

Advisory Board on Respiratory Care

Virginia Board of Medicine

May 12, 2026

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Respiratory Care

Board of Medicine

Tuesday, May 12, 2026, at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

Call to Order – Santiera Brown-Yearling, RRT, Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – Santiera Brown-Yearling, RRT, Chair Approval of minutes from June 4, 2024 Meeting

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

Healthcare Workforce Data Center Presentation – Barbara Hodgdon, Ph.D.

New Business

1. Regulatory Update – Erin Barrett
2. Recommendation of draft amendments for licensure by endorsement – Erin Barrett
3. Election of Officers – Santiera Brown-Yearling, RRT, Chair

Announcements

Next meeting: Tuesday, September 29, 2026, at 1:00 p.m.

Adjournment



PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 2

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Exit the room using one of the doors at the back of the room. **(Point)**. Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<< DRAFT >>

ADVISORY BOARD ON RESPIRATORY THERAPY

Minutes

June 4, 2024

The Advisory Board on Respiratory Therapy met on Tuesday, June 4, 2024 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Shari Toomey, RRT, Vice-Chair
Todd Zischke, RRT
Denver Supinger, Citizen

MEMBERS ABSENT: Santiera Brown-Yearling, RRT, Chair
Bruce Rubin, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM., Deputy Executive Director - Licensure
Colanthia M. Opher, Deputy Executive Director - Administration
Arne Owens, DHP Director
Barbara Hodgdon, Ph.D, Healthcare Workforce Data Center
Roslyn Nickens, Licensing Supervisor
Janice Martin, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Shari Toomey, RRT, Vice-Chair, called the meeting to order at 1:00 p.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress procedures.

Roll Call

Janice Martin called the roll; a quorum was declared.

Introduction of Members

Ms. Toomey asked everyone present in the room to introduce themselves.

Approval of Minutes

There were no previous minutes needing approval.

Adoption of Agenda

Shari Toomey, RRT, Vice-Chair moved to adopt the agenda. Todd Zischke seconded the motion. Motion carried.

Public Comment on Agenda Items

None

Healthcare Workforce Data Presentation

Barbara Hodgdon, Ph.D. provided a comprehensive presentation on results from the 2023 respiratory care healthcare workforce data survey. Among the key findings discussed are increases in licensees entering Virginia workforce and those working in full time employment.

New Business

1. Report on Status of Regulatory/Policy Actions

Dr. Harp reviewed the status of the Advisory Board's regulatory actions.

2. Orientation to the Board of Medicine and Advisory Board

Dr. Harp gave a PowerPoint presentation on the Board of Medicine and its Advisory Boards.

Licensing Report

Janice Martin provided the licensing statistics report for respiratory therapists. The Board has a total of 4902 licensed respiratory therapists.

Announcements

Next Scheduled Meeting

The next scheduled meeting is Tuesday, October 8, 2024 at 1:00 pm.

Adjournment

With no other business to conduct, Shari Toomey, RRT, Vice-Chair adjourned the meeting at 2:17pm.

William L. Harp, MD, Executive Director

DRAFT

Virginia's Respiratory Therapist Workforce: 2025

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 3,809 Respiratory Therapists voluntarily participated in this survey. Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BS
Research Assistant

Respiratory Therapy Advisory Board

Chair

Santiera Brown-Yearling, RRT
Chesapeake

Vice-Chair

Shari A. Toomey, RRT
Roanoke

Members

Daniel Grinnan, MD
Richmond

Kimberly B. Headley
Weems

Todd Zischke, RRT
Bumpass

Executive Director

William L. Harp, MD

Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Specializations & Credentials.....	9
Current Employment Situation	10
Employment Quality.....	11
2025 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Languages.....	16
Time Allocation	17
Retirement & Future Plans	18
Full-Time Equivalency Units.....	20
Maps	21
Virginia Performs Regions	21
Area Health Education Center Regions	22
Workforce Investment Areas	23
Health Services Areas	24
Planning Districts.....	25
Appendix	26
Weights	26

The Respiratory Therapist Workforce At a Glance:

The Workforce

Licensees:	5,645
Virginia's Workforce:	4,238
FTEs:	3,590

Background

Rural Childhood:	42%
HS Degree in VA:	49%
Prof. Degree in VA:	57%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	67%
Satisfied?:	96%

Survey Response Rate

All Licensees:	67%
Renewing Practitioners:	91%

Education

Associate:	73%
Baccalaureate:	23%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	63%

Demographics

Female:	74%
Diversity Index:	52%
Median Age:	46

Finances

Median Income:	\$70k-\$80k
Health Benefits:	63%
Under 40 w/ Ed. Debt:	50%

Primary Roles

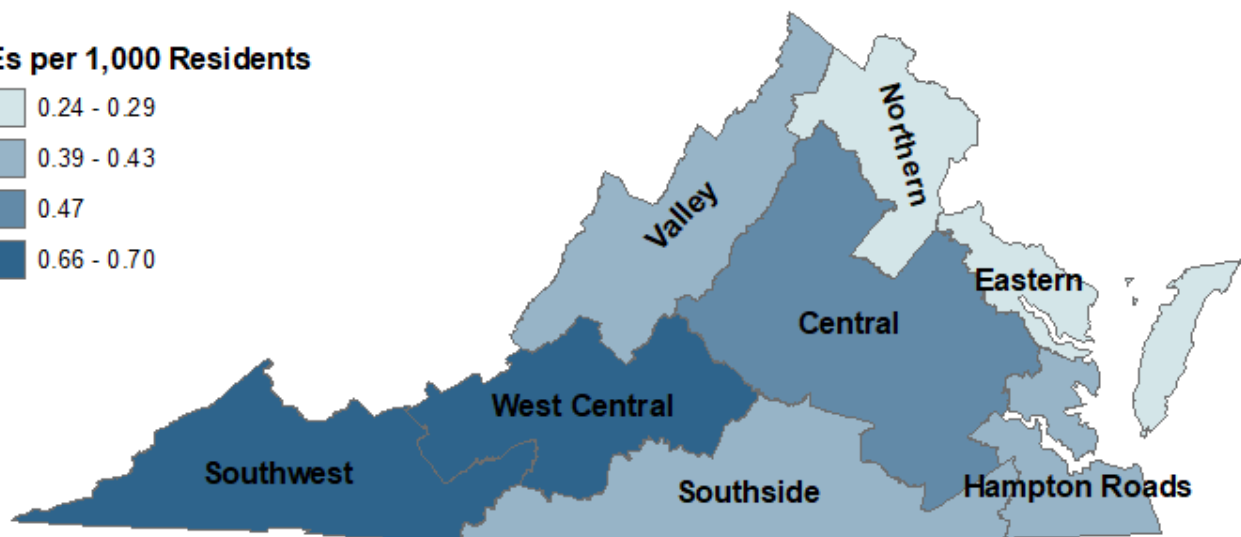
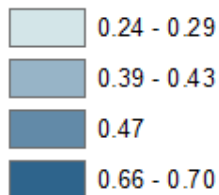
Patient Care:	83%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

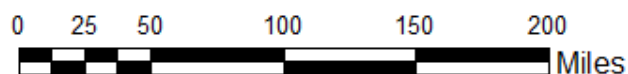
Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Respiratory Therapist Workforce survey. A total of 3,809 respiratory therapists (RTs) voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each RT on odd-numbered years. These survey respondents represent 67% of the 5,645 RTs who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 4,238 RTs participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's RTs provided 3,590 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every four RTs are female, including 78% of those RTs who are under the age of 40. In a random encounter between two RTs, there is a 52% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 55% for those RTs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. More than two out of every five RTs grew up in a rural area, and one-quarter of RTs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 13% of all RTs work in a non-metro area of the state.

Among all RTs, 96% are currently employed in the profession, 67% hold one full-time job, and 33% work between 40 and 49 hours per week. In total, 54% of all RTs work in the non-profit sector, while another 37% work in the for-profit sector. The typical RT earns between \$70,000 and \$80,000 per year, and 79% of RTs receive this income as an hourly wage. In addition, 79% of RTs receive at least one employer-sponsored benefit, including 63% who have access to health insurance. Among all RTs, 96% indicated that they are satisfied with their current work situation, including 64% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to those of the 2015 respiratory therapist workforce. The number of licensed RTs in Virginia has increased by 32% (5,645 vs. 4,291). At the same time, the size of Virginia's RT workforce has increased by 14% (4,238 vs. 3,706), and the number of FTEs provided by this workforce has increased by 8% (3,590 vs. 3,310). Virginia's renewing RTs are more likely to respond to this survey (91% vs. 84%).

The percentage of Virginia's RT workforce that is female has increased (74% vs. 70%), while the median age of this workforce has declined (46 vs. 47). At the same time, the diversity index of Virginia's RT workforce has increased (52% vs. 41%), a trend that has also occurred among RTs who are under the age of 40 (55% vs. 48%). RTs are less likely to have grown up in a rural area (42% vs. 44%), but RTs who grew up in a rural area are slightly more likely to work in a non-metro area of Virginia (25% vs. 24%). There was no change in the percentage of all RTs who work in a non-metro area of the state (13%). Virginia's RTs are relatively more likely to hold a baccalaureate degree (23% vs. 15%) and less likely to hold an associate degree (73% vs. 80%) as their highest professional degree. Additionally, RTs are more likely to carry education debt (37% vs. 34%), although the opposite is true among RTs who are under the age of 40 (50% vs. 55%).

While RTs are more likely to be currently employed in the profession (96% vs. 94%), they are also less likely to hold one full-time job (67% vs. 70%) or work at their primary work location for at least two years (63% vs. 75%). RTs are more likely to work in the non-profit sector (54% vs. 51%) than in the for-profit sector (37% vs. 40%). The median annual income of Virginia's RT workforce has increased (\$70k-\$80k vs. \$50k-\$60k), and RTs are relatively more likely to receive this income by means of a contract or a per diem (10% vs. 2%) than in the form of either an hourly wage (79% vs. 86%) or a salary (10% vs. 12%). RTs are less likely to receive at least one employer-sponsored benefit (79% vs. 86%), including those RTs who have access to health insurance (63% vs. 69%). RTs are slightly more likely to indicate that they are satisfied with their current employment situation (96% vs. 95%), but the percentage of RTs who indicated that they are "very satisfied" has declined (64% vs. 67%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,164	74%
New Licensees	406	7%
Non-Renewals	1,075	19%
All Licensees	5,645	100%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted throughout 2025 on the birth month of each practitioner.
- Target Population:** All RTs who held a Virginia license at some point in 2025.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some RTs newly licensed in 2025.

