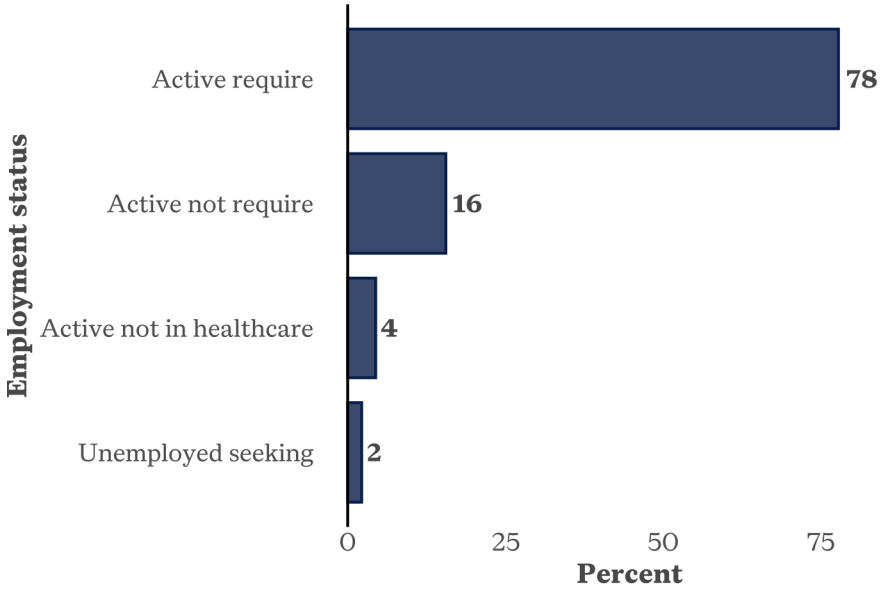


Unemployment insurance data, 2025

Unemployment insurance (UI) data is an excellent source to approximate the count of providers actively providing services in Utah. UI provides temporary income to workers who lose their jobs through no fault of their own. Contributions are collected from Utah employers through the state unemployment program to exclusively pay benefits to unemployed workers. UI data is collected primarily through employer quarterly wage reports. To ensure only valid providers were counted, only providers with an active license from DOPL data matching those in UI data are included. The results show there were 110 providers between 2021 and 2025.

Figure 3. Employment status

78% are active in a position requiring licensure



DOPL survey responses data, 2024

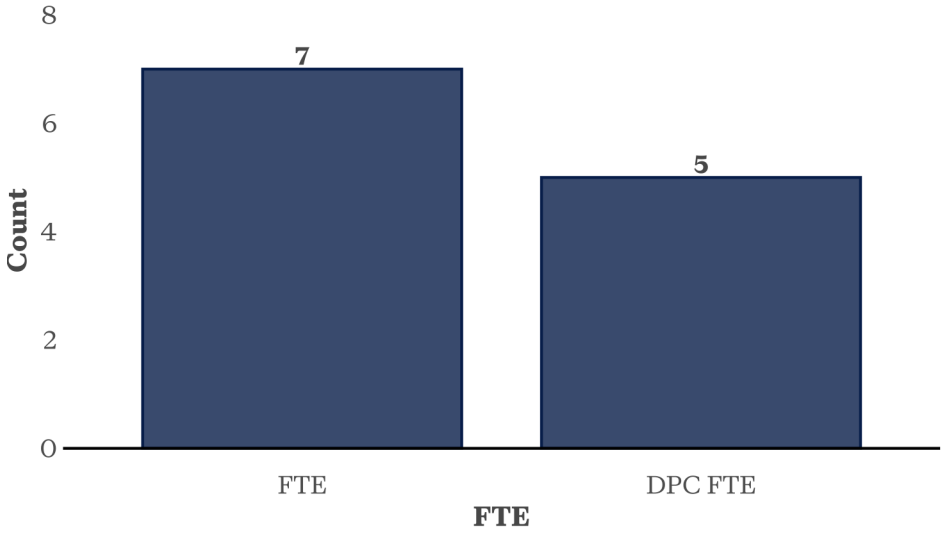
Response options were modified for the presentation of the chart. What is displayed as "Active require" appeared on the survey as "Actively working in a position that requires this license". "Active not require" appeared on the survey as "Actively working in a medical/healthcare position that does not require this license". "Unemployed seeking" appeared on the survey as "Unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "Volunteer work only". "Unemployed not seeking" appeared on the survey as "Unemployed and not seeking work that requires this license".

Full-time equivalence (FTE) and direct patient care

FTE stands for full-time equivalent and DPC stands for direct patient care. Full-time equivalence is calculated based on the respondent working 37+ hours a week. This was indicated on the survey as one of two options: "37-40 hours a week" or "41+ hours a week." Direct patient care (DPC) is recorded in the same way, allowing us to see how many medication aides are working full time versus how many medication aides are working full time in DPC.

