

Advisory Board on Radiological Technology

Virginia Board of Medicine

May 13, 2026

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Radiological Technology

Board of Medicine

Wednesday, May 13, 2026, at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

Call to Order – Uma Prasad, MD, Vice-Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – Uma Prasad, MD, Vice-Chair

Approval of minutes from June 5, 2024, October 22, 2025 and February 4, 2026 Meetings

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

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

New Business

1. Legislative and Regulatory Report – Erin Barrett
2. Election of Officers – Uma Prasad, MD, Vice-Chair

Announcements

Next meeting: Wednesday, September 30, 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.)

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Training Room 2

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ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY

Minutes

June 5, 2024

The Advisory Board on Radiologic Technology met on Wednesday, June 5, 2024, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:

Uma Prasad, MD, Chair
Angela Dunn, RT,
Sandra Catchings, DDS
David Roberts, RT
Cheryl Cunningham, RT

STAFF PRESENT:

William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director, Licensure
Matthew Novak, JD, DHP Policy and Economic Analyst
Arne Owens, DHP Director
Kelly Smith, DHP Director of Communications
Barbara Hodgson, PhD., Healthcare Workforce Data Center
Yetty Shobo, PhD., Healthcare Workforce Data Center
Roslyn Nickens, Licensing Supervisor
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

Call to Order

Dr. Prasad called the meeting to order at 1:04 pm.

Emergency Egress Procedures

Dr. Harp gave the emergency egress procedures.

Roll Call

Beulah Archer called the roll. A quorum was established.

Approval of Minutes

There were no minutes to approve.

Adoption of Agenda

Dr. Prasad moved to adopt the agenda. Dr. Catchings seconded, and the agenda was adopted.

Public Comment

None

2023 Healthcare Workforce Data Presentation

Drs. Barbara Hodgdon and Yetty Shobo provided a provided a comprehensive presentation on results from the 2023 radiologic technology healthcare workforce data survey. The data was collected during biennial licensing renewal. Among the key findings are increases in licensees entering Virginia workforce and those working in full-time employment. Members of the advisory offered suggestions to capture statistics for unlicensed technologists working in hospitals. Dr. Shobo advised that the Board would take the lead on requesting this type of data collection.

New Business

1. Regulatory Update

Mr. Novak reported that the fast-tracked action for implementation of regulatory changes following the 2022 periodic review of Chapter became effective on March 28, 2024.

2. Dr. Prasad mentioned three areas on the agenda for discussion. The first was the ability of radiologic assistants and radiological technologists to practice under remote supervision which currently is not authorized by the law and regulations. The second was how might the education of radiologist assistants and radiological technologists be accelerated. She mentioned the possibility of local educational experiences for radiologist assistants and radiologic technologists that enhance practitioner knowledge and confidence. She saw this in support of her third issue, patient safety. Such educational opportunities would enable excellent quality care and safety for patients. Dr. Prasad said that a group of clinicians in radiology will be meeting soon to discuss these issues. Dr. Harp suggested that it might be helpful to invite a Radiologist who is invested in the remote supervision of radiologist assistants to come to the next the Advisory Board meeting. Dr. Prasad moved to place this matter on the agenda of the next meeting. Mr. Roberts seconded. Motion carried.

3. Streamlining of Licensure Application Process for Radiologic Technologist-Limited

Mr. Sobowale and Mrs. Archer presented a method to streamline the initial process for Limited Scope Radiologic Technologists by requiring all clinical procedures be completed prior to applying for licensure. The applicant would provide attestation of completion of the required clinical procedures using a newly designed form. Mrs. Archer advised that edits to the language "...at least 10 "clinical" hours" will be amended to read, "...at least 10 clinical "procedures." Dr. Prasad moved that the "Clinical Attestation Form" be forwarded to the Full Board for approval. Dr. Catchings seconded; motion carried.

4. Orientation to the Board of Medicine and Advisory Board

Dr. Harp provided a detailed presentation of the history, function and importance of the Medicine and Advisory Boards as both maintain the commitment to protect the public.

ANNOUNCEMENTS

Licensing Statistics

Beulah Baptist Archer provided the radiologic technology licensing report. The Board has a total of 5,921 licensees across all licensure categories in Radiologic Technology.

Next Scheduled Meeting

The next scheduled meeting for the advisory board is October 9, 2024 at 1:00 p.m.

ADJOURNMENT

With no other business to conduct, Dr. Prasad adjourned the meeting at 3:03 p.m.

William L. Harp, MD, Executive Director

<< DRAFT >>

ADVISORY BOARD ON RADIOLOGICAL TECHNOLOGY

Minutes

October 22, 2025

The Advisory Board on Radiological Technology met on Wednesday, October 22, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Sandra J. Catchings, DDS
Uma Prasad, MD, Vice-Chair

MEMBERS ABSENT: Cheryl Cunningham, RT
David L. Roberts, RT
Angela Dunn, RT

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Executive Director - Licensure
Jennifer Deschenes, Deputy Executive Director – Discipline
Colanthia M. Opher, Deputy Executive Director – Medical
Licensure and Administration
Kathleen LaMotte, Board Administrator
Erin Barrett, Director of Legislative and Regulatory Affairs
Roslyn Nickens, Licensing Supervisor
Denise Christian, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Dr. Prasad called the meeting to order @ 1:17 p.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was not declared.

Announcements

Members present were reminded to submit their travel expense reimbursement vouchers within 30 days of the meeting.

Next Scheduled Meeting

The next scheduled meeting is Wednesday, February 4, 2026, at 1:00 p.m. Dr. Prasad is not available.

Adjournment

Dr. Prasad adjourned the meeting at 1:23 p.m.

William L. Harp, MD, Executive Director

DRAFT

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ADVISORY BOARD ON RADIOLOGICAL TECHNOLOGY

Minutes

February 4, 2026

The Advisory Board on Radiological Technology met on Wednesday, February 4, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Cheryl Cunningham, RT
David L. Roberts, RT

MEMBERS ABSENT: Uma Prasad, MD, Vice-Chair
Sandra J. Catchings, DDS

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Executive Director -
Licensure
Jennifer Deschenes, Deputy Executive Director – Discipline
Colanthia M. Opher, Deputy Executive Director – Medical
Licensure and Administration
Kathleen LaMotte, Board Administrator
Matthew Novak, Agency Regulatory Coordinator
Roslyn Nickens, Licensing Supervisor
Denise Christian, Licensing Specialist

GUESTS PRESENT: Ruth Kusterer, RT, Virginia Society of Radiologic Technology

Call to Order

Dr. Harp called the meeting to order @ 1:02 p.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was not declared.

Public Comment

Ruth Kuterer, RT, representing the Virginia Society of Radiologic Technologists, spoke in opposition to HB452, which addresses licensure for radiologic technologists and limited technologists. She expressed concern that allowing individuals who are not licensed, certified by ARRT, or graduates of accredited programs could compromise patient safety and radiation safety standards. Education, certification, and continuing education are essential for competency, and removing these requirements risks stagnation and inadequate supervision of students. These concerns extend to CT and MRI. While hospitals are exempt, supervision in exempt facilities may be insufficient. Limited technologists receive training and testing by body part, ensuring minimal competency, and current licensure requirements should remain. She also noted that some technologists maintain licensure but let certification lapse, which is problematic.

Mr. Cunningham added that limited technologists cannot be supervised by PAs or NPs and expressed concern that, if HB452 passes, some may believe they can drop licensure and work unsupervised. The Board reiterated that it cannot lobby and encouraged stakeholders to advocate directly with the General Assembly.

New Business

Legislative report

Matthew Novak reported on the status of several bills of interest to the Advisory Board.

HB156 – Continuing Education; Electronic Death Registration

Directs the Board of Medicine and Board of Nursing, in collaboration with the Office of Vital Records, to establish continuing education requirements on the electronic death registration system and require attestation regarding timely signing of death certificates. A substitute version changes this to a renewal question asking if the licensee works in a relevant field and whether they have completed training via the designated website.

HB452 – Licensure Exceptions for Radiologic Technologists

Would permit radiological technologists, radiologist assistants, and limited radiologic technologists employed by hospitals, health systems, or affiliated urgent care centers to practice without a license. A substitute bill added a three-year sunset clause.

HB1223 – Mandatory Suicide Training

Requires healthcare professionals to complete training in suicide assessment, treatment, and management. Most mental health professionals must complete training every six years, other professions only once.

SB22 – Bias Reduction Training

Requires certain licensees to complete continuing education on bias reduction in health care. This bill has Governor Spanberger's support; similar bills reached Governor Youngkin's desk in prior years but were vetoed.