HWDC surveys tend to achieve very high response rates. More than nine out of every ten renewing RTs submitted a survey. These represent 67% of the 5,645 RTs who held a license at some point in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	288	223	44%
30 to 34	283	338	54%
35 to 39	251	486	66%
40 to 44	227	530	70%
45 to 49	186	536	74%
50 to 54	185	497	73%
55 to 59	132	507	79%
60 and Over	284	692	71%
Total	1,836	3,809	68%
New Licenses			
Issued in 2025	406	0	0%
Metro Status			
Non-Metro	129	459	78%
Metro	551	2,219	80%
Not in Virginia	1,156	1,131	49%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,809
Response Rate, All Licensees	67%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number:	5,645
New:	7%
Not Renewed:	19%

Survey Response Rates

All Licensees:	67%
Renewing Practitioners:	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2025 RT Workforce: 4,238
 FTEs: 3,590

Utilization Ratios

Licensees in VA Workforce: 75%
 Licensees per FTE: 1.57
 Workers per FTE: 1.18

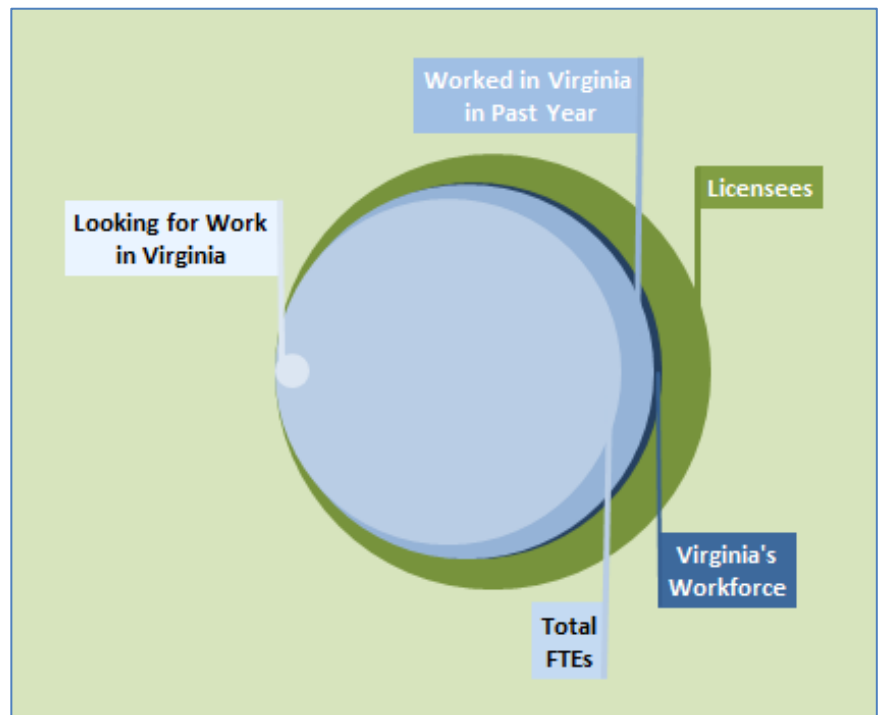
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RT Workforce		
Status	#	%
Worked in Virginia in Past Year	4,202	99%
Looking for Work in Virginia	36	1%
Virginia's Workforce	4,238	100%
Total FTEs	3,590	
Licensees	5,645	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	65	18%	298	82%	363	10%
30 to 34	86	19%	362	81%	448	12%
35 to 39	142	28%	372	72%	514	14%
40 to 44	108	23%	365	77%	473	13%
45 to 49	115	25%	352	75%	467	13%
50 to 54	126	30%	295	70%	422	11%
55 to 59	107	27%	291	73%	398	11%
60 and Over	211	34%	407	66%	617	17%
Total	961	26%	2,741	74%	3,702	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	59%	2,497	66%	872	64%
Black	19%	747	20%	224	17%
Asian	7%	227	6%	97	7%
Other Race	0%	48	1%	15	1%
Two or More Races	3%	109	3%	59	4%
Hispanic	11%	162	4%	85	6%
Total	100%	3,790	100%	1,352	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

Among all RTs, 36% are under the age of 40, and 78% of RTs who are under the age of 40 are female. In addition, the diversity index among RTs who are under the age of 40 is 55%.

At a Glance:

Gender

% Female: 74%
% Under 40 Female: 78%

Age

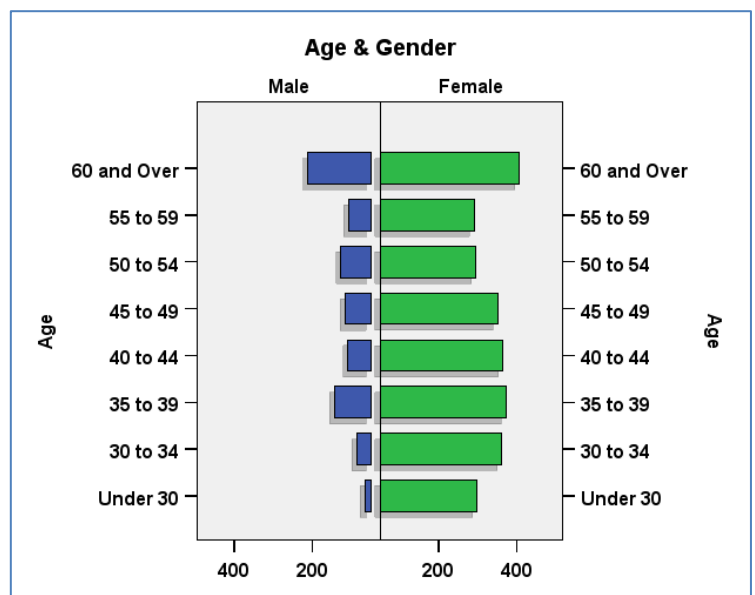
Median Age: 46
% Under 40: 36%
% 55 and Over: 27%

Diversity

Diversity Index: 52%
Under 40 Div. Index: 55%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 52% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
 Rural Childhood: 42%

Virginia Background

HS in Virginia: 49%
 Prof. Education in VA: 57%
 HS/Prof. Edu. in VA: 60%

Location Choice

% Rural to Non-Metro: 25%
 % Urban/Suburban to Non-Metro: 5%

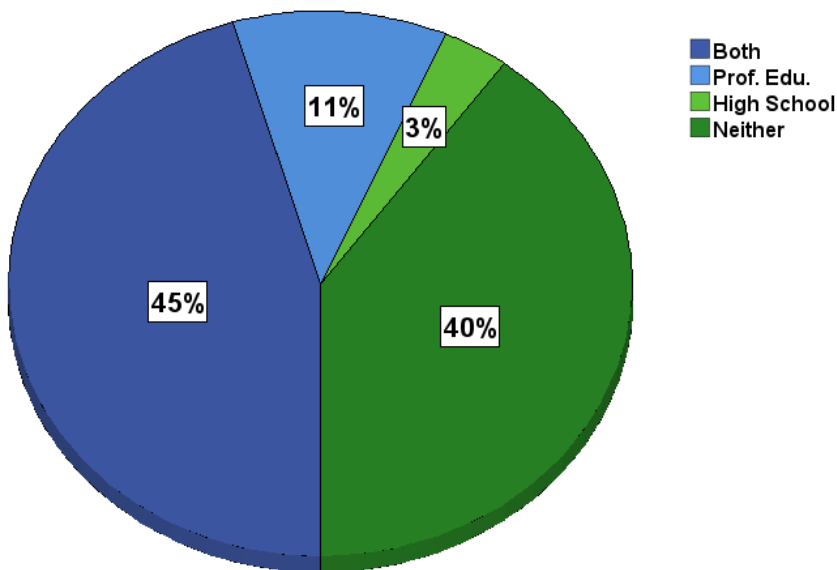
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	27%	53%	21%
2	Metro, 250,000 to 1 Million	62%	30%	8%
3	Metro, 250,000 or Less	54%	36%	10%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	81%	10%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	71%	20%	9%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	90%	7%	4%
8	Rural, Metro Adjacent	74%	9%	17%
9	Rural, Non-Adjacent	67%	26%	7%
Overall		42%	42%	16%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than two out of every five RTs grew up in a rural area, and 25% of RTs who grew up in a rural area currently work in a non-metro county. In total, 13% of all RTs currently work in a non-metro county.

Top Ten States for Respiratory Therapist Recruitment

Rank	All Respiratory Therapist			
	High School	#	Professional School	#
1	Virginia	1,857	Virginia	2,136
2	Outside U.S./Canada	277	Maryland	257
3	Maryland	173	North Carolina	172
4	North Carolina	158	California	137
5	Pennsylvania	134	Texas	120
6	West Virginia	127	Florida	105
7	New York	117	Pennsylvania	102
8	Florida	106	West Virginia	70
9	California	106	New York	63
10	Ohio	61	Arizona	47

Source: Va. Healthcare Workforce Data Center

Among all licensed RTs, 49% received their high school degree in Virginia, and 57% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	331	Virginia	358
2	Outside U.S./Canada	76	Maryland	113
3	North Carolina	64	North Carolina	68
4	Maryland	63	Texas	62
5	Florida	54	Florida	53
6	California	43	California	51
7	West Virginia	37	Pennsylvania	35
8	Pennsylvania	35	New York	28
9	Texas	32	Arizona	27
10	New York	31	Tennessee	22

Source: Va. Healthcare Workforce Data Center

Among those RTs who have obtained their license in the past five years, 33% received their high school degree in Virginia, while 36% received their initial professional degree in the state.

One out of every four licensed RTs did not participate in Virginia's workforce in 2025. Among these RTs, 97% worked at some point in the past year, including 83% who are currently employed as RTs.

At a Glance:

Not in VA Workforce

Total:	1,412
% of Licenses:	25%
Federal/Military:	6%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate	2,702	73%
Baccalaureate	847	23%
Post-Graduate Certificate	44	1%
Master's	104	3%
Doctoral	7	0%
Total	3,705	100%

Source: Va. Healthcare Workforce Data Center

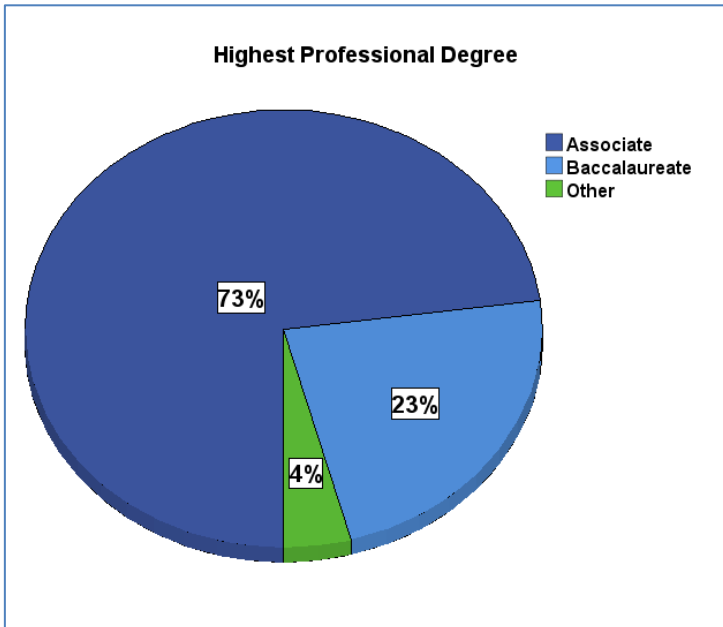
At a Glance:

Education
 Associate: 73%
 Baccalaureate: 23%

Education Debt
 Carry Debt: 37%
 Under Age 40 w/ Debt: 50%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four RTs hold an associate degree as their highest professional degree.