Figure 4. Primary practice full-time equivalence & direct patient care

Most respondents are not full-time in direct patient care



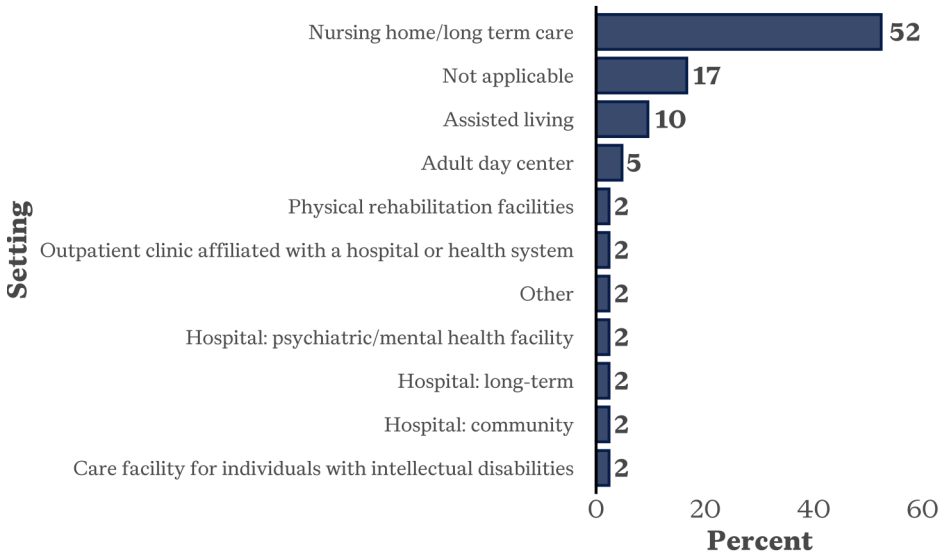
DOPL survey responses data (primary practice), 2024

Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as setting type and geographic distribution

Figure 5. Primary practice setting

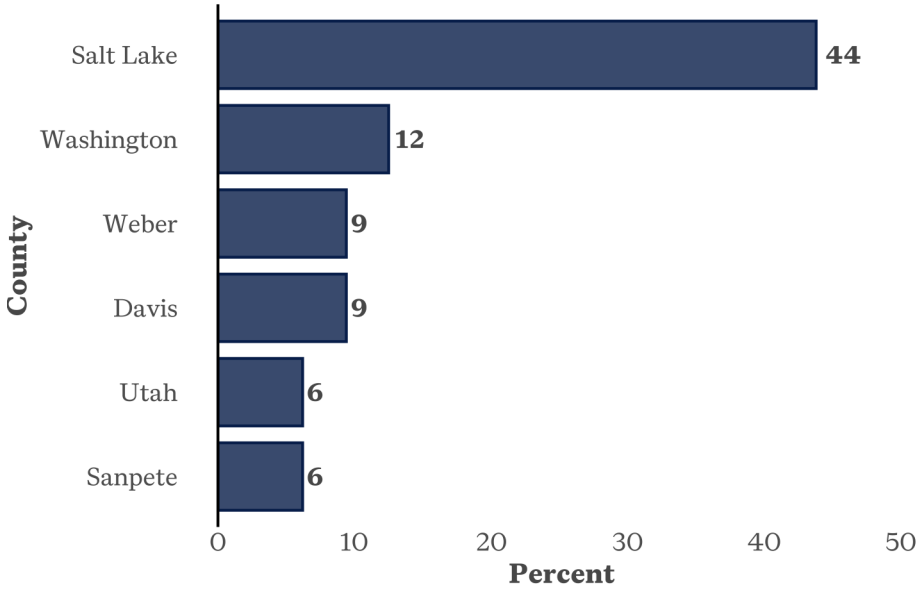
Long-term care or nursing homes are the most common settings



DOPL survey responses data, 2024

Figure 6. Primary practice location

Urban counties are the most common



DOPL survey responses data, 2024

Table 2. Comparing county providers per 100k residents

County name	Medication aides per 100k residents
Davis	1
Salt Lake	1
Sanpete	6
Washington	2
Weber	1

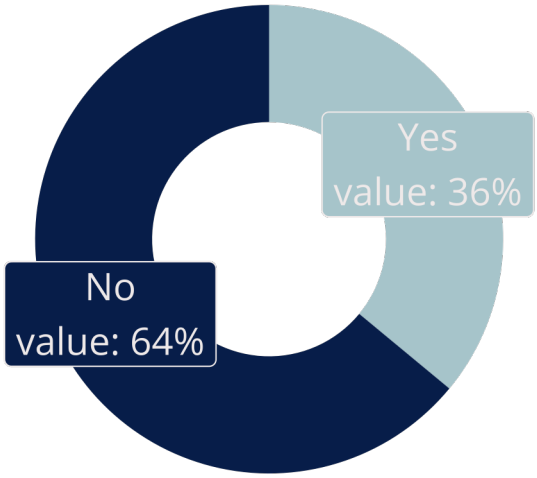
DOPL survey responses data, 2024

Table 2 shows providers per 100,000 residents by county excluding counties without any providers. All but five Utah counties are considered rural. However, about 75% of the state's estimated population lives in those five counties, and those counties will generally be disproportionately represented by counts. While this is necessary to get an understanding of the state's distribution of providers, it is limited in terms of controlling for the population. The "Providers per 100k

population" map uses the ratio of responding providers to county population rather than the percentage of responding providers for the value to better account for differences in population. While geographic features like distance and terrain still need to be considered, this additional statistic can better represent providers in relation to the relevant patient population.

Telehealth services

Figure 7. Teleheath services
36% provide telehealth services



DOPL survey responses data, 2024

The ratio for responding medication aide providers' working hours versus hours spent providing telehealth services was found to be **29:8**. This means that responding medication aides who provide telehealth services work an average of around 29 hours per week and provide an average of 8 hours of telehealth a week. Note that these are averages due to the responses being provided in a range format (i.e. "21-24 hours worked a week", etc.)