SB680 – Agency Bill; Fee Adjustment

Partnership between DHP and DPOR to streamline fee adjustments while maintaining public comment requirements. Revises the Callahan Act to allow quicker fee changes, retain a financial cushion, and impose fees for formal hearings and disciplinary actions. Also changes how fee reductions occur and ensures agencies can address financial issues proactively.

Recommendation of draft amendments for licensure by endorsement

The Advisory Board reviewed proposed amendments to allow licensure by endorsement, consistent with an agency bill introduced during the 2025 General Assembly Session. The goal is to make it easier for individuals licensed in another jurisdiction to obtain licensure in Virginia. The proposed changes align with endorsement pathways across most professions, with two requirements specific to radiologic technologists:

- Evidence of a current, valid ARRT certificate as an R.T.(R)
- Current certification in ACLS

The two members present voiced support for advancing these amendments to the Board of Medicine.

Election of Officers

Cheryl Cunningham volunteered to run the meeting in May, but a quorum was not present to hold an election.

Licensure Statistics

- **Total licenses issued (Jan 1 – Dec 31, 2025):**
 - Limited Radiologic Technologists (LRT): 135
 - Radiologic Technologists (RT): 783
 - Reinstatements: 70
- **Total licenses issued (Jan 1 – Feb 4, 2026):**
 - LRT: 9
 - RT: 72
 - Reinstatements: 7
- **Current totals:**
 - Licensed RT: 5,464
 - Licensed LRT: 517
 - Licensed Radiologist Assistants: 13
- **Average processing time to issue a license: 26 days**

Announcements

Members were reminded to submit their travel expense reimbursement vouchers within 30 days of the meeting.

Next Scheduled Meeting

The next scheduled meeting will be Wednesday, May 13, 2026, at 1:00 p.m.

Adjournment

Dr. Harp adjourned the meeting at 1:41 p.m.

William L. Harp, MD, Executive Director

DRAFT

DRAFT

Virginia's Radiologic Technologist 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, 4,258 Radiologic Technologists 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, BA
Research Assistant

Radiologic Technology Advisory Board

Chair

Vacant

Vice-Chair

Uma Prasad, MD
Midlothian

Members

Sandra Catchings, DDS

Cheryl Cunningham, RT
Salem

David Roberts, RT
Palmyra

Executive Director

William L. Harp, MD

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The Radiologic Technologist Workforce At a Glance:

The Workforce

Licensees:	7,529
Virginia's Workforce:	5,703
FTEs:	4,575

Background

Rural Childhood:	41%
HS Degree in VA:	57%
Prof. Degree in VA:	66%

Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	71%
Satisfied?:	97%

Survey Response Rate

All Licensees:	57%
Renewing Practitioners:	86%

Education

Associate:	59%
RT Certificate:	19%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	58%

Demographics

Female:	80%
Diversity Index:	46%
Median Age:	43

Finances

Median Income:	\$70k-\$80k
Health Insurance:	62%
Under 40 w/ Ed. Debt:	41%

Primary Roles

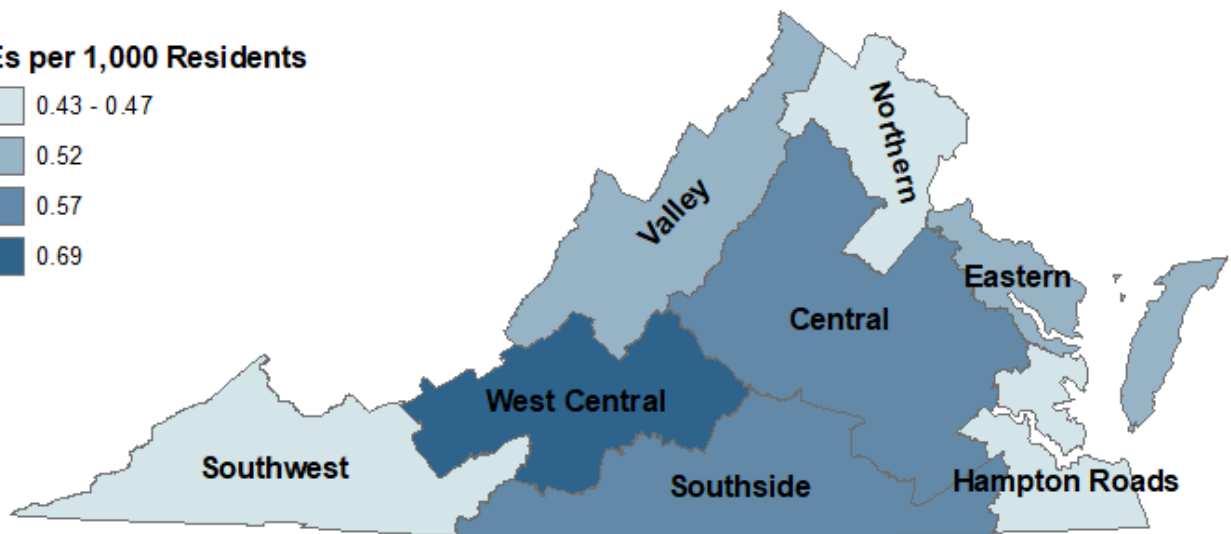
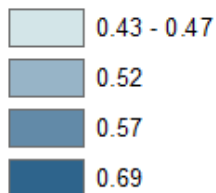
Patient Care:	81%
Administration:	9%
Education:	2%

Source: Va. Healthcare Workforce Data Center

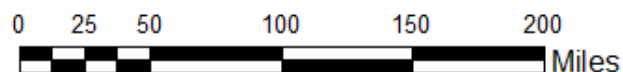
Full-Time Equivalency Units Provided by Radiologic Technologists per 1,000 Residents by Virginia Performs Region

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 Radiologic Technologist Workforce survey. In total, 4,258 radiologic technologists (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 57% of the 7,529 RTs who are licensed in the state and 86% of renewing practitioners.

The HWDC estimates that 5,703 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 4,575 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Four out of every five RTs are female, and the median age of this workforce is 43. In a random encounter between two RTs, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. The diversity index for those RTs who are under the age of 40 is also 46%. 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 20% of RTs who grew up in a rural area currently work in a non-metro area. In total, 10% of all RTs work in a non-metro area of Virginia.

Among all RTs, 93% are currently employed in the profession, 71% hold one full-time position, and 53% work between 40 and 49 hours per week. More than three out of every five RTs work in the for-profit sector, while another 32% work in the non-profit sector. The typical RT earns between \$70,000 and \$80,000 per year, and 77% of RTs receive this income in the form of an hourly wage. In addition, 80% of all RTs receive at least one employer-sponsored benefit, including 62% who have access to health insurance. Among all RTs, 97% indicated that they are satisfied with their current work situation, including 67% 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 RT workforce. The number of licensed RTs in the state has increased by 38% (7,529 vs. 5,462). In addition, the size of Virginia's RT workforce has increased by 22% (5,703 vs. 4,680), and the number of FTEs provided by this workforce has increased by 12% (4,575 vs. 4,070). Virginia's renewing RTs are considerably more likely to respond to this survey (86% vs. 46%).

The percentage of all RTs who are female has fallen slightly (80% vs. 81%), and the median age of the RT workforce has declined as well (43 vs. 44). The diversity index of this workforce has increased (46% vs. 39%), a trend that has also occurred among those RTs who are under the age of 40 (46% vs. 41%). RTs are slightly less likely to have grown up in a rural area (41% vs. 42%), and RTs who grew up in a rural area are less likely to work in a non-metro area of Virginia (20% vs. 23%). In addition, the percentage of all RTs who currently work in a non-metro area of the state has fallen (10% vs. 13%). Virginia's RTs are more likely to hold an associate degree (59% vs. 51%) than an RT certificate (19% vs. 35%) as their highest professional degree. Although the percentage of RTs who carry education debt has not changed (29%), the median outstanding debt obligation among those RTs with education debt has increased (\$20k-\$30k vs. \$10k-\$20k).