Source: Va. Healthcare Workforce Data Center

More than one out of every three RTs carry education debt, including 50% of those RTs who are under the age of 40. For those RTs with education debt, the median outstanding balance is between \$20,000 and \$30,000.

Education Debt				
Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	2,051	63%	563	50%
Less than \$10,000	258	8%	131	12%
\$10,000-\$19,999	205	6%	106	9%
\$20,000-\$29,999	197	6%	98	9%
\$30,000-\$39,999	141	4%	63	6%
\$40,000-\$49,999	112	3%	53	5%
\$50,000-\$59,999	74	2%	36	3%
\$60,000-\$69,999	76	2%	32	3%
\$70,000-\$79,999	45	1%	21	2%
\$80,000-\$89,999	29	1%	7	1%
\$90,000-\$99,999	23	1%	9	1%
\$100,000 or More	70	2%	15	1%
Total	3,281	100%	1,134	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Critical Care:	58%
Neonatal-Pediatrics:	29%
Long-Term Care:	23%

Top Certifications

Registered RT:	73%
Certified RT:	52%
Neonatal/Pediatric:	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Respiratory Therapist (RRT)	3,090	73%
Certified Respiratory Therapist (CRT)	2,199	52%
Neonatal/Pediatric Specialty (NPS)	387	9%
Adult Critical Care Specialty (ACCS)	344	8%
Certified Pulmonary Function Technologist (CPFT)	121	3%
Registered Pulmonary Function Technologist (RPFT)	74	2%
Registered Polysomnographic Technologist (RPSGT)	61	1%
Certified Asthma Educator (AE-C)	44	1%
Sleep Disorders Specialty (SDS)	25	1%
Other	50	1%
At Least One Certification	3,738	88%

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties

Specialty	#	% of Workforce
Critical Care	2,448	58%
Neonatal-Pediatrics	1,234	29%
Long-Term Care	980	23%
Home Care	557	13%
Education	526	12%
Pulmonary Diagnostics	502	12%
Pulmonary Rehab	443	10%
Polysomnography/Sleep Disorders	219	5%
ECMO/ECLS	193	5%
Surface & Air Transport	155	4%
Case Management	92	2%
Other	141	3%
At Least One Specialty	3,263	77%

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten RTs have at least one certification, including 73% who are certified as a Registered Respiratory Therapist. More than three out of every four RTs have at least one specialization, including 58% who specialize in critical care.

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 67%
 2 or More Positions: 16%

Weekly Hours:

40 to 49: 33%
 60 or More: 5%
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	< 1%
Employed in an RT-Related Capacity	3,633	96%
Employed, NOT in an RT-Related Capacity	93	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	14	< 1%
Voluntarily Unemployed	37	1%
Retired	24	1%
Total	3,802	100%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 96% are currently employed in the profession, 67% have one full-time job, and 33% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	75	2%
One Part-Time Position	552	15%
Two Part-Time Positions	86	2%
One Full-Time Position	2,520	67%
One Full-Time Position & One Part-Time Position	447	12%
Two Full-Time Positions	14	< 1%
More than Two Positions	61	2%
Total	3,755	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	75	2%
1 to 9 Hours	36	1%
10 to 19 Hours	96	3%
20 to 29 Hours	313	8%
30 to 39 Hours	1,606	43%
40 to 49 Hours	1,232	33%
50 to 59 Hours	165	4%
60 to 69 Hours	81	2%
70 to 79 Hours	36	1%
80 or More Hours	69	2%
Total	3,709	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	13	1%
Less than \$30,000	108	4%
\$30,000-\$39,999	74	3%
\$40,000-\$49,999	137	5%
\$50,000-\$59,999	273	10%
\$60,000-\$69,999	468	17%
\$70,000-\$79,999	492	18%
\$80,000-\$89,999	448	16%
\$90,000-\$99,999	276	10%
\$100,000-\$109,999	244	9%
\$110,000-\$119,999	97	3%
\$120,000 or More	186	7%
Total	2,816	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: \$70k-\$80k

Benefits
Health Insurance: 63%
Retirement: 61%

Satisfaction
Satisfied: 96%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,388	64%
Somewhat Satisfied	1,179	32%
Somewhat Dissatisfied	110	3%
Very Dissatisfied	40	1%
Total	3,716	100%

Source: Va. Healthcare Workforce Data Center

The typical RT earns between \$70,000 and \$80,000 per year. In addition, 79% of RTs receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,405	66%	70%
Health Insurance	2,299	63%	65%
Dental Insurance	2,281	63%	65%
Retirement	2,214	61%	63%
Paid Sick Leave	1,899	52%	54%
Group Life Insurance	1,592	44%	46%
Signing/Retention Bonus	641	18%	19%
At Least One Benefit	2,882	79%	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	32	1%
Experience Voluntary Unemployment?	147	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	110	3%
Work Two or More Positions at the Same Time?	751	18%
Switch Employers or Practices?	287	7%
Experience at Least One?	1,157	27%

Source: Va. Healthcare Workforce Data Center

Only 1% of RTs were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 3.6%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	73	2%	110	12%
Less than 6 Months	231	6%	117	13%
6 Months to 1 Year	343	9%	136	15%
1 to 2 Years	714	19%	170	19%
3 to 5 Years	791	21%	149	17%
6 to 10 Years	542	15%	86	10%
More than 10 Years	1,020	27%	119	13%
Subtotal	3,713	100%	887	100%
Did Not Have Location	47		3,276	
Item Missing	478		75	
Total	4,238		4,238	

Source: Va. Healthcare Workforce Data Center

Nearly four out of every five RTs receive an hourly wage at their primary work location, while 10% receive a salary or work on commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%

Underemployed: 3%

Turnover & Tenure

Switched: 7%

New Location: 22%

Over 2 Years: 63%

Over 2 Yrs., 2nd Location: 40%

Employment Type

Hourly Wage: 79%

Salary/Commission: 10%

Source: Va. Healthcare Workforce Data Center

More than three out of every five RTs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	255	10%
Hourly Wage	1,929	79%
By Contract/Per Diem	241	10%
Business/Practice Income	5	0%
Unpaid	6	0%
Subtotal	2,436	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate from December 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	64%
Lowest Region:	2%

Locations

2 or More (2025):	26%
2 or More (Now*):	22%

Source: Va. Healthcare Workforce Data Center

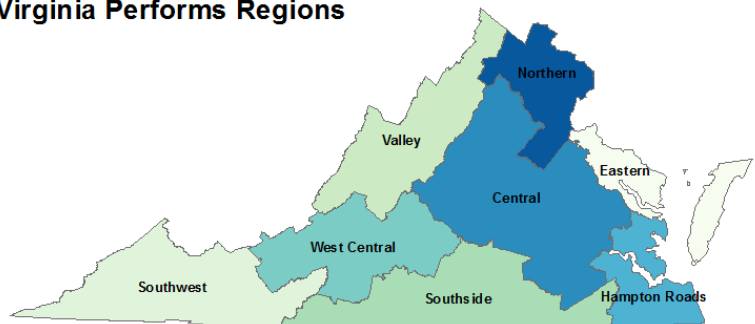
Nearly two-thirds of all RTs work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	869	23%	172	19%
Eastern	58	2%	5	1%
Hampton Roads	722	19%	180	19%
Northern	767	21%	179	19%
Southside	158	4%	42	5%
Southwest	279	8%	58	6%
Valley	224	6%	46	5%
West Central	520	14%	114	12%
Virginia Border State/D.C.	32	1%	17	2%
Other U.S. State	78	2%	111	12%
Outside of the U.S.	0	0%	0	0%
Total	3,707	100%	924	100%
Item Missing	485		37	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

More than one out of every five RTs currently have multiple work locations, while 26% of all RTs have had multiple work locations in the past year.

Locations	Number of Work Locations			
	Work Locations in 2025		Work Locations Now*	
	#	%	#	%
0	36	1%	74	2%
1	2,726	73%	2,848	77%
2	652	18%	568	15%
3	276	7%	219	6%
4	13	0%	1	0%
5	8	0%	5	0%
6 or More	12	0%	8	0%
Total	3,722	100%	3,722	100%

*At the time of survey completion, January-December 2025.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,313	37%	387	47%
Non-Profit	1,925	54%	394	47%
State/Local Government	182	5%	38	5%
Veterans Administration	69	2%	5	1%
U.S. Military	34	1%	5	1%
Other Federal Government	14	0%	2	0%
Total	3,537	100%	831	100%
Did Not Have Location	47		3,276	
Item Missing	654		130	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

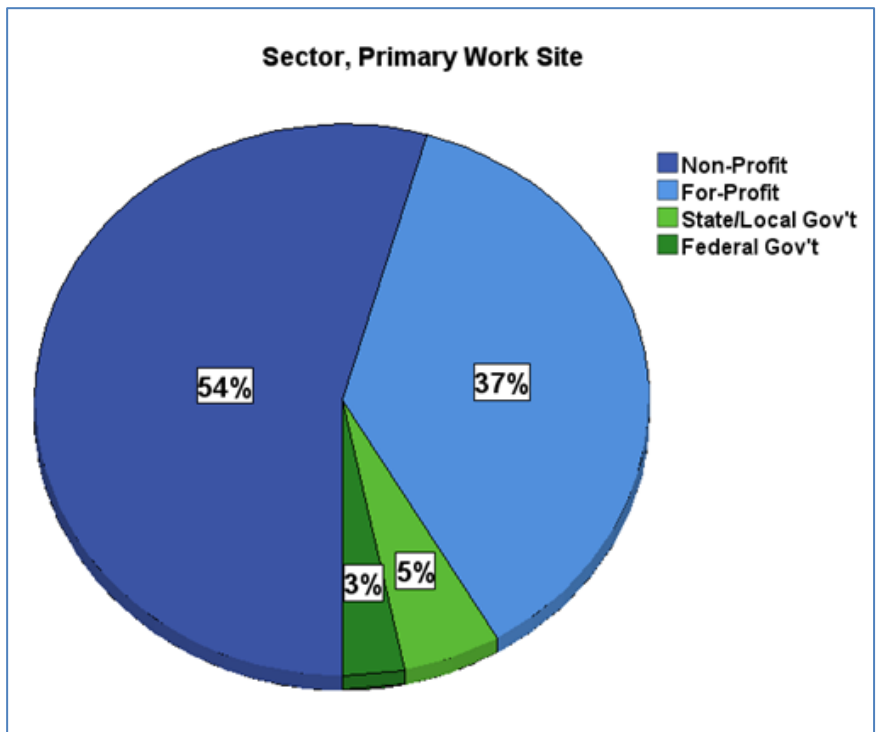
For-Profit:	37%
Federal:	3%

Top Establishments

Hospital, Inpatient:	60%
Children's Hospital:	8%
Academic Institution:	6%

Source: Va. Healthcare Workforce Data Center

More than half of all RTs work in the non-profit sector, while another 37% work in the for-profit sector.