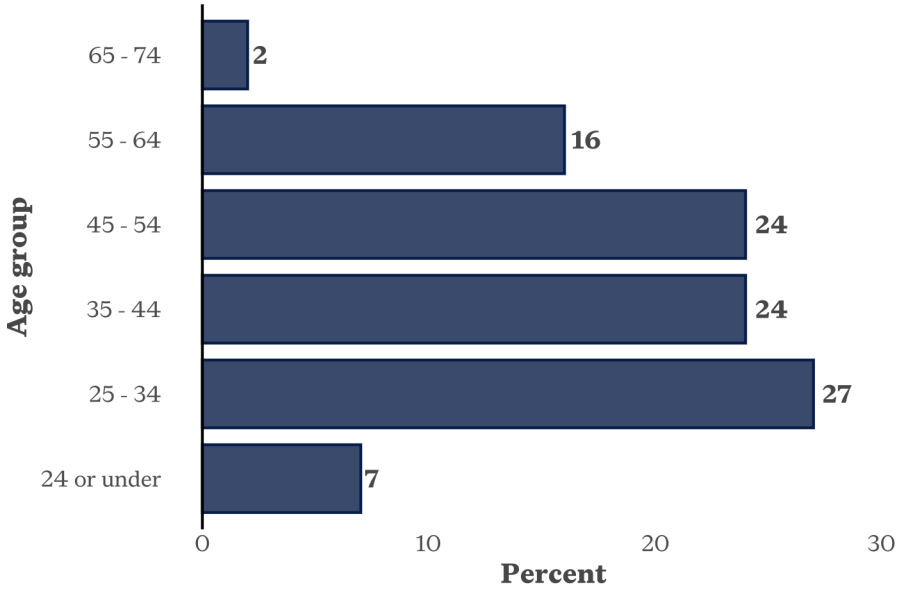
Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex.

Age

Figure 8. Age of respondents

Most are 25 - 34 years old



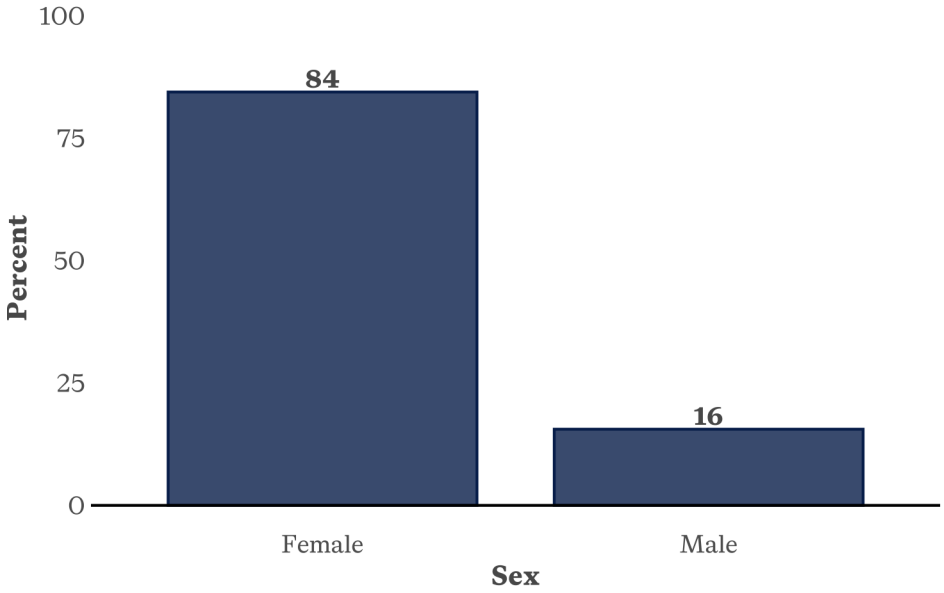
DOPL survey responses data, 2024

Age data comes from DOPL and not from the survey data. Age is calculated by determining whether the individual's birth date preceded the date the survey became available. The median age of survey respondents is 41 years old.