RTs are more likely to be employed in the profession (93% vs. 85%), hold one full-time position (71% vs. 66%), and work between 40 and 49 hours per week (53% vs. 51%). In addition, RTs are more likely to have switched jobs (8% vs. 5%) and less likely to have been employed at their primary work location for more than two years (58% vs. 69%). RTs are relatively more likely to work in the non-profit sector (32% vs. 22%) than in the for-profit sector (62% vs. 71%). At the same time, RTs are more likely to work in the inpatient department of a general hospital (23% vs. 13%) or in an outpatient/community clinic (19% vs. 15%) than in a physician office (18% vs. 29%). While the median annual income of Virginia's RT workforce has increased (\$70k-\$80k vs. \$40k-\$50k), RTs are less likely to receive at least one employer-sponsored benefit (80% vs. 87%). Virginia's RTs are more likely to indicate that they are satisfied with their current work situation (97% vs. 94%), including those RTs who indicated that they are "very satisfied" (67% vs. 62%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,972	66%
New Licensees	916	12%
Non-Renewals	1,641	22%
All Licensees	7,529	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing RTs, 86% submitted a survey. These represent 57% of the 7,529 RTs who held a license at some point in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	683	328	32%
30 to 34	525	508	49%
35 to 39	450	558	55%
40 to 44	372	592	61%
45 to 49	302	537	64%
50 to 54	289	572	66%
55 to 59	265	499	65%
60 and Over	385	664	63%
Total	3,271	4,258	57%
New Licenses			
Issued in 2025	916	0	0%
Metro Status			
Non-Metro	261	396	60%
Metro	1,463	2,740	65%
Not in Virginia	1,547	1,122	42%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted throughout 2025 on the birth month of each practitioner.
- 2. Target Population:** All RTs who held a Virginia license at some point in 2025.
- 3. 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.

Response Rates	
Completed Surveys	4,258
Response Rate, All Licensees	57%
Response Rate, Renewals	86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number:	7,529
New:	12%
Not Renewed:	22%

Survey Response Rates

All Licensees:	57%
Renewing Practitioners:	86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2025 RT Workforce: 5,703
 FTEs: 4,575

Utilization Ratios

Licensees in VA Workforce: 76%
 Licensees per FTE: 1.65
 Workers per FTE: 1.25

Source: Va. Healthcare Workforce Data Center

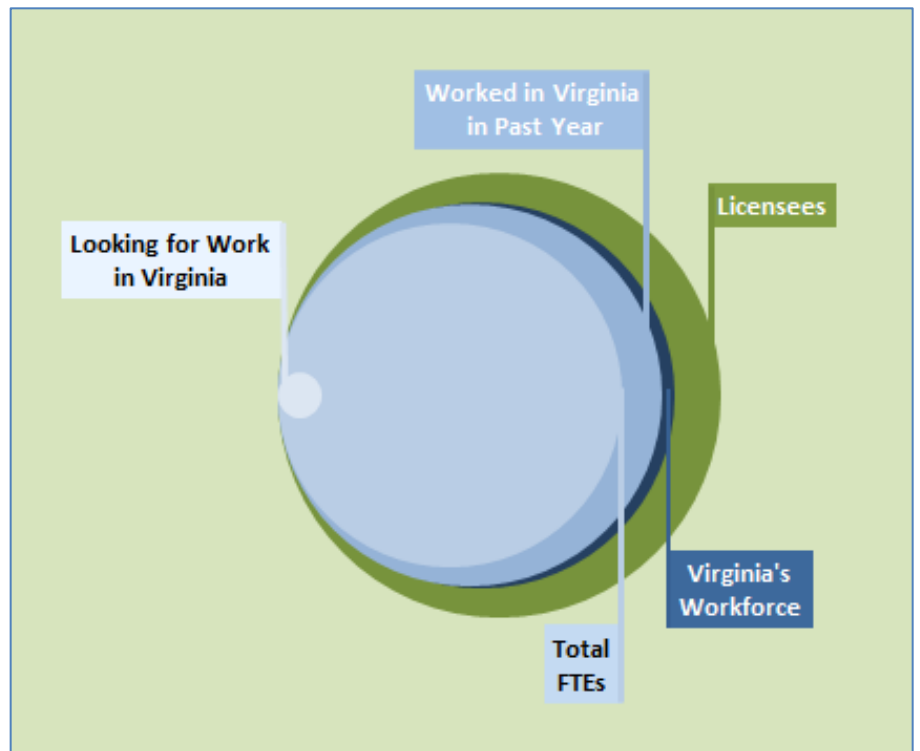
Virginia's RT Workforce		
Status	#	%
Worked in Virginia in Past Year	5,627	99%
Looking for Work in Virginia	76	1%
Virginia's Workforce	5,703	100%
Total FTEs	4,575	
Licensees	7,529	

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.

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/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	69	10%	645	90%	714	14%
30 to 34	101	14%	617	86%	718	14%
35 to 39	138	19%	572	81%	710	14%
40 to 44	158	24%	506	76%	664	13%
45 to 49	131	23%	441	77%	573	11%
50 to 54	140	24%	446	76%	586	12%
55 to 59	122	26%	355	74%	477	9%
60 and Over	159	26%	466	75%	626	12%
Total	1,018	20%	4,048	80%	5,066	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	59%	3,695	72%	1,561	72%
Black	19%	622	12%	217	10%
Asian	7%	251	5%	96	4%
Other Race	0%	68	1%	25	1%
Two or More Races	3%	171	3%	72	3%
Hispanic	11%	346	7%	197	9%
Total	100%	5,153	100%	2,168	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

At a Glance:

Gender

% Female: 80%
 % Under 40 Female: 86%

Age

Median Age: 43
 % Under 40: 42%
 % 55 and Over: 22%

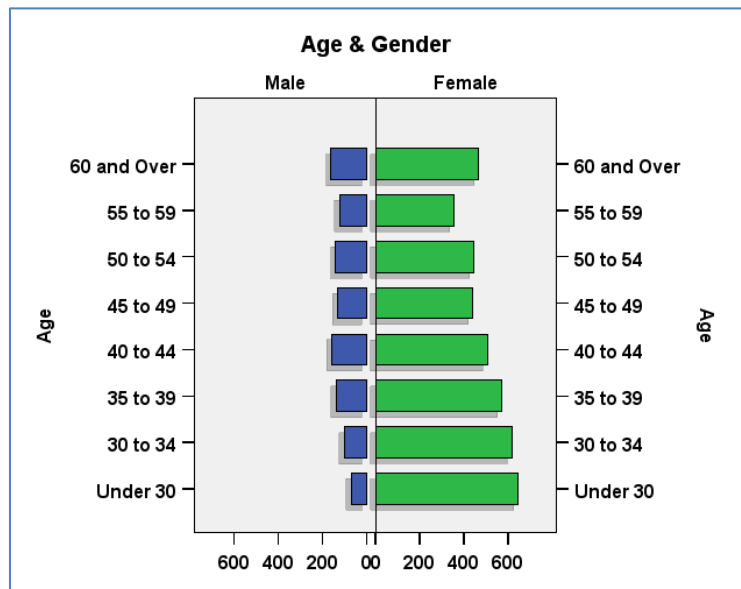
Diversity

Diversity Index: 46%
 Under 40 Div. Index: 46%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 46% 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 diversity index is 60%.

Among all RTs, 42% are under the age of 40, and 86% 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 46%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 41%

Virginia Background

HS in Virginia: 57%
 Prof. Education in VA: 66%
 HS/Prof. Edu. in VA: 69%

Location Choice

% Rural to Non-Metro: 20%
 % Urban/Suburban to Non-Metro: 4%

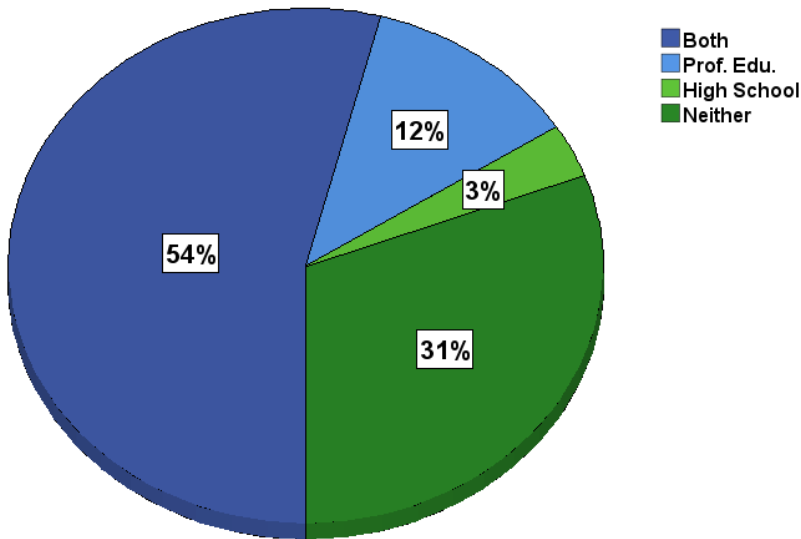
Source: Va. Healthcare Workforce Data Center

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+	28%	54%	18%
2	Metro, 250,000 to 1 Million	60%	33%	7%
3	Metro, 250,000 or Less	60%	29%	11%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	78%	17%	5%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	78%	18%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	87%	9%	4%
8	Rural, Metro Adjacent	76%	11%	13%
9	Rural, Non-Adjacent	55%	32%	14%
Overall		41%	45%	14%

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 self-described rural area, and 20% of RTs who grew up in a rural area currently work in a non-metro county. In total, 10% of all RTs currently work in a non-metro county.