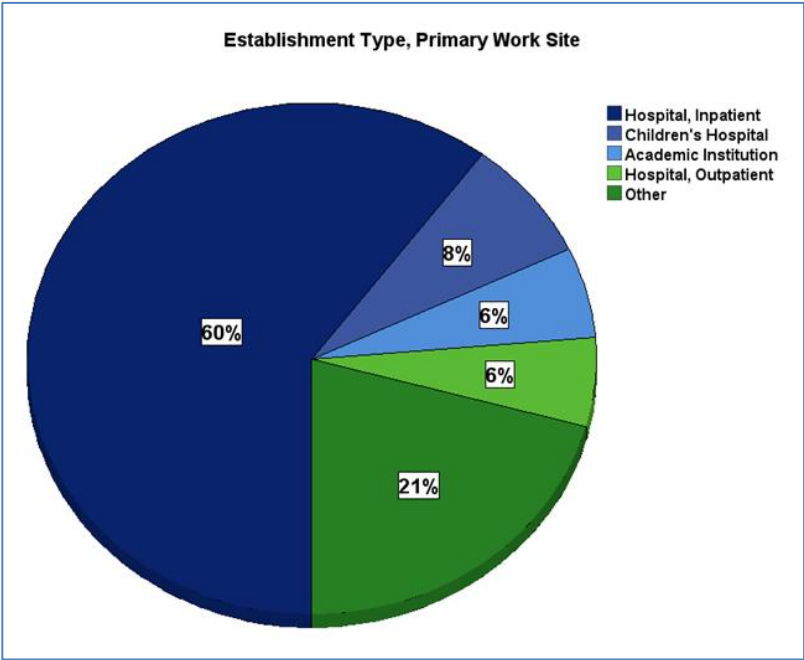
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	2,102	60%	470	59%
Children's Hospital	270	8%	28	4%
Academic Institution	198	6%	44	6%
General Hospital, Outpatient Department	197	6%	34	4%
Home Health Care	141	4%	35	4%
Rehabilitation Facility, Residential/Inpatient	117	3%	56	7%
Skilled Nursing Facility	87	2%	36	5%
Physician Office	70	2%	5	1%
Health Equipment Rental Company	66	2%	17	2%
Rehabilitation Facility, Outpatient Clinic	54	2%	15	2%
Sleep Center, Hospital Based	28	1%	7	1%
Assisted Living or Continuing Care Facility	26	1%	17	2%
Device Manufacturer/Distributor	12	0%	1	0%
Sleep Center, Community Based	12	0%	1	0%
Other	111	3%	34	4%
Total	3,491	100%	800	100%
Did Not Have a Location	47		3,276	

Three out of every five RTs work at the inpatient department of a general hospital, while another 8% work at a children's hospital.

Source: Va. Healthcare Workforce Data Center

For RTs who also have a secondary work location, 59% work at the inpatient department of a general hospital, while another 7% work at a residential or inpatient rehabilitation facility.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	25%
French:	17%
Chinese:	17%

Means of Communication

Virtual Translation:	78%
Onsite Translation:	40%
Respondent:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,069	25%
French	705	17%
Chinese	703	17%
Arabic	668	16%
Tagalog/Filipino	659	16%
Korean	652	15%
Vietnamese	636	15%
Hindi	597	14%
Persian	547	13%
Urdu	516	12%
Amharic, Somali, or Other Afro-Asiatic Languages	501	12%
Pashto	497	12%
Others	285	7%
At Least One Language	1,336	32%

Source: Va. Healthcare Workforce Data Center

One out of every four RTs are employed at a primary work location that offers Spanish language services for patients.

Nearly four out of every five RTs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	1,040	78%
Onsite Translation Service	534	40%
Respondent is Proficient	199	15%
Other Staff Member is Proficient	185	14%
Other	26	2%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Education: 1%-9%

Roles

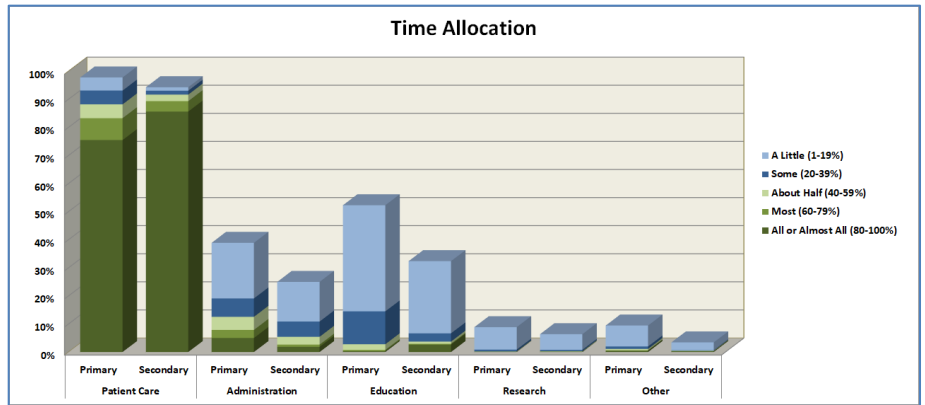
Patient Care: 83%
Administration: 8%
Education: 1%

Patient Care RTs

Median Admin. Time: None
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RTs typically spend most of their time in patient care activities. In fact, 83% of RTs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	75%	86%	5%	2%	0%	3%	0%	0%	0%	0%
Most (60-79%)	8%	4%	3%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	2%	5%	3%	2%	1%	0%	0%	1%	0%
Some (20-39%)	5%	1%	7%	5%	12%	3%	1%	0%	1%	0%
A Little (1-19%)	5%	1%	20%	14%	38%	26%	8%	6%	7%	3%
None (0%)	2%	6%	61%	75%	48%	68%	91%	94%	91%	96%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	140	4%	-	-
50 to 54	115	4%	6	0%
55 to 59	303	10%	53	4%
60 to 64	872	28%	322	26%
65 to 69	1,211	38%	599	49%
70 to 74	280	9%	158	13%
75 to 79	57	2%	30	2%
80 and Over	26	1%	9	1%
I Do Not Intend to Retire	151	5%	46	4%
Total	3,154	100%	1,223	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs

Under 65: 45%

Under 60: 18%

RTs 50 and Over

Under 65: 31%

Under 60: 5%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 25%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

Close to half of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, 31% expect to retire by the age of 65.

Within the next two years, 21% of all RTs expect to pursue additional educational opportunities, and 10% expect to increase their patient care hours.

Future Plans

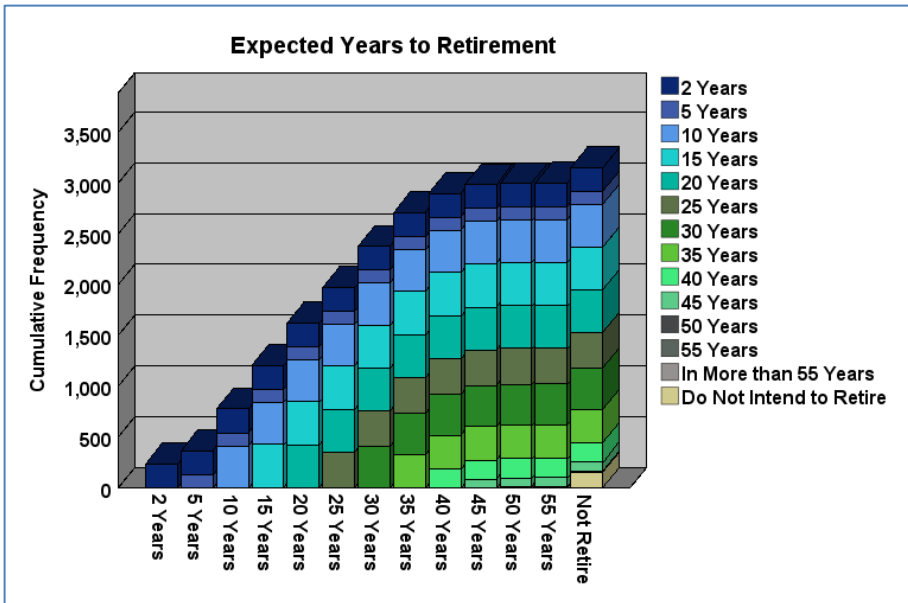
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	137	3%
Leave Virginia	140	3%
Decrease Patient Care Hours	369	9%
Decrease Teaching Hours	17	0%
Increase Participation		
Increase Patient Care Hours	431	10%
Increase Teaching Hours	276	7%
Pursue Additional Education	877	21%
Return to the Workforce	22	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 7% of RTs expect to retire in the next two years, 25% expect to retire within the next ten years. Half of the current workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within . .	#	%	Cumulative %
2 Years	236	7%	7%
5 Years	128	4%	12%
10 Years	415	13%	25%
15 Years	428	14%	38%
20 Years	420	13%	52%
25 Years	351	11%	63%
30 Years	405	13%	76%
35 Years	330	10%	86%
40 Years	188	6%	92%
45 Years	87	3%	95%
50 Years	12	0%	95%
55 Years	2	0%	95%
In More than 55 Years	0	0%	95%
Do Not Intend to Retire	151	5%	100%
Total	3,154	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 14% of the current workforce around 2040 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 3,590
 FTEs/1,000 Residents²: 0.412
 Average: 0.86