Sex

Figure 9. Sex of respondents

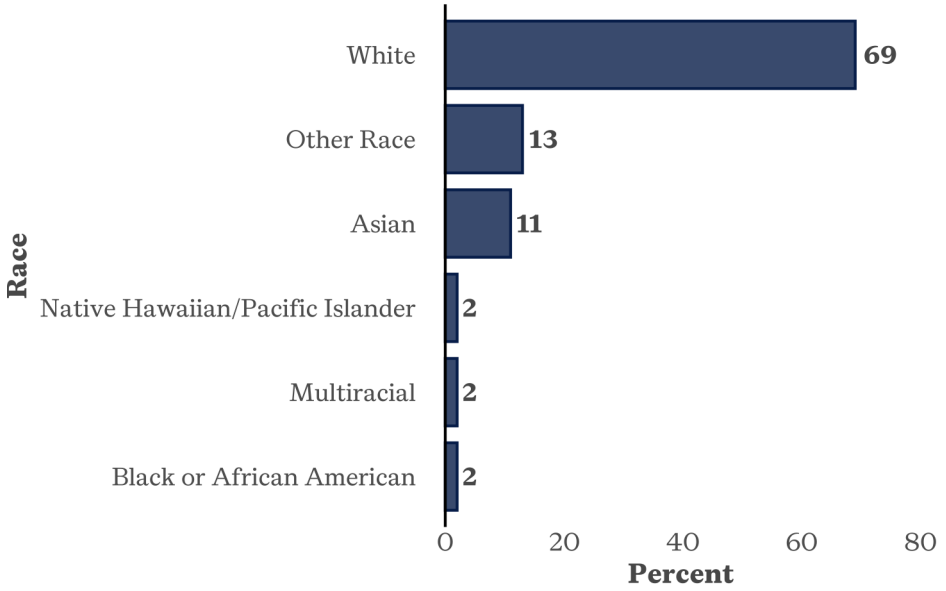
84% of respondents are female



DOPL survey responses data, 2024

Figure 10. Race of respondents

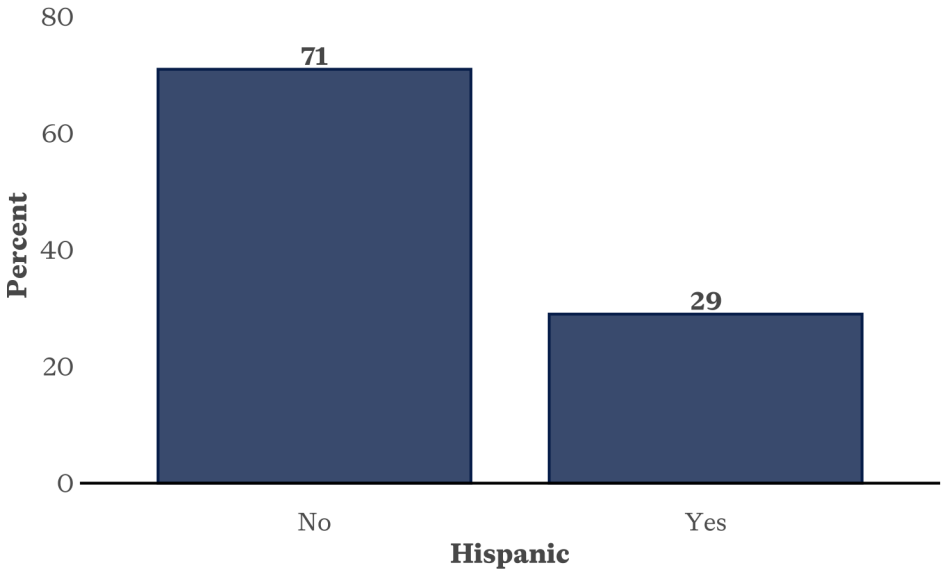
69% of respondents are white



DOPL survey responses data, 2024

Figure 11. Ethnicity of respondents

29% are Hispanic



DOPL survey responses data, 2024

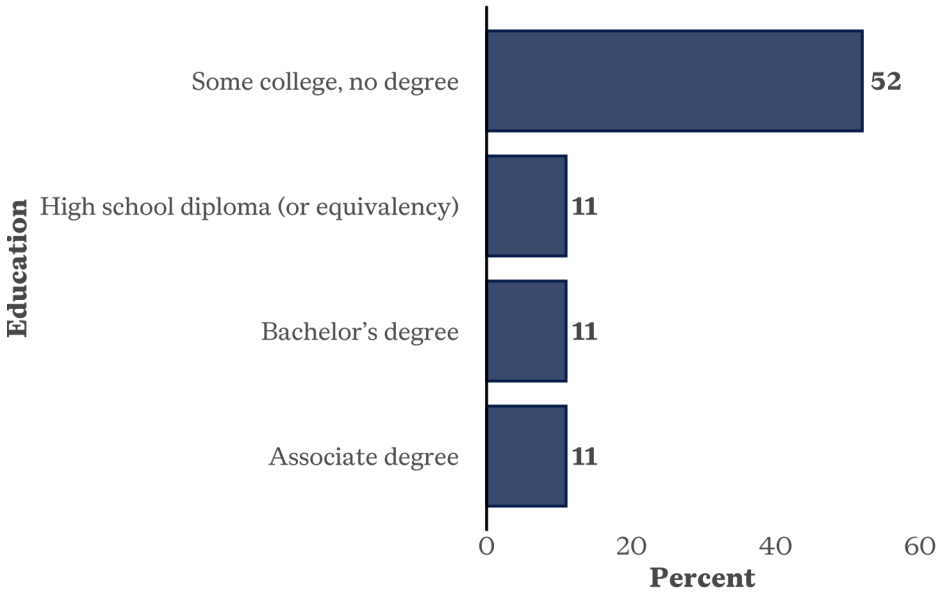
"Multiracial" did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

Education

This section includes practitioner survey response information on education information, including qualifying education and highest education.

Highest education

Figure 12. Highest education
22% have a college degree



DOPL survey responses data, 2024

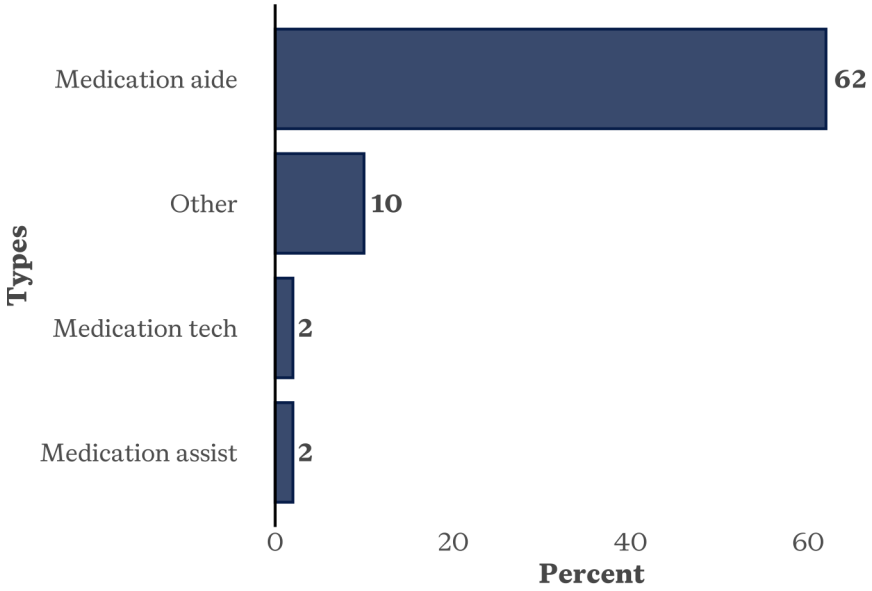
Employment characteristics

This section includes practitioner survey response information on their employment such as specialty, role, telehealth hours, precepting status, and patient types.