Top Ten States for Radiologic Technologist Recruitment

Rank	All Radiologic Technologists			
	High School	#	Professional School	#
1	Virginia	2,952	Virginia	3,361
2	Outside U.S./Canada	261	Maryland	255
3	Pennsylvania	212	North Carolina	161
4	New York	202	West Virginia	157
5	Maryland	196	Pennsylvania	143
6	West Virginia	170	Florida	142
7	North Carolina	133	New York	126
8	Florida	113	Texas	82
9	New Jersey	84	Tennessee	61
10	California	76	Washington, D.C.	54

Source: Va. Healthcare Workforce Data Center

Among all RTs, 57% received their high school degree in Virginia, and 66% received their initial professional degree in the state.

Among RTs who obtained their license in the past five years, 49% received their high school degree in Virginia, while 56% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	786	Virginia	896
2	Pennsylvania	73	Maryland	91
3	North Carolina	71	North Carolina	82
4	New York	67	Florida	70
5	Maryland	66	West Virginia	54
6	Outside U.S./Canada	64	Pennsylvania	54
7	West Virginia	57	New York	52
8	Florida	49	Texas	42
9	Georgia	43	Georgia	29
10	California	39	California	23

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four licensed RTs did not participate in Virginia's workforce in 2025. Among these RTs, 95% worked at some point in the past year, including 82% who are currently employed as RTs.

At a Glance:

Not in VA Workforce

Total:	1,823
% of Licensees:	24%
Federal/Military:	2%
VA Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
RT Certificate	958	19%
Associate	2,977	59%
Baccalaureate	861	17%
Post-Graduate Certificate	100	2%
Masters	113	2%
Doctorate	4	0%
Total	5,013	100%

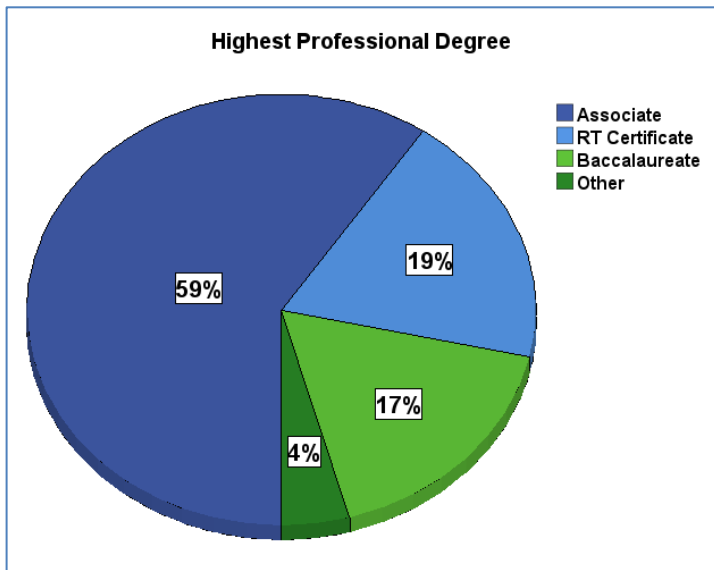
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Associate Degree: 59%
 RT Certificate: 19%

Education Debt
 Carry Debt: 29%
 Under Age 40 w/ Debt: 41%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

Nearly three out of every ten RTs carry education debt, including 41% 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	3,037	71%	1,066	59%
Less than \$10,000	295	7%	183	10%
\$10,000-\$19,999	273	6%	180	10%
\$20,000-\$29,999	215	5%	140	8%
\$30,000-\$39,999	151	4%	84	5%
\$40,000-\$49,999	94	2%	59	3%
\$50,000-\$59,999	58	1%	32	2%
\$60,000-\$69,999	48	1%	20	1%
\$70,000-\$79,999	31	1%	9	0%
\$80,000-\$89,999	17	0%	0	0%
\$90,000-\$99,999	21	0%	12	1%
\$100,000 or More	58	1%	18	1%
Total	4,298	100%	1,803	100%

Source: Va. Healthcare Workforce Data Center

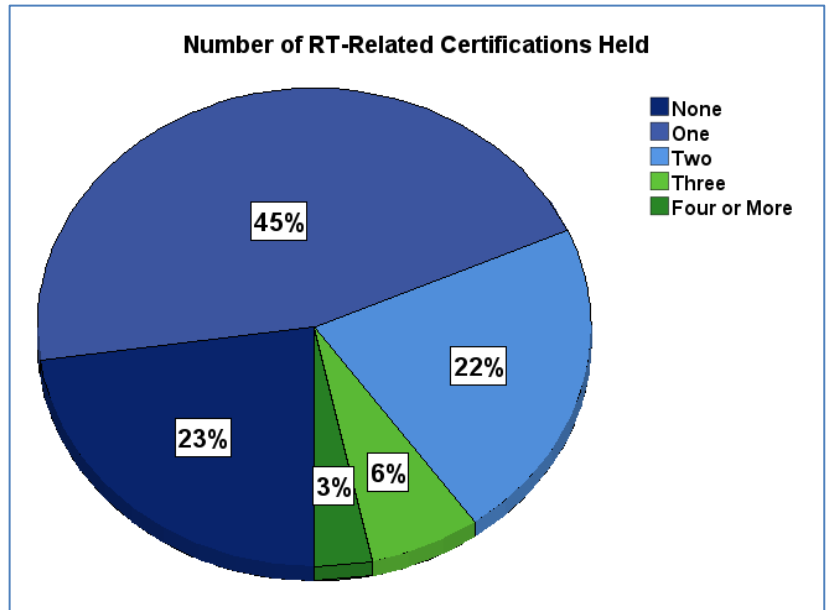
At a Glance:

Top Certifications

Radiography:	65%
Tomography:	19%
Mammography:	12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Top Ten Certifications

Certification	#	% of Workforce
Radiography	3,686	65%
Tomography	1,084	19%
Mammography	708	12%
Magnetic Resonance Imaging	369	6%
Radiation Therapy	181	3%
Bone Densitometry	133	2%
Nuclear Medicine Technology	127	2%
Vascular Interventional	76	1%
Nuclear Medicine	72	1%
Diagnostic Medical Sonography	31	1%
At Least One Certification	4,401	77%

Source: Va. Healthcare Workforce Data Center

More than three-quarters of all RTs have at least one certification, including nearly two-thirds who hold a certification in radiography.

At a Glance:

Employment

Employed in Profession: 93%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 71%
 2 or More Positions: 15%

Weekly Hours:

40 to 49: 53%
 60 or More: 3%
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in an RT-Related Capacity	4,779	93%
Employed, NOT in an RT-Related Capacity	246	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	12	< 1%
Voluntarily Unemployed	94	2%
Retired	16	< 1%
Total	5,150	100%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 93% are currently employed in the profession, 71% have one full-time job, and 53% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	122	2%
One Part-Time Position	591	12%
Two Part-Time Positions	128	3%
One Full-Time Position	3,607	71%
One Full-Time Position & One Part-Time Position	545	11%
Two Full-Time Positions	23	0%
More than Two Positions	54	1%
Total	5,070	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	122	2%
1 to 9 Hours	108	2%
10 to 19 Hours	151	3%
20 to 29 Hours	317	6%
30 to 39 Hours	1,306	26%
40 to 49 Hours	2,647	53%
50 to 59 Hours	173	3%
60 to 69 Hours	77	2%
70 to 79 Hours	41	1%
80 or More Hours	46	1%
Total	4,988	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	18	1%
Less than \$30,000	219	6%
\$30,000-\$39,999	202	5%
\$40,000-\$49,999	304	8%
\$50,000-\$59,999	452	12%
\$60,000-\$69,999	561	15%
\$70,000-\$79,999	597	16%
\$80,000-\$89,999	514	14%
\$90,000-\$99,999	330	9%
\$100,000-\$109,999	254	7%
\$110,000-\$119,999	118	3%
\$120,000 or More	238	6%
Total	3,806	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 62%
Retirement: 61%

Satisfaction
Satisfied: 97%
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,332	67%
Somewhat Satisfied	1,505	30%
Somewhat Dissatisfied	129	3%
Very Dissatisfied	41	1%
Total	5,008	100%