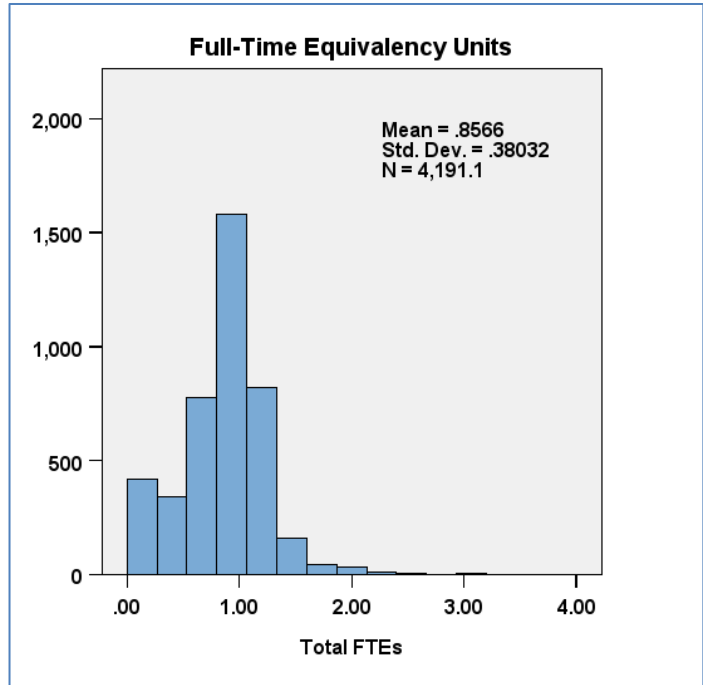
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

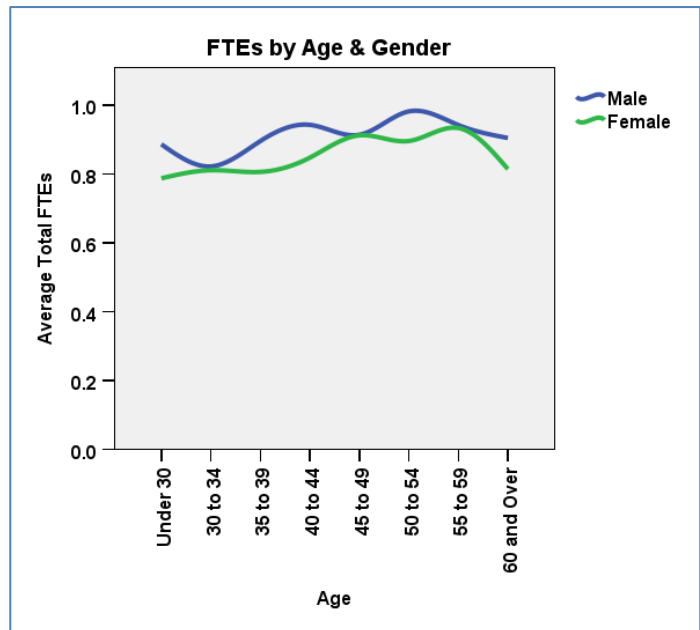


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.93 FTEs in 2025, or about 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Under 30	0.82	0.89
30 to 34	0.79	0.89
35 to 39	0.77	0.89
40 to 44	0.88	0.96
45 to 49	0.92	0.98
50 to 54	0.90	0.93
55 to 59	0.96	1.01
60 and Over	0.82	0.85
Gender		
Male	0.91	0.96
Female	0.85	0.93

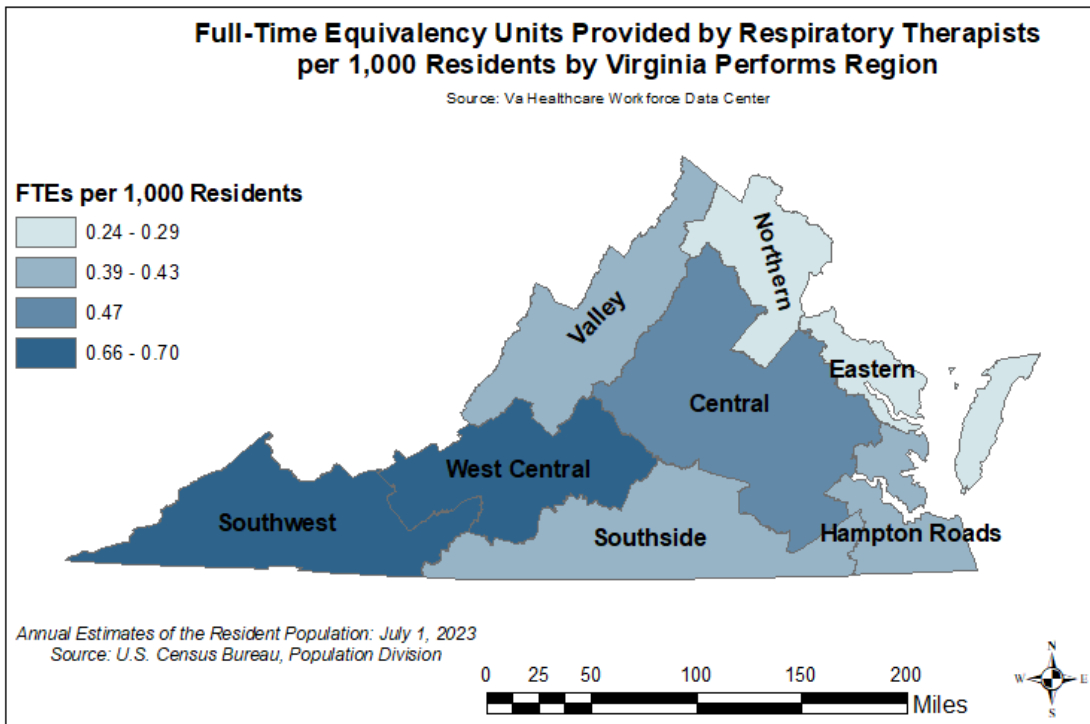
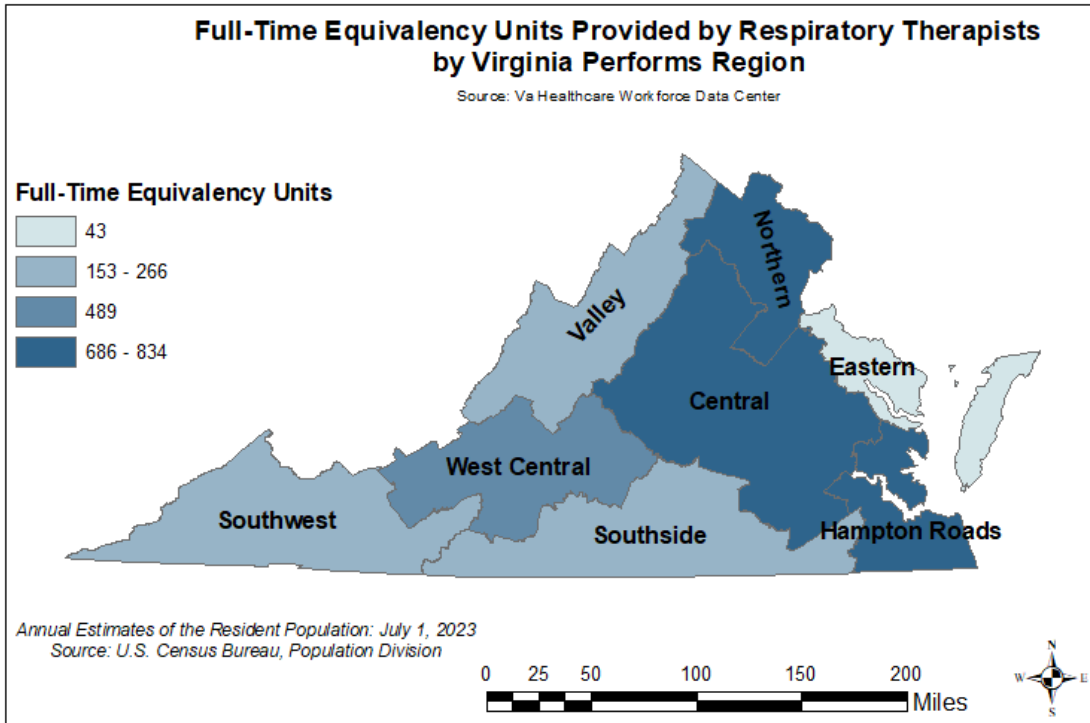
Source: Va. Healthcare Workforce Data Center