Role and employment type

Figure 13. Primary practice role

62% work as an aide



DOPL survey responses data, 2024

"Multiple" did not appear as a response option on the survey but was constructed for this report by counting respondents who selected multiple response options.

Income

Table 3. Median wage and counts

Year	Medication aide count	Employer count	Total wages	Median wage
2021	6	10	$ 180,391	$ 30,065.17
2022	8	9	$ 333,932	$ 41,741.50
2023	7	10	$ 304,368	$ 43,481.14
2024	96	78	$ 4,419,973	$ 46,041.39
2025	108	90	$ 5,023,606	$ 46,514.87

Unemployment insurance data, 2025

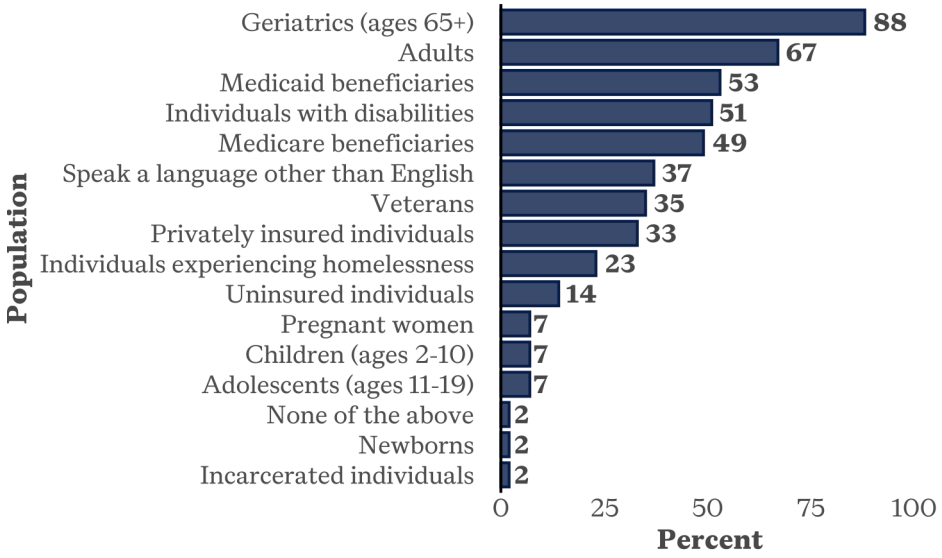
Income data including employment and wages comes from matching medication aide providers from DOPL data to unemployment insurance (UI) data from DWS. "Medication aide count" are of distinct

medication aide providers while “Employer Count” are of distinct employers of medication aide providers. “Total wages” are the sum of medication aide provider wages while “Median wage” represents the midpoint of medication aide provider wages. The median medication aide wage from UI data increased approximately 55% from 2021 to 2025.

Patient characteristics

Figure 14. Patient populations

Incarcerated patients and pregnant women are the least likely to be served



DOPL survey responses data, 2024

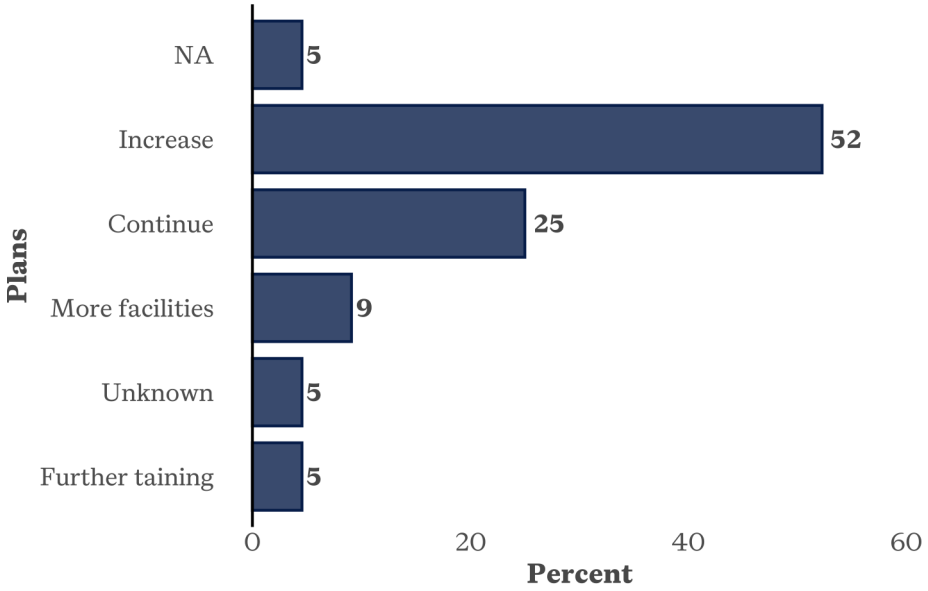
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 15. Two-year employment plans