Source: Va. Healthcare Workforce Data Center

The typical RT earns between \$70,000 and \$80,000 per year. In addition, 80% of RTs also receive at least one employer-sponsored benefit, including 62% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,177	66%	73%
Health Insurance	2,967	62%	63%
Retirement	2,923	61%	63%
Dental Insurance	2,899	61%	62%
Paid Sick Leave	2,299	48%	49%
Group Life Insurance	2,012	42%	45%
Signing/Retention Bonus	779	16%	18%
At Least One Benefit	3,828	80%	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the Past Year, Did You . . .?	#	%
Experience Involuntary Unemployment?	36	1%
Experience Voluntary Unemployment?	277	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	135	2%
Work Two or More Positions at the Same Time?	963	17%
Switch Employers or Practices?	437	8%
Experience at Least One?	1,624	28%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 1% 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	157	3%	155	12%
Less than 6 Months	378	8%	228	17%
6 Months to 1 Year	518	11%	125	10%
1 to 2 Years	1,030	21%	210	16%
3 to 5 Years	1,161	24%	258	20%
6 to 10 Years	669	14%	148	11%
More than 10 Years	1,015	21%	190	14%
Subtotal	4,927	100%	1,314	100%
Did Not Have Location	122		4,302	
Item Missing	654		87	
Total	5,703		5,703	

Source: Va. Healthcare Workforce Data Center

More than three out of every four RTs receive an hourly wage at their primary work location, while 12% either work on contract or receive a per diem.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched: 8%
 New Location: 25%
 Over 2 Years: 58%
 Over 2 Yrs., 2nd Location: 45%

Employment Type
 Hourly Wage: 77%
 By Contract/Per Diem: 12%

Source: Va. Healthcare Workforce Data Center

Nearly 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	333	10%
Hourly Wage	2,662	77%
By Contract/Per Diem	420	12%
Business/Practice Income	10	0%
Unpaid	14	0%
Subtotal	3,439	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%. The unemployment rate from December 2025 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	69%
Lowest Region:	2%

Locations

2 or More (Past Year):	28%
2 or More (Now*):	24%

Source: Va. Healthcare Workforce Data Center

Nearly seven out of every ten RTs work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,126	23%	292	22%
Eastern	81	2%	12	1%
Hampton Roads	889	18%	213	16%
Northern	1,392	28%	348	26%
Southside	220	4%	41	3%
Southwest	181	4%	49	4%
Valley	292	6%	70	5%
West Central	578	12%	138	10%
Virginia Border State/D.C.	31	1%	26	2%
Other U.S. State	130	3%	164	12%
Outside of the U.S.	0	0%	1	0%
Total	4,920	100%	1,354	100%
Item Missing	660		47	

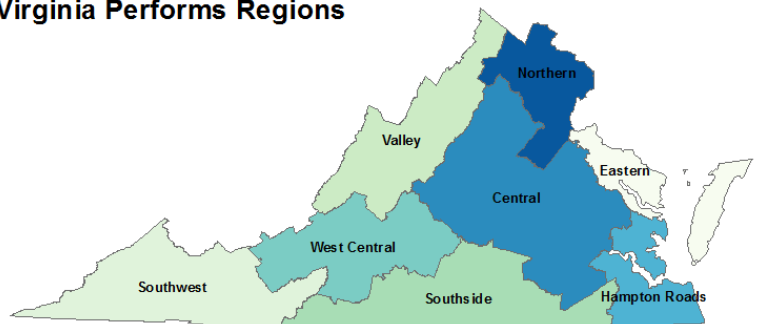
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	76	2%	123	3%
1	3,484	71%	3,648	74%
2	882	18%	797	16%
3	372	8%	297	6%
4	53	1%	24	1%
5	14	0%	9	0%
6 or More	57	1%	39	1%
Total	4,938	100%	4,937	100%

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

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all RTs currently have multiple work locations, while 28% have had multiple work locations in the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,905	62%	769	63%
Non-Profit	1,476	32%	393	32%
State/Local Government	177	4%	44	4%
Veterans Administration	39	1%	4	0%
U.S. Military	60	1%	13	1%
Other Federal Government	19	0%	5	0%
Total	4,676	100%	1,228	100%
Did Not Have Location	122		4,302	
Item Missing	905		173	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

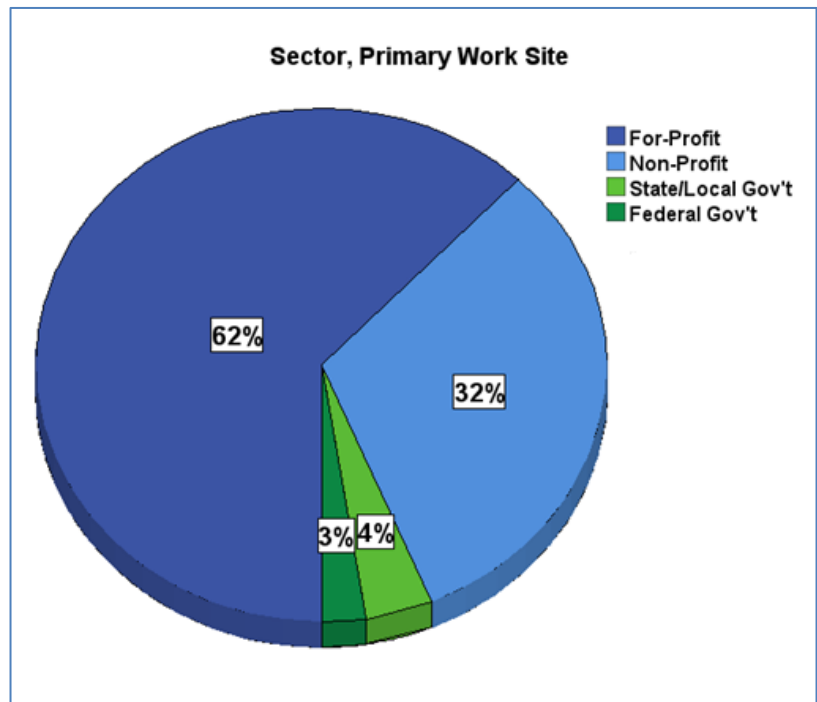
For-Profit:	62%
Federal:	3%

Top Establishments

General Hospital, Inpatient:	23%
Outpatient/Community Clinic:	19%
Physician Office:	18%

Source: Va. Healthcare Workforce Data Center

More than three out of every five RTs work in the for-profit sector, while another 32% work in the non-profit sector.



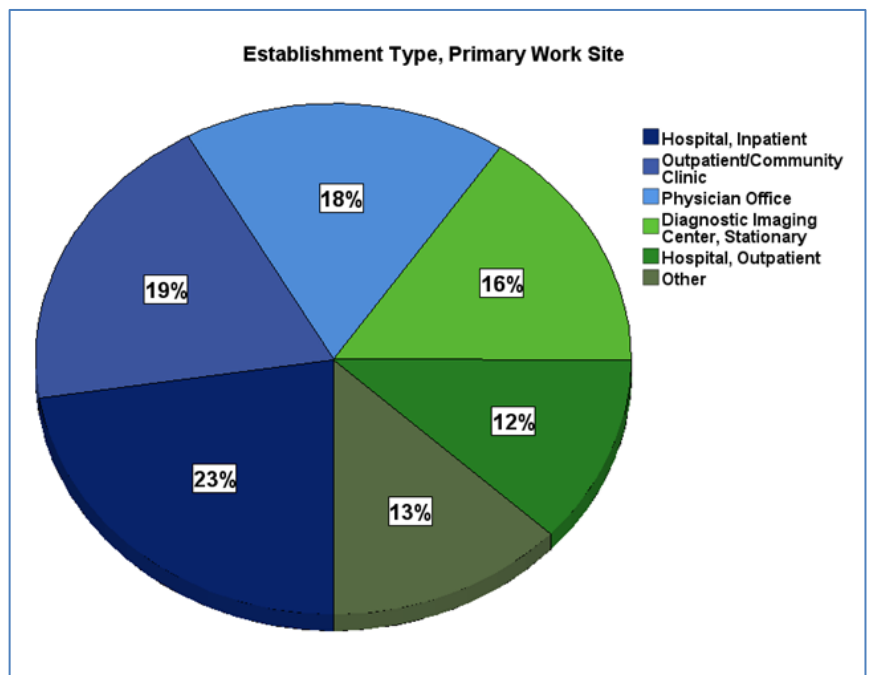
Source: Va. Healthcare Workforce Data Center

Top Ten Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	1,042	23%	412	34%
Outpatient/Community Clinic	888	19%	221	18%
Physician Office	811	18%	96	8%
Diagnostic Imaging Center, Stationary	719	16%	157	13%
General Hospital, Outpatient Department	550	12%	131	11%
Diagnostic Imaging Center, Mobile	128	3%	51	4%
Academic Institution	117	3%	23	2%
Skilled Nursing Facility	10	0%	11	1%
Device Manufacturer/Distributor	8	0%	1	0%
Dentist Office	3	0%	0	0%
Other Practice Setting	334	7%	94	8%
Total	4,610	100%	1,197	100%
Did Not Have a Location	122		4,302	

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four RTs work in the inpatient department of a general hospital, while another 19% work in an outpatient or community clinic.