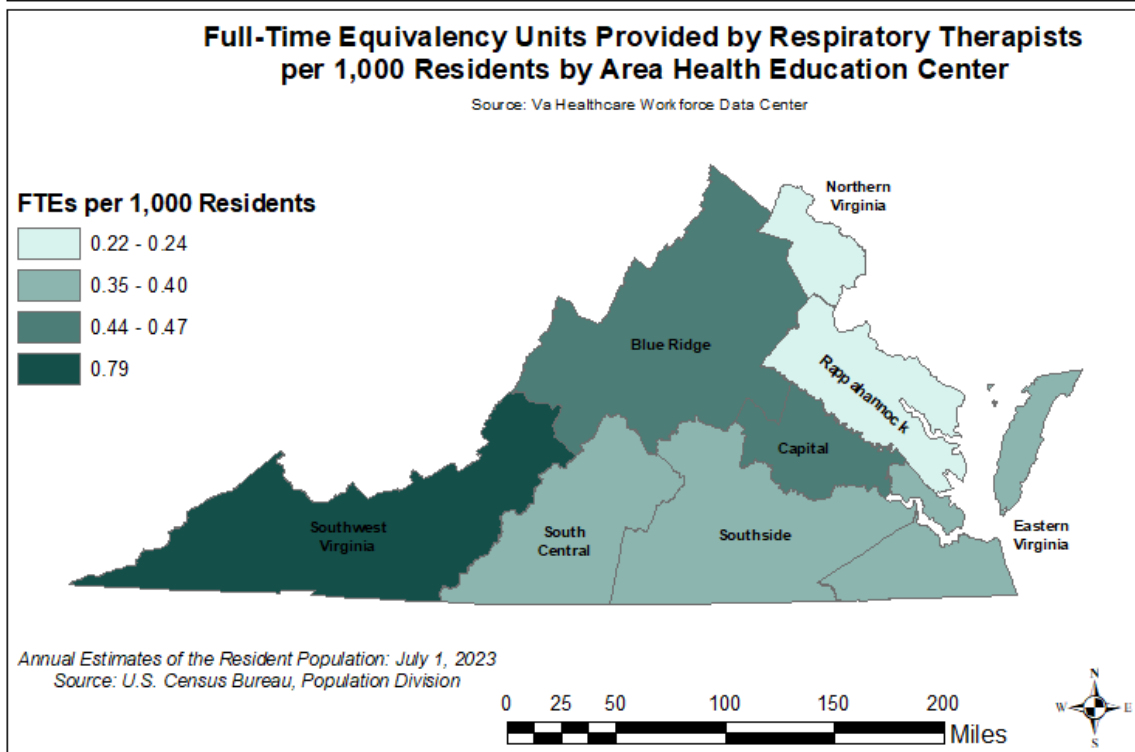
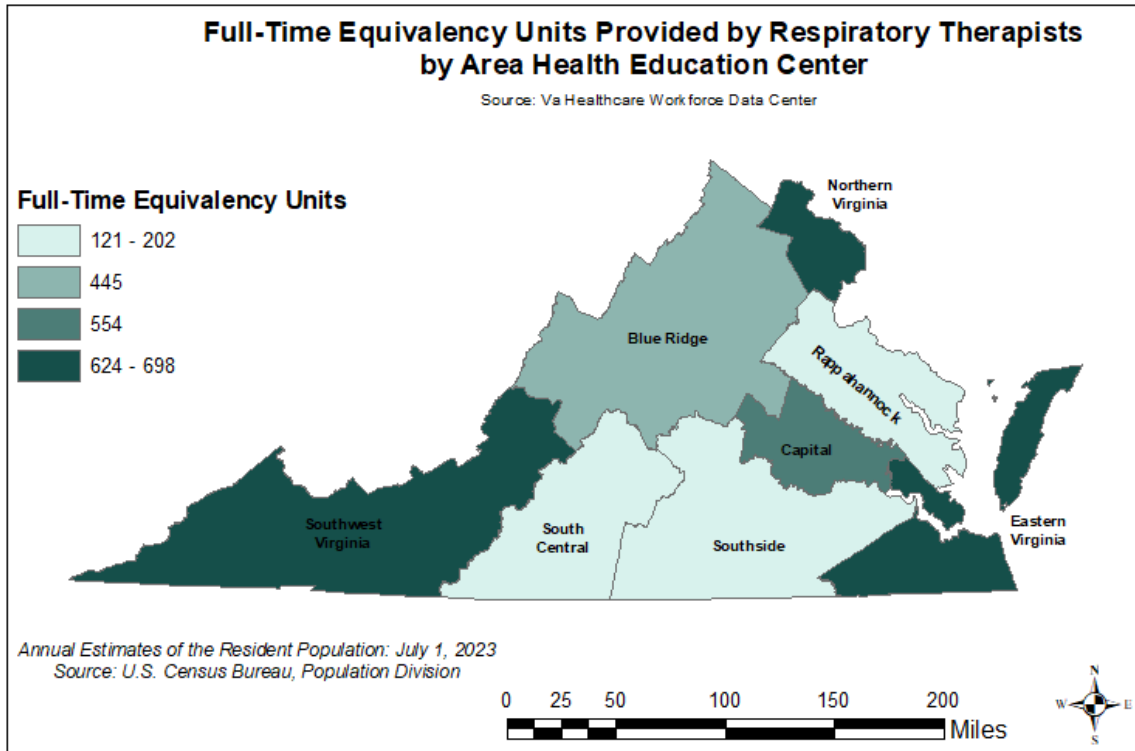


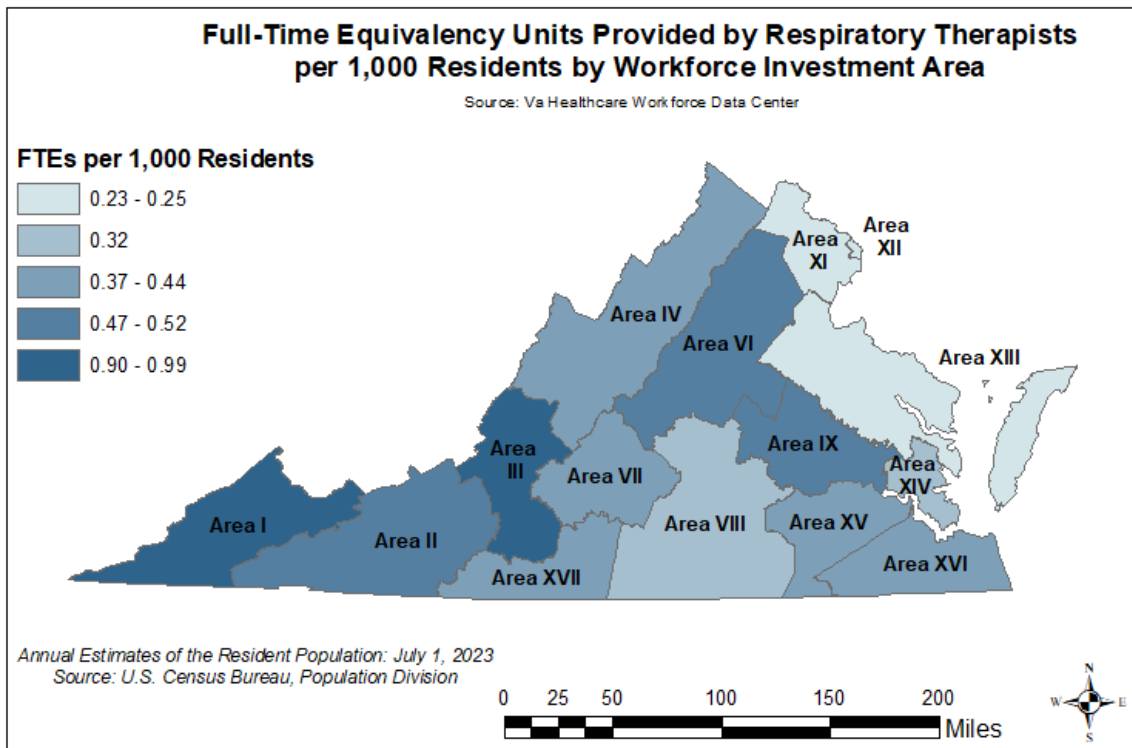
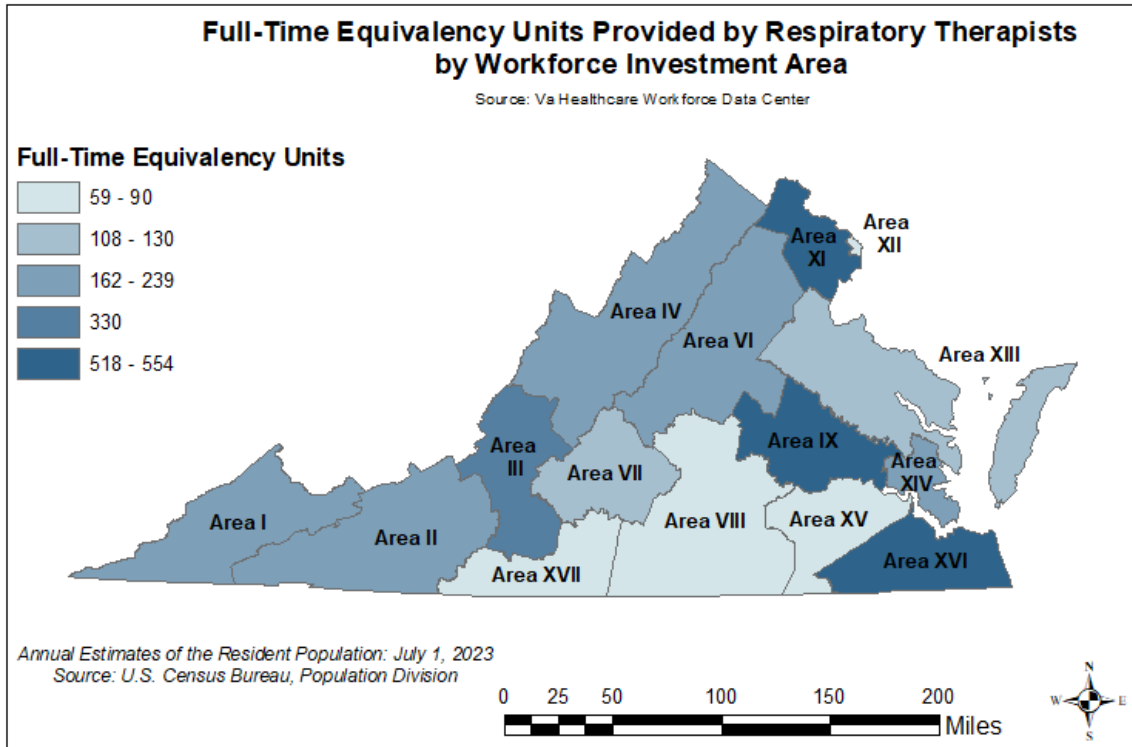
Source: Va. Healthcare Workforce Data Center