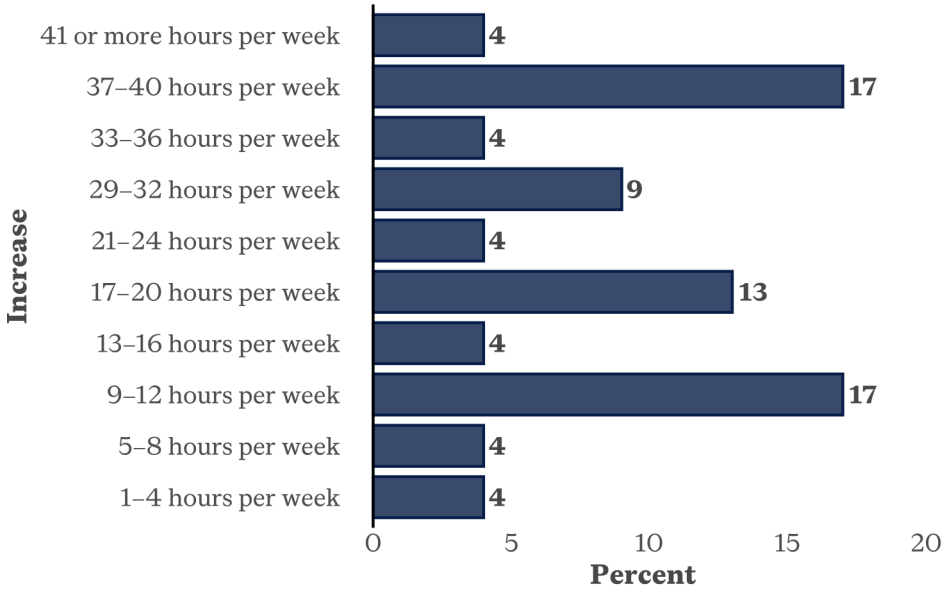
52% plan to increase their hours



DOPL survey responses data, 2024

Figure 16. Plan to increase hours

21% plan to work 37 or more hours per week



DOPL survey responses data, 2024

Table 4. % plan to increase hours by age

Hours	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1–4 hours per week	17	0	0	0	0
5–8 hours per week	17	0	0	0	0
9–12 hours per week	0	0	25	40	100
13–16 hours per week	0	0	0	20	0
17–20 hours per week	33	33	0	0	0
21–24 hours per week	0	0	0	20	0
25–28 hours per week	0	0	0	0	0
29–32 hours per week	0	33	25	0	0
33–36 hours per week	17	0	0	0	0
37–40 hours per week	17	33	25	20	0
41 or more hours per week	0	0	25	0	0

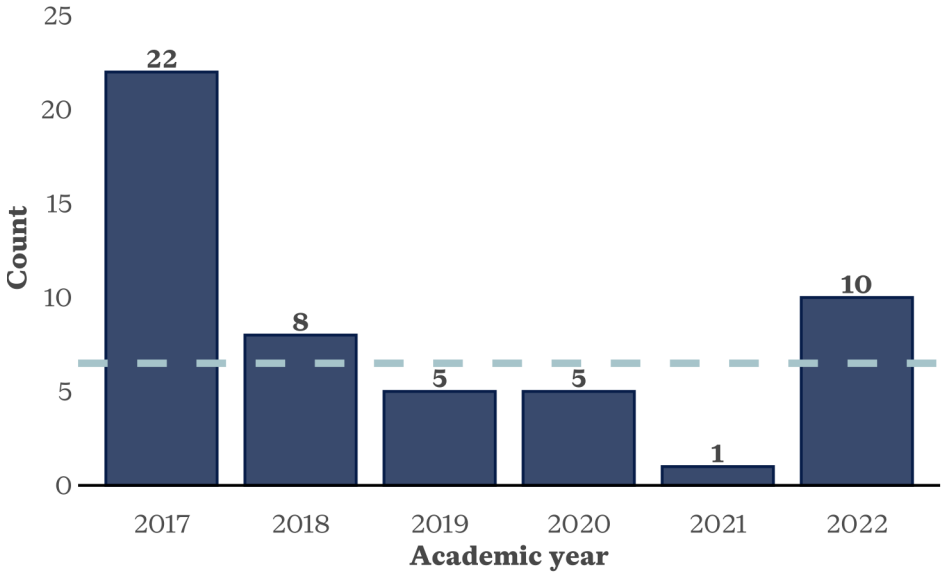
DOPL survey responses data, 2024

No respondents indicated they plan to decrease the hours they work in the next two years.
Integrated Postsecondary Education Data System, 2022

Graduates

Figure 17. Counts of graduates

Graduates from 2017-2022



Integrated Postsecondary Education Data System, 2022

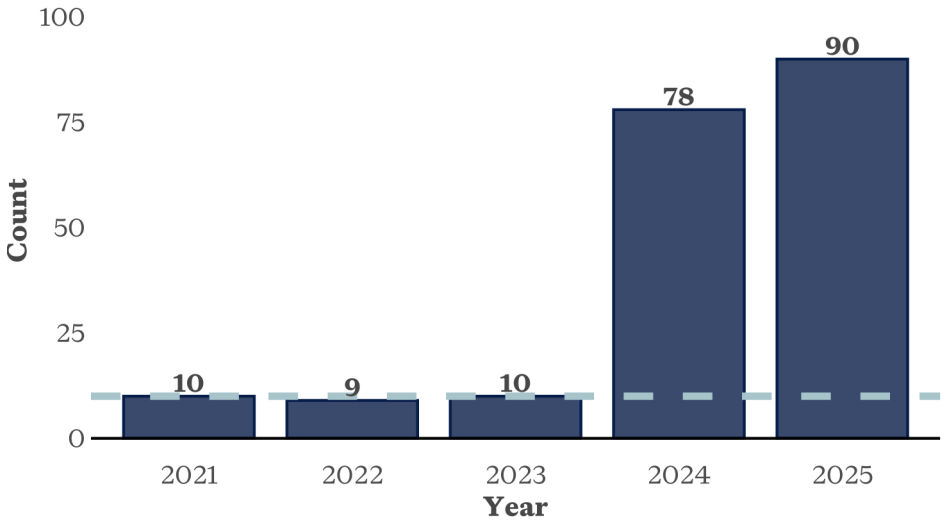
The chart above displays medication aide graduates based on Classification of Instructional Programs or CIP code completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2022 provisional data files from the IPEDS Data Center, were accessed November 2024.