For RTs who also have a secondary work location, 34% work in the inpatient department of a general hospital, while another 18% work in an outpatient or community clinic.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	33%
Chinese:	21%
French:	21%

Means of Communication

Virtual Translation:	75%
Onsite Translation:	23%
Other Staff Member:	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,854	33%
Chinese	1,191	21%
French	1,170	21%
Arabic	1,130	20%
Korean	1,129	20%
Vietnamese	1,110	19%
Hindi	1,057	19%
Tagalog/Filipino	1,020	18%
Persian	960	17%
Urdu	912	16%
Pashto	858	15%
Amharic, Somali, or Other Afro-Asiatic Languages	793	14%
Others	588	10%
At Least One Language	2,258	40%

Source: Va. Healthcare Workforce Data Center

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

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	1,689	75%
Onsite Translation Service	529	23%
Other Staff Member is Proficient	474	21%
Respondent is Proficient	340	15%
Other	77	3%

Source: Va. Healthcare Workforce Data Center

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

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

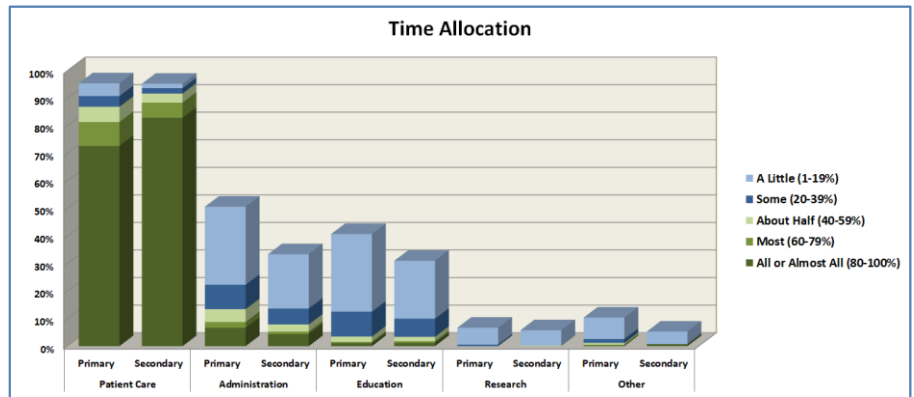
Patient Care: 81%
Administration: 9%
Education: 2%

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, 81% 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%)	73%	83%	7%	4%	1%	1%	0%	0%	0%	1%
Most (60-79%)	9%	5%	2%	1%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	6%	3%	5%	3%	2%	2%	0%	0%	1%	0%
Some (20-39%)	4%	2%	9%	6%	9%	7%	1%	0%	1%	0%
A Little (1-19%)	5%	2%	28%	20%	28%	21%	6%	6%	8%	4%
None (0%)	5%	5%	49%	67%	59%	69%	93%	94%	90%	95%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	224	6%	-	-
50 to 54	183	5%	5	0%
55 to 59	352	9%	52	4%
60 to 64	1,112	27%	355	26%
65 to 69	1,534	38%	621	46%
70 to 74	390	10%	206	15%
75 to 79	46	1%	25	2%
80 and Over	41	1%	22	2%
I Do Not Intend to Retire	182	4%	61	5%
Total	4,064	100%	1,347	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs

Under 65: 46%

Under 60: 19%

RTs 50 and Over

Under 65: 31%

Under 60: 4%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 19%

Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Nearly 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, 16% of all RTs expect to pursue additional educational opportunities, and 6% expect to increase their patient care hours.

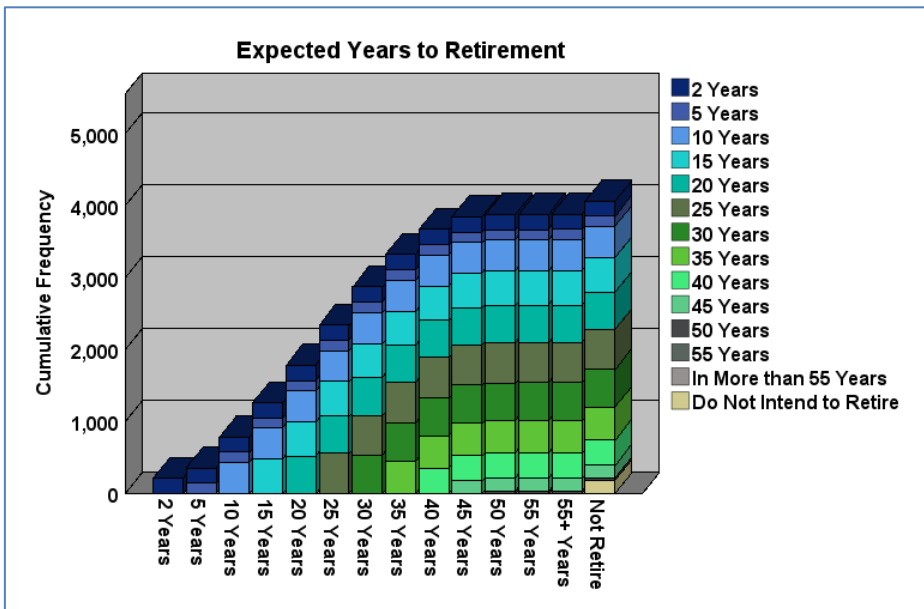
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	148	3%
Leave Virginia	228	4%
Decrease Patient Care Hours	381	7%
Decrease Teaching Hours	56	1%
Increase Participation		
Increase Patient Care Hours	332	6%
Increase Teaching Hours	155	3%
Pursue Additional Education	902	16%
Return to the Workforce	37	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 5% of RTs expect to retire in the next two years, 19% expect to retire within the next ten years. Half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	212	5%	5%
5 Years	144	4%	9%
10 Years	431	11%	19%
15 Years	476	12%	31%
20 Years	520	13%	44%
25 Years	558	14%	58%
30 Years	530	13%	71%
35 Years	450	11%	82%
40 Years	350	9%	90%
45 Years	176	4%	95%
50 Years	31	1%	95%
55 Years	2	0%	95%
In More than 55 Years	2	0%	96%
Do Not Intend to Retire	182	4%	100%
Total	4,064	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 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 4,575
 FTEs/1,000 Residents²: 0.525
 Average: 0.82

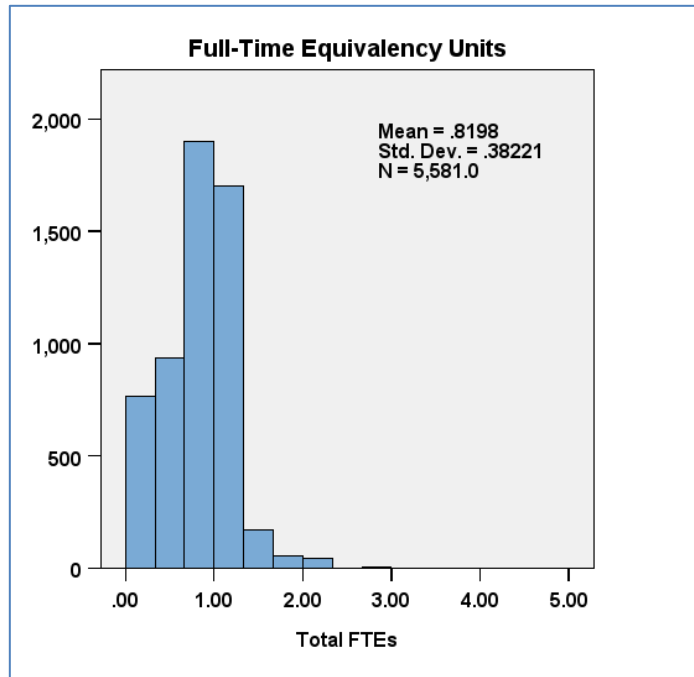
Age & Gender Effect

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:

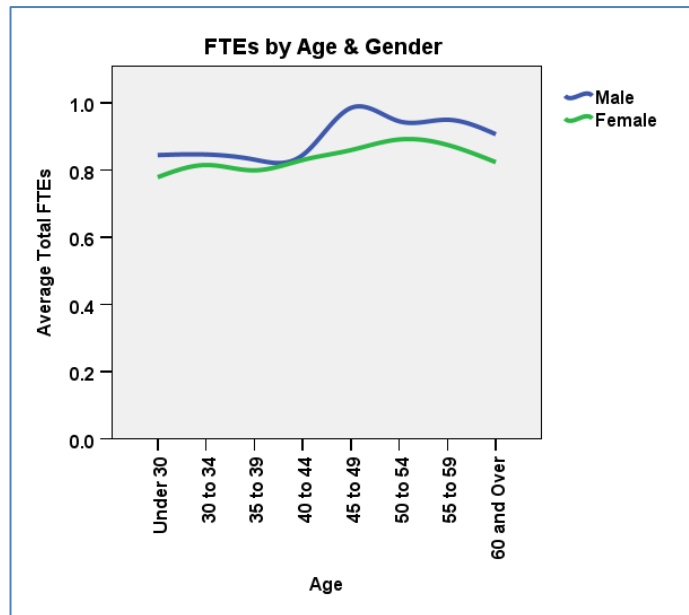


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.89 FTEs in the past year, or approximately 36 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	0.76	0.84
30 to 34	0.77	0.84
35 to 39	0.79	0.86
40 to 44	0.81	0.89
45 to 49	0.87	0.96
50 to 54	0.90	0.93
55 to 59	0.89	0.89
60 and Over	0.81	0.86
Gender		
Male	0.90	0.96
Female	0.83	0.91

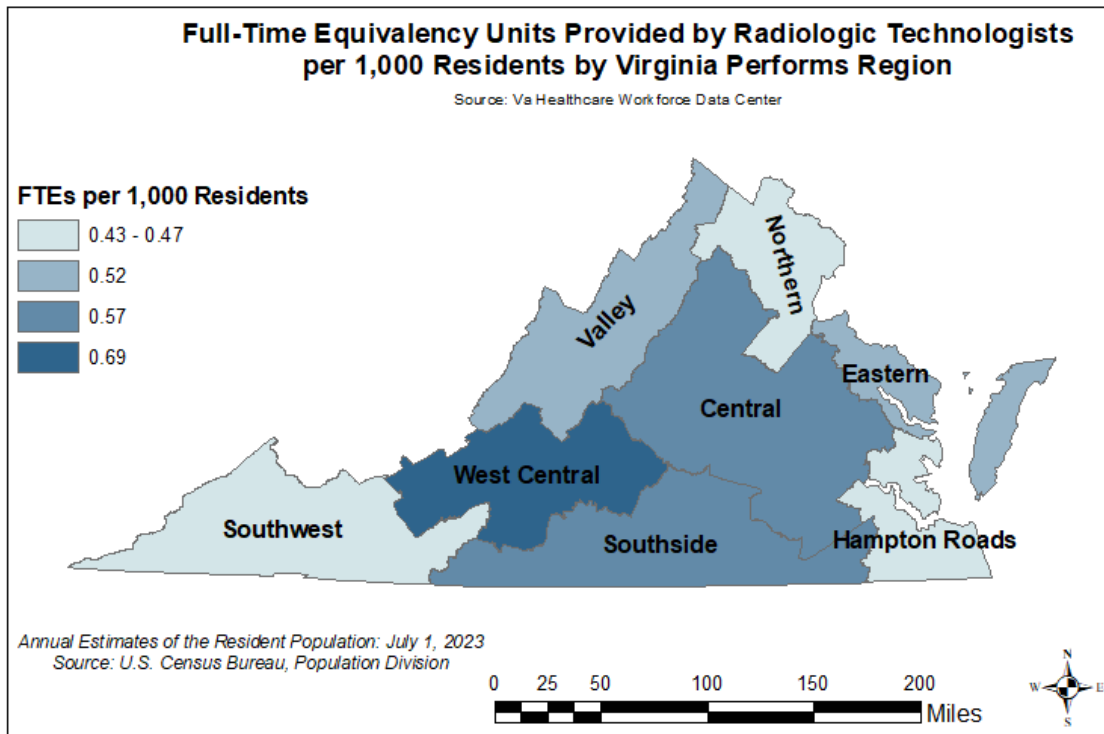
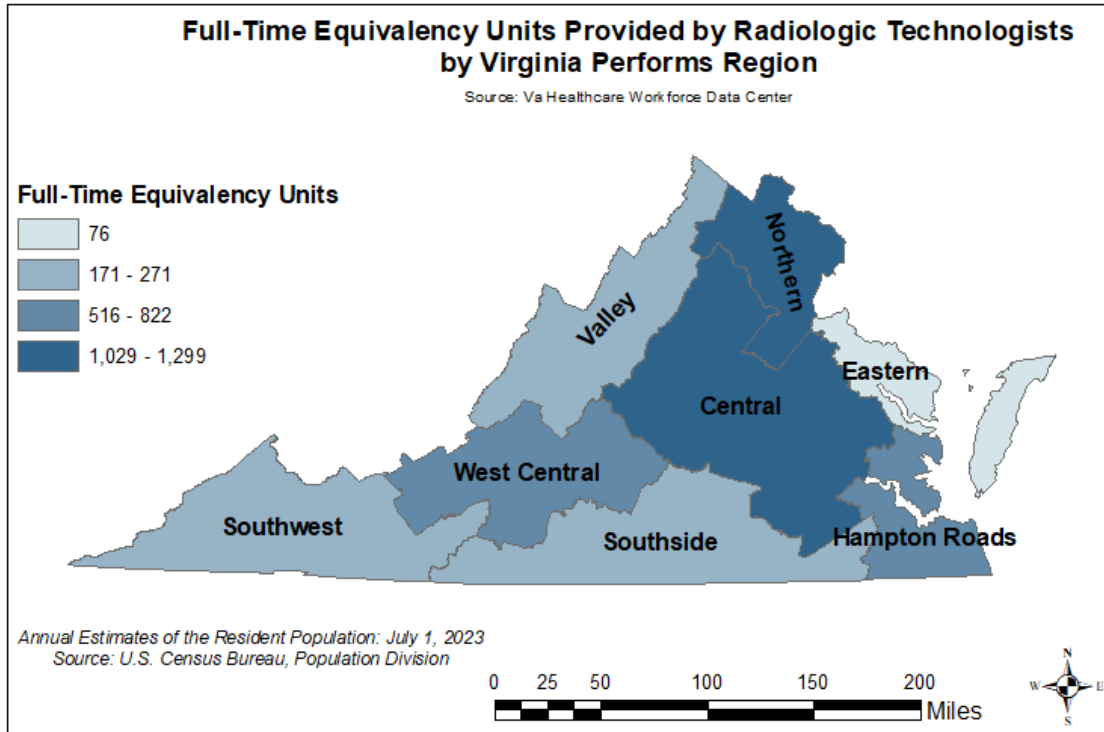
Source: Va. Healthcare Workforce Data Center