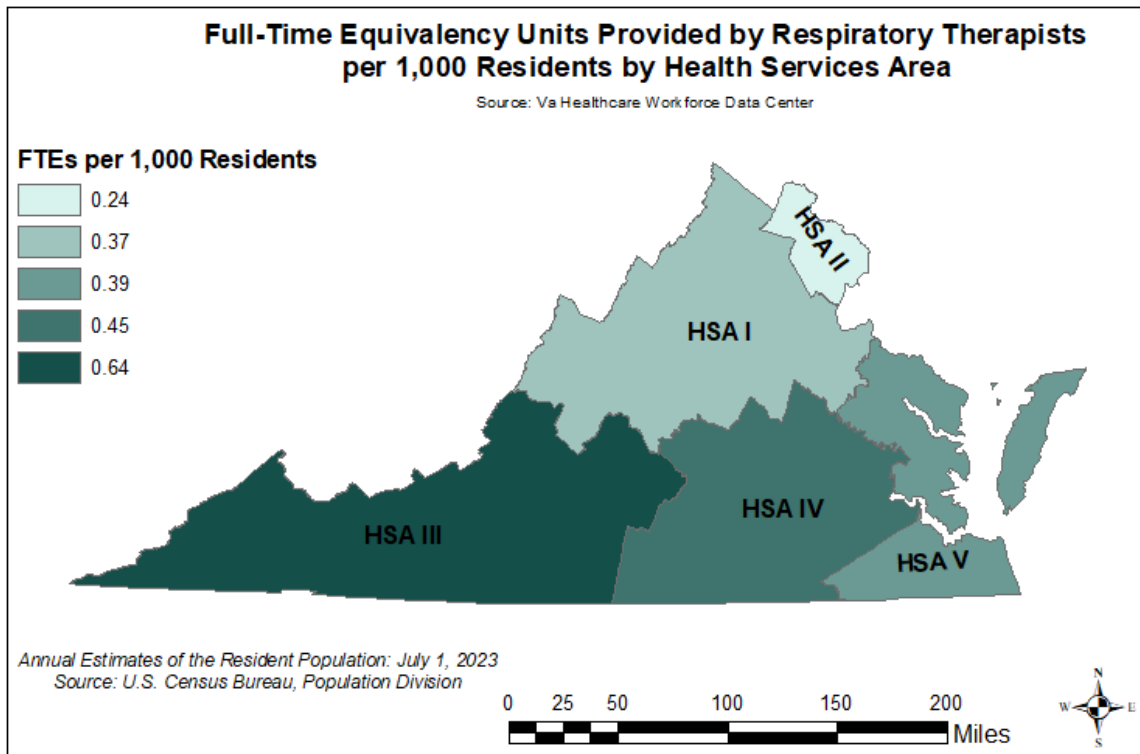
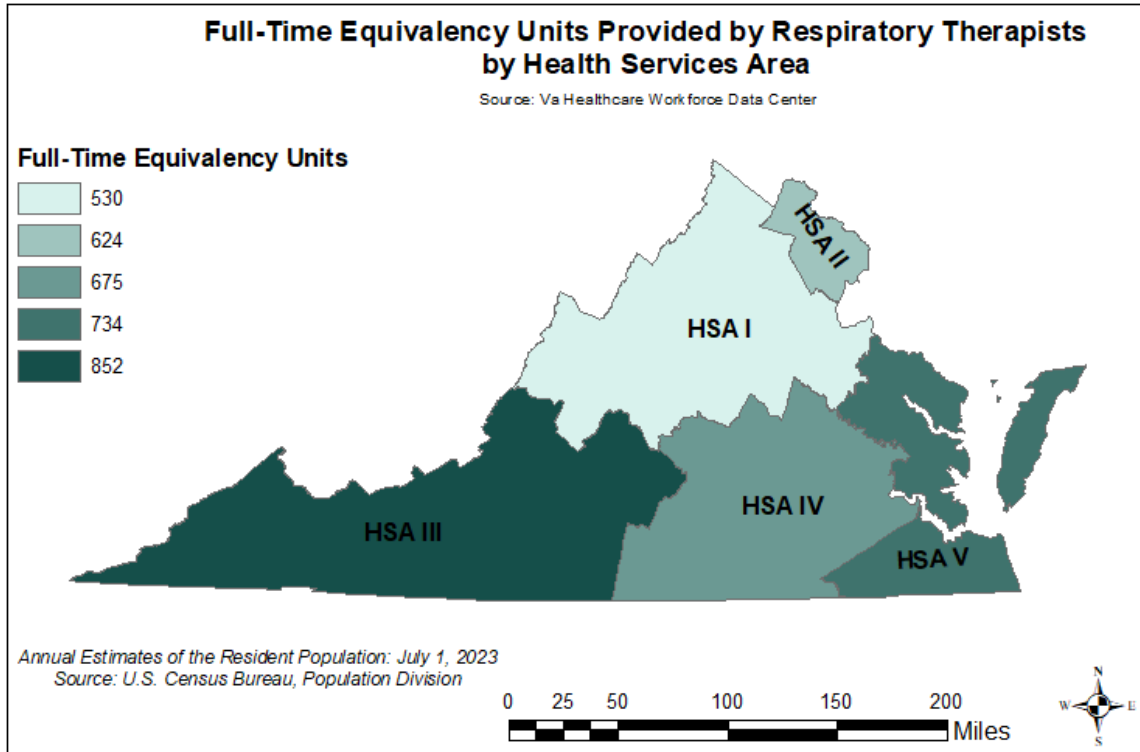
² Number of residents in 2023 was used as the denominator.

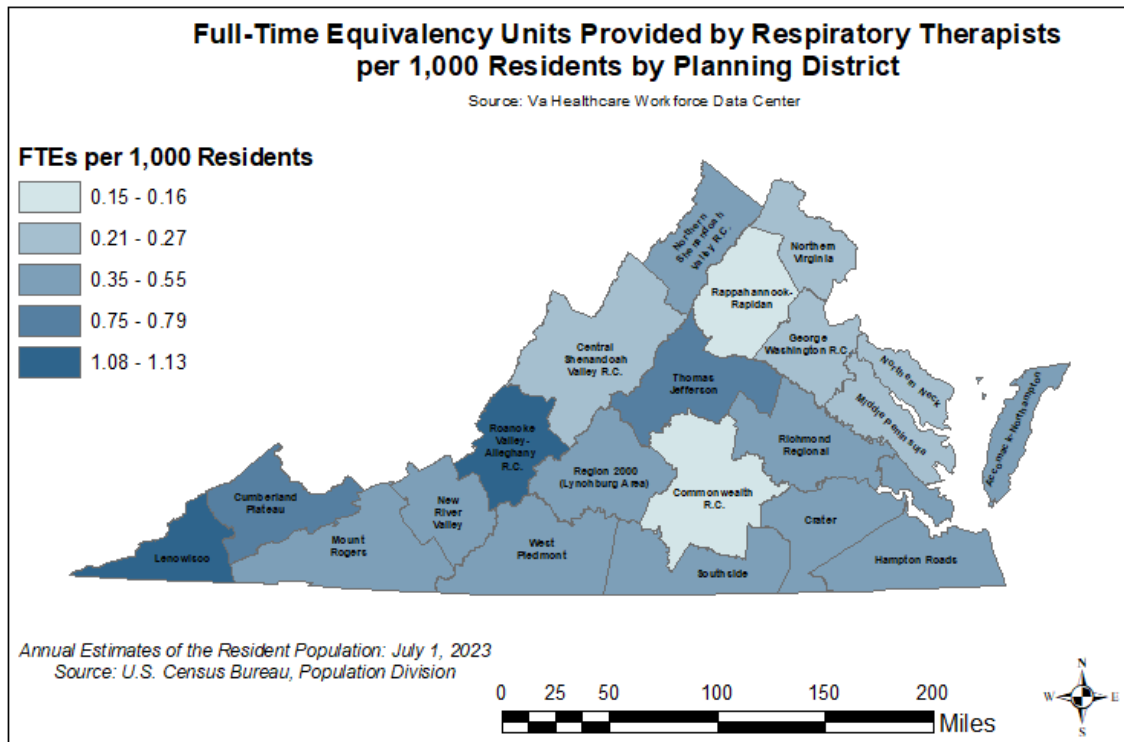
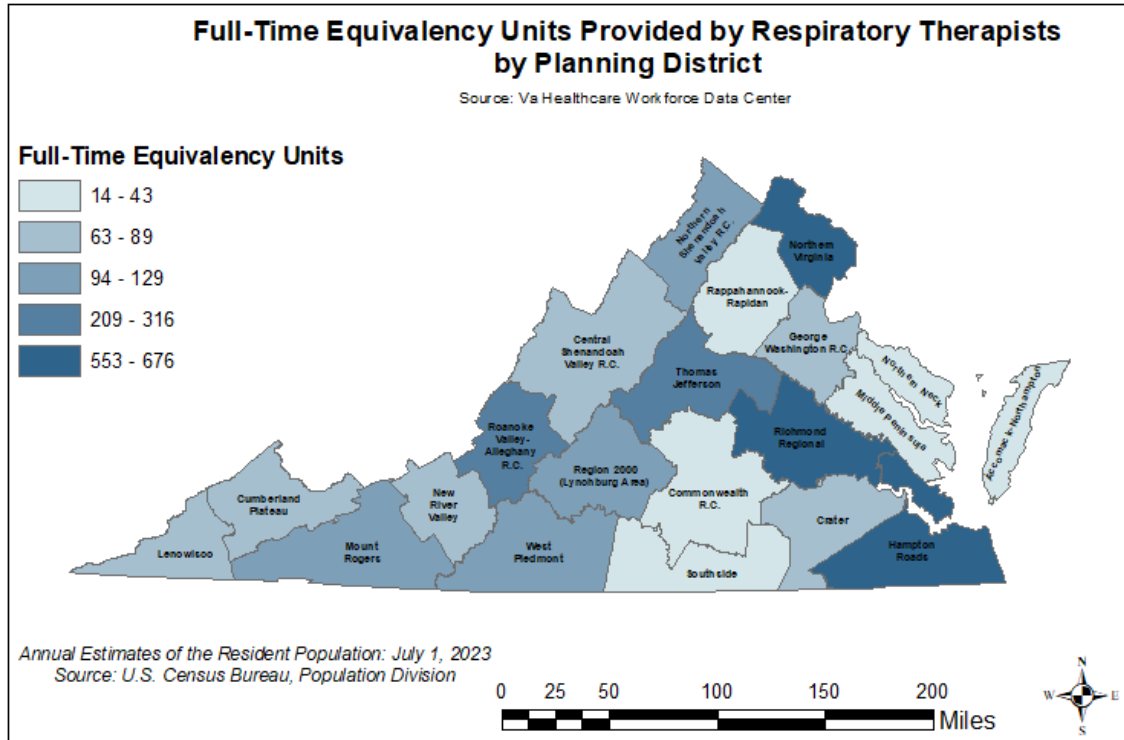
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	1,956	80.27%	1.246	1.060	1.926
Metro, 250,000 to 1 Million	506	78.46%	1.275	1.084	1.971
Metro, 250,000 or Less	308	81.82%	1.222	1.039	1.890
Urban, Pop. 20,000+, Metro Adj.	93	82.80%	1.208	1.027	1.867
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	148	77.03%	1.298	1.104	2.007
Urban, Pop. 2,500-19,999, Non-Adj.	179	82.68%	1.209	1.029	1.870
Rural, Metro Adj.	104	63.46%	1.576	1.340	2.436
Rural, Non-Adj.	64	84.38%	1.185	1.008	1.833
Virginia Border State/D.C.	1,119	56.03%	1.785	1.518	2.759
Other U.S. State	1,168	43.15%	2.317	1.971	3.583

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	511	43.64%	2.291	1.833	3.583
30 to 34	621	54.43%	1.837	1.469	2.873
35 to 39	737	65.94%	1.516	1.213	2.371
40 to 44	757	70.01%	1.428	1.142	2.233
45 to 49	722	74.24%	1.347	1.077	2.106
50 to 54	682	72.87%	1.372	1.097	2.146
55 to 59	639	79.34%	1.260	1.008	1.971
60 and Over	976	70.90%	1.410	1.128	2.205

Source: Va. Healthcare Workforce Data Center

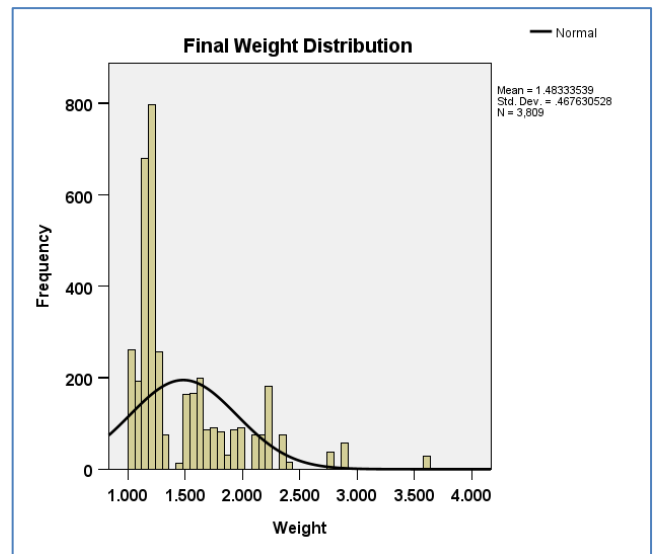
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.674756



Source: Va. Healthcare Workforce Data Center

**Board of Medicine
Legislative Report
As of April 20, 2026**

Companion bills have not been included.