Workforce indicators

This section includes workforce indicators and Help Wanted Online data.

Figure 18. Medication aide counts from UI data

Dramatic increase in 2024

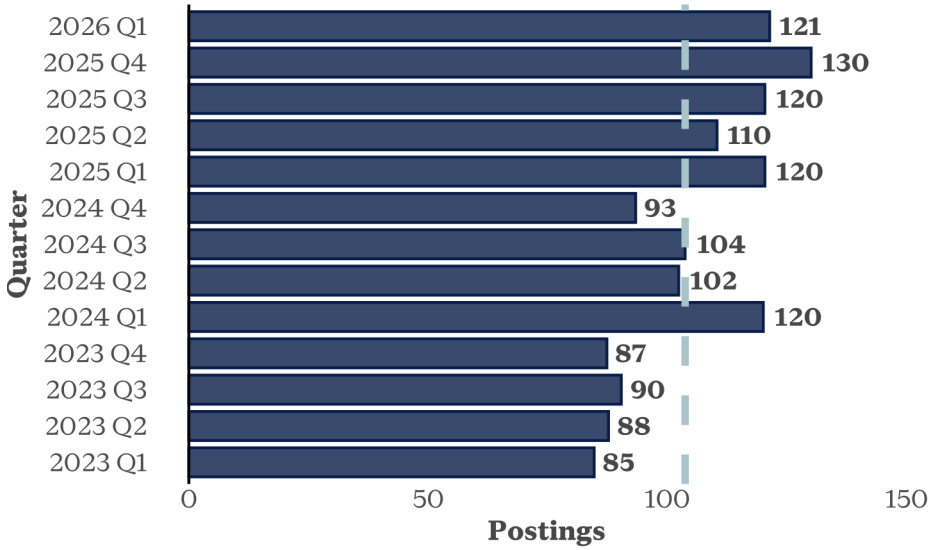


Unemployment insurance data, 2025

Job postings

Figure 19. Job postings from The Conference Board–Lightcast Help Wanted OnLine

2024-2025 job postings have remained consistent



The Conference Board–Lightcast Help Wanted OnLine, 2026

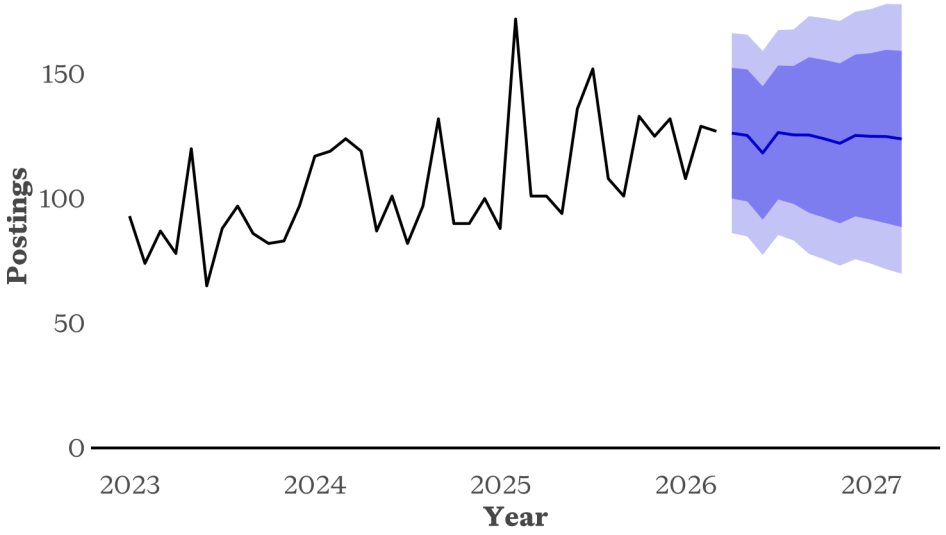
Data comes from The Conference Board–Lightcast Help Wanted OnLine, provided by DWS using Standard Occupational Classification (SOC) codes. The code used are not specific to Medication Aides but includes Nursing Assistants, Certified Medication Aides, Certified Nursing Assistants and Aides, Licensed Nursing Assistants and Aides, and Patient Care Assistants.

Job postings are received as monthly counts of unique listings. For the purposes of this report, those counts are used to calculate quarterly averages. Advertised wages represent averages specified in monthly job postings and are used for subsequent forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying mean values rather than cumulative counts was chosen to avoid potential inflation from duplicate listings. While the same job may be listed across multiple months, using the mean prevents overrepresenting duplicate postings.