HB 156 - Electronic death reg. system; requiring certain applicants for licensure to complete training.

Chief Patron: Krizek

Companion: SB194 (Williams Graves)

Status: Approved by Governor

Board of Medicine and Board of Nursing; licensure renewal; electronic death registration system; death certificates. Requires the Board of Medicine and Board of Nursing to amend their applications for licensure and licensure renewal to require doctors of medicine and osteopathic medicine, advanced practice registered nurses, and physician assistants to indicate if they expect their scope of practice to include signing death certificates and, if so, to indicate that they have completed the online tutorial for the Electronic Death Registration System on the Department of Health website. This bill is identical to SB 194.

HB 452 - Practice of radiologic technology; licensure exceptions, sunset.

Chief Patron: Willett

Status: Approved by Governor

Practice of radiologic technology; licensure exceptions. Permits a person employed or engaged by a hospital, health system, or urgent care center that is affiliated with a hospital or health care system to practice within the scope of his employment as a radiologic technologist, radiologic assistant, or radiologic technologist, limited without obtaining a license. Under current law, such exception only applies to radiologic technologists who are employees of a hospital. The bill exempts the initial promulgation of regulations pursuant to the bill by the Board of Medicine from the requirements of the Administrative Process Act. The bill has an expiration date of July 1, 2029.

HB 465 - Behavior Analysis, Advisory Board on; amends composition.

Chief Patron: Cohen

Status: Approved by Governor

Advisory Board on Behavior Analysis; composition. Amends the composition of the Advisory Board on Behavior Analysis to require that three members shall be licensed behavior analysts or licensed assistant behavior analysts who have practiced for at least three years. Under current law, the composition of the Advisory Board requires two licensed behavior analysts who have

practiced for at least three years and one licensed assistant behavior analyst who has practiced for at least three years.

[HB 548](#) - Uniform Health Care Decisions Act; civil penalty.

Chief Patron: Hope

Status: Continued

03/06/2026: Senate – Continued to next session in Finance and Appropriations (15-Y 0-N)

02/17/2026: House – Passed House (62-Y 34-N 0-A)

Uniform Health Care Decisions Act; civil penalty. Repeals most provisions of the Health Care Decisions Act and enacts the Uniform Health Care Decisions Act. The bill creates a process for the execution of advance health care directives, as defined in the bill; establishes criteria for determining the capacity of an individual to make health care decisions; provides for the establishment of a default surrogate in the absence of an appointed agent for health care decisions; establishes powers and duties of agents appointed by powers of attorney for health care; and establishes duties of health care professionals.

[HB 574](#) - Athletic Trainer Compact; authorizes Virginia to become a signatory to Compact.

Chief Patron: Glass

Status: Approved by Governor

Athletic Trainer Compact. Authorizes Virginia to become a signatory to the Athletic Trainer Compact. The Compact permits qualified licensed athletic trainers to practice in other states that are also members of the Compact. The Compact has not yet been passed in any state and will take effect when the Compact is enacted by a seventh participating state.

[HB 575](#) - Respiratory Care Interstate Compact; authorizes Virginia to become a signatory to Compact.

Chief Patron: Glass

Status: Approved by Governor

Respiratory Care Interstate Compact. Authorizes Virginia to become a signatory to the Respiratory Care Interstate Compact. The Compact allows respiratory therapists who have or are eligible for an active, unencumbered license in the Compact member state where they reside to apply for a multistate license. The Compact has been passed in five states and takes effect when it is enacted by a seventh participating state.

[HB 712](#) - Office-based buprenorphine treatment; Board of Medicine to amend regulations.

Chief Patron: Wachsmann

Companion: SB641 (Pillion)

Status: Approved by Governor

Board of Medicine; office-based buprenorphine treatment; counseling. Directs the Board of Medicine to amend its regulations regarding office-based buprenorphine treatment to require providers to offer counseling or referral to counseling to each patient as clinically necessary and mutually agreed-upon. The bill specifies that a patient's refusal of counseling does not preclude the patient from receiving office-based buprenorphine treatment for opioid use disorder. This bill is a recommendation of the Joint Commission on Health Care and is identical to SB 641.

[HB 746](#) - Physician assistants; authorization to practice without a practice agreement.

Chief Patron: Henson

Status: Approved by Governor

Physician assistants; authorization to practice without a practice agreement. Authorizes a physician assistant with at least three years of full-time clinical experience to practice without a practice agreement upon receipt of an attestation from a patient care team physician or patient care team podiatrist who provided collaboration and consultation to such physician assistant verifying the length and nature of the physician assistant's practice. The bill establishes methods for a physician assistant who is unable to obtain the required attestation to submit other evidence that the physician assistant meets the requirements to practice without a practice agreement and establishes a method for physician assistants who obtain licensure by endorsement to practice without a practice agreement if they meet the applicable requirements. The bill also establishes a scope of practice for physician assistants who practice without a practice agreement.

[HB 841](#) - Practice of athletic training; adds dry needling to definition.

Chief Patron: Downey

Status: Continued

03/05/2026: Senate – Continued to next session in Education and Health (11-Y 0-N)

02/16/2026: House – Passed House (56-Y 39-N 0-A)

Professions and occupations; definition of "practice of athletic training"; dry needling. Adds dry needling to the definition of "practice of athletic training," as such term relates to the practice of medicine and other healing arts, and directs the Board of Medicine to adopt regulations requiring training and certification for the practice of dry needling by athletic trainers.

[HB 1139](#) - Medicine, Board of; membership, removal of residence requirements.

Chief Patron: Downey

Status: Approved by Governor

Board of Medicine; membership; removal of residence requirements. Removes the requirement that the Board of Medicine have one physician from each congressional district and instead requires that 11 physicians are on the Board. The bill removes references to change of residence provisions for physician Board members.

[HB 1147](#) - Medicine and Nursing, Boards of; continuing education, bias reduction training.

Chief Patron: Hayes

Companion: SB22 (Locke)

Status: Approved by Governor

Board of Medicine and Board of Nursing; continuing education; bias reduction training. Directs the Board of Medicine and Board of Nursing to require certain licensees to complete continuing learning activities on bias reduction in health care as part of their continuing education and continuing competency requirements for licensure and authorizes the Board of Nursing to require certain continuing learning activities or courses in a specific subject area. Under current law, the Board of Medicine has such authority. This bill is identical to SB 22.

[HB 796](#) - Regulatory boards; adjustment of fees, recovery of disciplinary and monitoring costs, report.

Chief Patron: Hayes

Companion: SB680 (Head)

Status: Approved

Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs. Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure,

registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory or health regulatory board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP.

[HB 1223](#) - Health professionals; mandatory suicide training required.

Chief Patron: Delaney

Status: Continued

02/12/2026: House – Continued to next session in Health and Human Services (Voice Vote)

Health professionals; mandatory suicide training required. Requires health care professionals to complete training in suicide assessment, treatment, and management. The bill requires counselors, licensed substance abuse treatment practitioners, marriage and family therapists, behavioral health technicians, qualified mental health professionals, occupational therapists, psychologists, and social workers to complete such training at least once every six years and requires other health professionals to complete such training once. The bill requires the Commissioner of Health and the Department of Health Professions to develop a model list of training programs in suicide assessment, treatment, and management and update such list at least once every two years.

Board of Medicine – Advisory Board on Respiratory Care
Regulatory Actions
As of April 20, 2026

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Date submitted from agency	Location; Days in Office	Notes
18VAC85-40	Proposed	Implementation of changes following 2022 periodic review of Chapter	12/6/2024	HHR; 39 days	A letter from a legislator was received that objected to the use of a Fast-Track action. Per Virginia Code § 2.2-4012.1, the fast-track stage is reverted to a NOIRA, and the full rule-making process will occur.

At DPB or OAG

None.

Recently effective/awaiting publication

None.

Agenda Item: Recommendation of draft amendments for licensure by endorsement pursuant to SB1438

Included in your agenda package:

- Draft regulatory changes to licensure requirements

Action Needed:

- Motion to recommend to the Board of Medicine the adoption of an exempt regulatory action to amend regulations.

Part II. Requirements for Licensure as a Respiratory Therapist.

18VAC85-40-40. Licensure Initial licensure requirements.

An applicant for initial licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-40-35.
2. Verification of professional education in respiratory care as required in 18VAC85-40-45.
3. Verification of practice as required on the application form.
4. Evidence of passage of the national examination as required in 18VAC85-40-50.
5. ~~If licensed or certified in any other jurisdiction, documentation of active practice as a respiratory therapist or documentation of 20 hours of continuing education within the 24-month period immediately preceding application and verification~~ Verification that there has been no disciplinary action taken or pending in ~~that~~ any other jurisdiction.

18VAC85-40-45. Educational requirements for initial licensure.

An applicant for initial licensure shall:

1. Be a graduate of an accredited educational program for respiratory therapists; or
2. Hold current credentialing as a Certified Respiratory Therapist (CRT) or a Registered Respiratory Therapist (RRT) from the NBRC or any other credentialing body determined by the board to be equivalent.

18VAC85-40-50. Examination requirements for initial licensure.

An applicant for ~~a~~ an initial license to practice as a licensed respiratory therapist shall submit to the board evidence that the applicant has passed the NBRC entry level examination for respiratory care, or its equivalent as approved by the board.

18VAC85-40-51. Licensure by endorsement

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Verification of a professional credential as a CRT or RRT from the NBRC; and
4. A current report from the National Practitioner Data Bank.

BYLAWS FOR
ADVISORY BOARDS OF THE BOARD OF MEDICINE

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

June 13, 2026