Figure 20. Medication aide job postings

Medication aide job postings are projected to remain at early 2026 levels

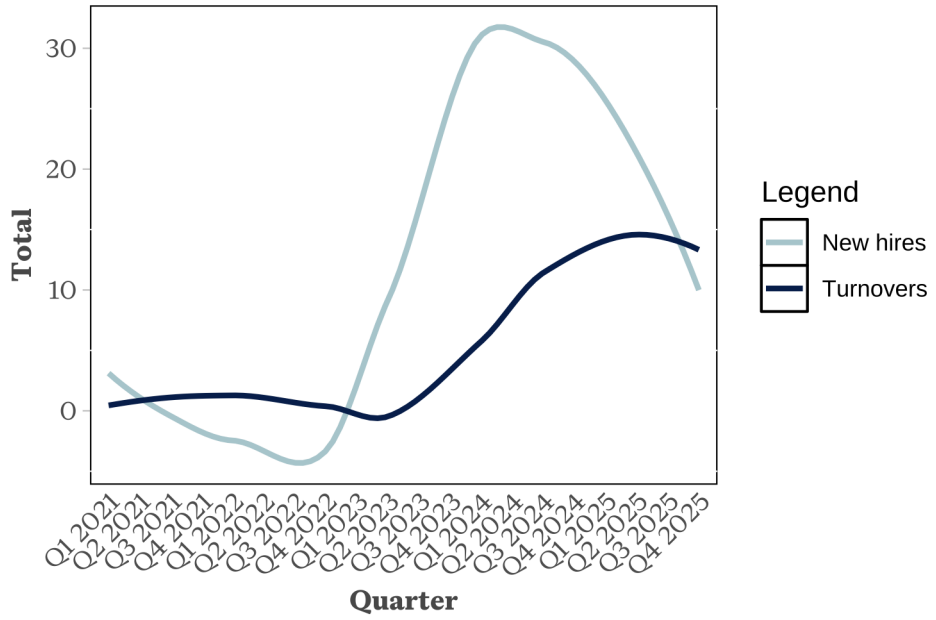


Conference Board–Lightcast Help Wanted OnLine data, 2026

Projections are done using an ARIMA model. The blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as concrete truth as unpredictable factors are in play (COVID being a great example).

Figure 21. New hires and turnover

Turnover overtook new hires in Q3 2025



Unemployment insurance data, 2025

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs "Added" are counts of new hires while "Loss" are counts of providers leaving a specific job or employment. The "Net" is simply the sum of the "Added" and "Loss" aggregates.

Table 5. UI activity

Year	Added	Loss	Net
2021	4	6	-2
2022	3	3	0
2023	3	1	2
2024	152	43	109
2025	80	59	21

Unemployment insurance data, 2025

A major limitation to unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice.

Table 6. Provider counts by NAICS settings from UI data

NAICS group	2021	2022	2023	2024	2025
Ambulatory Health Care Services	2		1	5	8
Hospitals	3	1	1	8	15
Nursing and Residential Care Facilities	5	6	5	87	92
Social Assistance				1	1

Unemployment insurance data, 2025

Discussion

Medication aides in Utah alleviate pressures on licensed practical nurses (LPNs) and registered nurses (RNs) by taking over routine medication administration typically in long-term care and assisted living facilities. Approximately 62% of respondents work in a long-term care or assisted living facility. Managing massive medication passes within rigid time frames while minimizing error rates in understaffed facilities can drive rapid emotional and physical burnout.

Certification in Utah generally yields a modest wage increase over a standard CNA role, historically projected around an additional $1.00 per hour, with average market rates landing between $16.00 and $20.00 per hour. With Utah's relatively high cost of living, typical medication aide wages frequently fall short which can motivate some to leave long-term care settings and assisted living facilities for other employment.

Limitations

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire medication aide workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all medication aides in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a medication aide role. All employment and demographic information are self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represents a single point in time and does not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's medication aide workforce. Job postings are a leading indicator in current demand, but the relationship to actual employment growth varies, as current postings may not reflect future business conditions.

The Conference Board–Lightcast Help Wanted OnLine job postings data, provided by DWS, does not easily equate into net job growth. Job postings may only be needed to replace staff turnover. Not all new hires are publicly posted and not all job postings lead to new hires. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as "ghost jobs". The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. Many postings can make the labor market look stronger than

actual hiring activity.

UI wage data provided by DWS includes quarterly gross earnings reported by employers operating in Utah and exclude self-employment and wages from federal agencies, religious organizations, some small non-profit organizations, and certain agricultural and domestic workers. UI data does not include hourly pay rates or total hours worked per quarter. Full-time and part-time analysis is cross-referenced from the workforce survey data.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/2024-Medication-Aide-Survey-Final-1.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL licensed medication aide-related licenses were included in the license renewal process. Medication aide-related license types include "Medication Aide - Certified" licenses.

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 37.82%. The following response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those excluded not applicable items.

Table 7. Survey item response rates

Number	Text	%
1	What is your sex?	100.0
2	What is your race? Mark one or more boxes.	100.0
3	Are you of Hispanic, Latina/o, or Spanish origin?	100.0
4	What is your highest level of education?	97.8
5	What education or training are you currently pursuing?	97.8
6	If you are not currently pursuing education or training but interested in doing so, what program are you interested in?	57.8
7	If you indicated interest in a training program but are unable to enroll, please provide the potential barriers you may have faced. If you have not experienced any barriers or are not interested in training, please type “N/A”.	66.7
8	What is your employment status?	100.0
9	What best describes your employment plans for the next 2 years?	97.8
10	If you indicated you plan to increase or decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”	51.1
11	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	93.3
12	Please indicate the population groups to whom you provide clinical services. Please check all that apply.	95.6
13	What is your primary practice location? If this does not apply, please enter “N/A”	84.4
14	Which of the following best describes your current employment arrangement at your principal practice location?	95.6
15	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	93.3
16	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select not applicable.	93.3

Number	Text	%
17	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select not applicable. Does not include time on call.	93.3
18	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.	93.3
19	In how many physical locations/addresses do you provide medication aide services?	91.1
20	Which of the following have you received training or in-service hours for:	91.1
21	Did the medication aide training/education you received adequately prepare you for your job as a medication aide?	93.3
22	How many years have you worked as a medication aide?	95.6

DOPL survey responses data, 2024

References

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