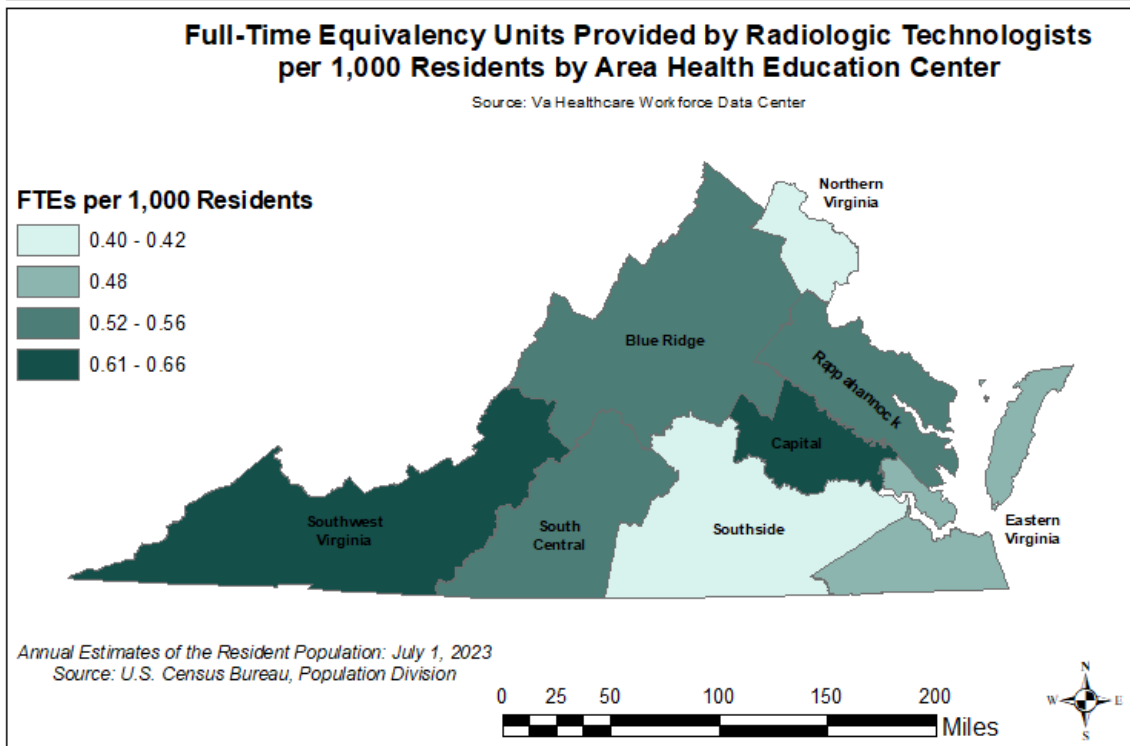
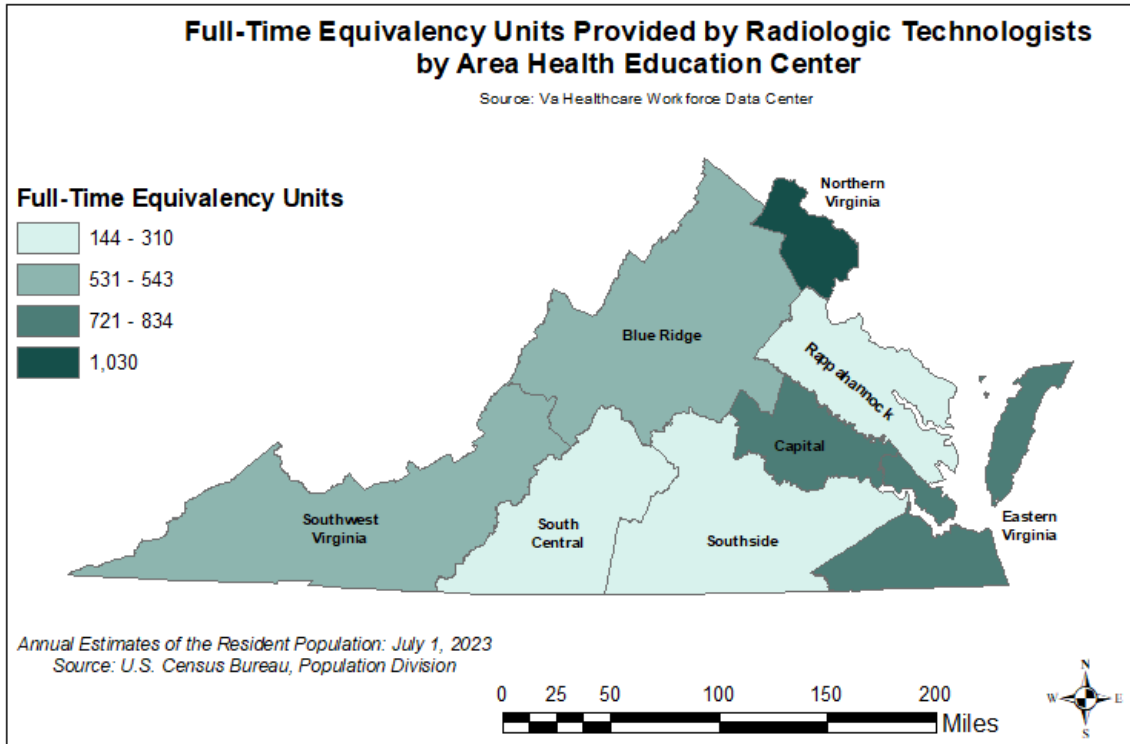


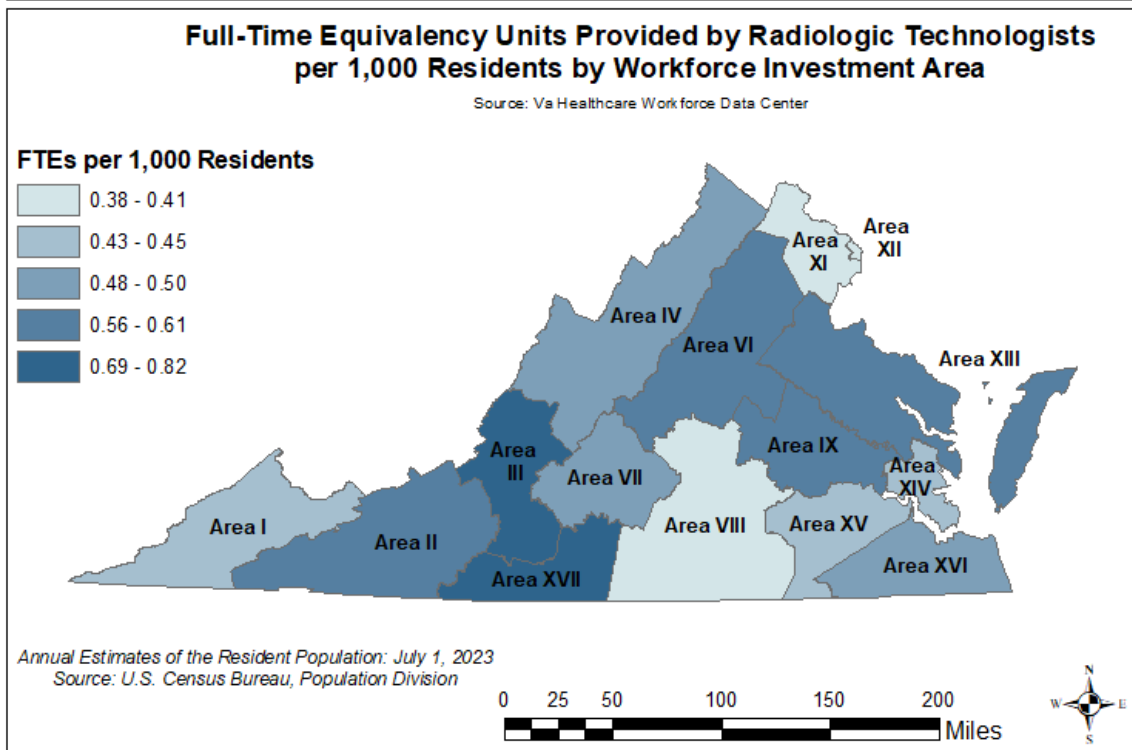
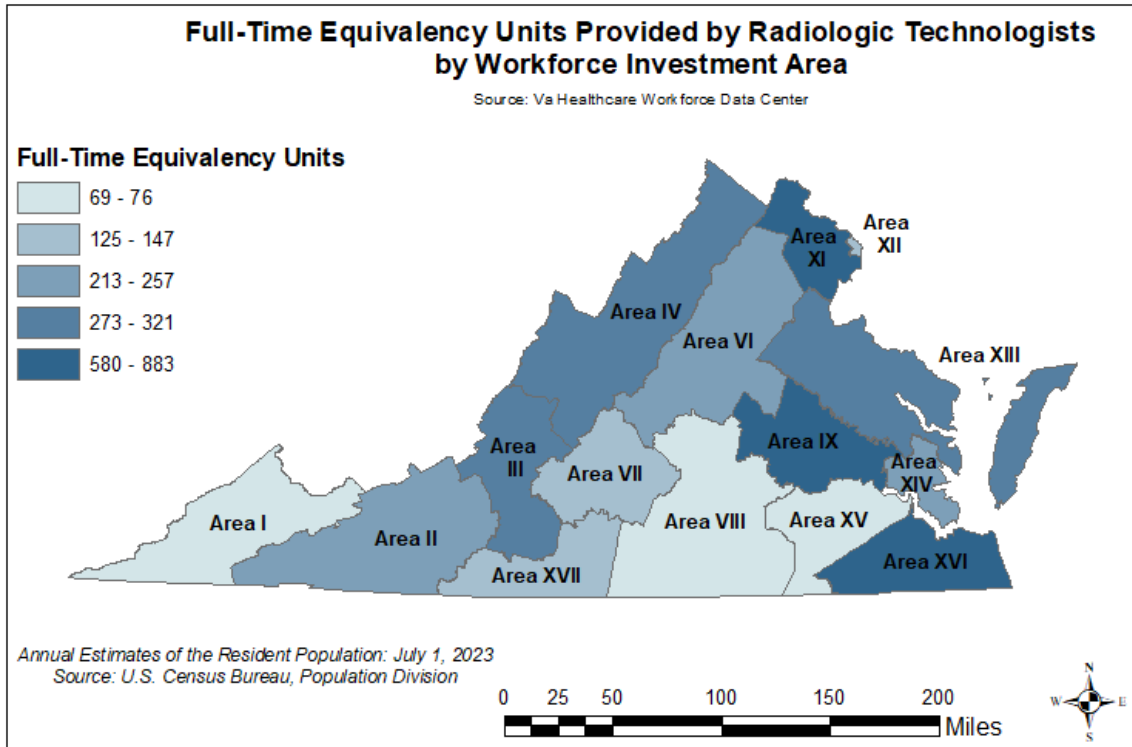
Source: Va. Healthcare Workforce Data Center

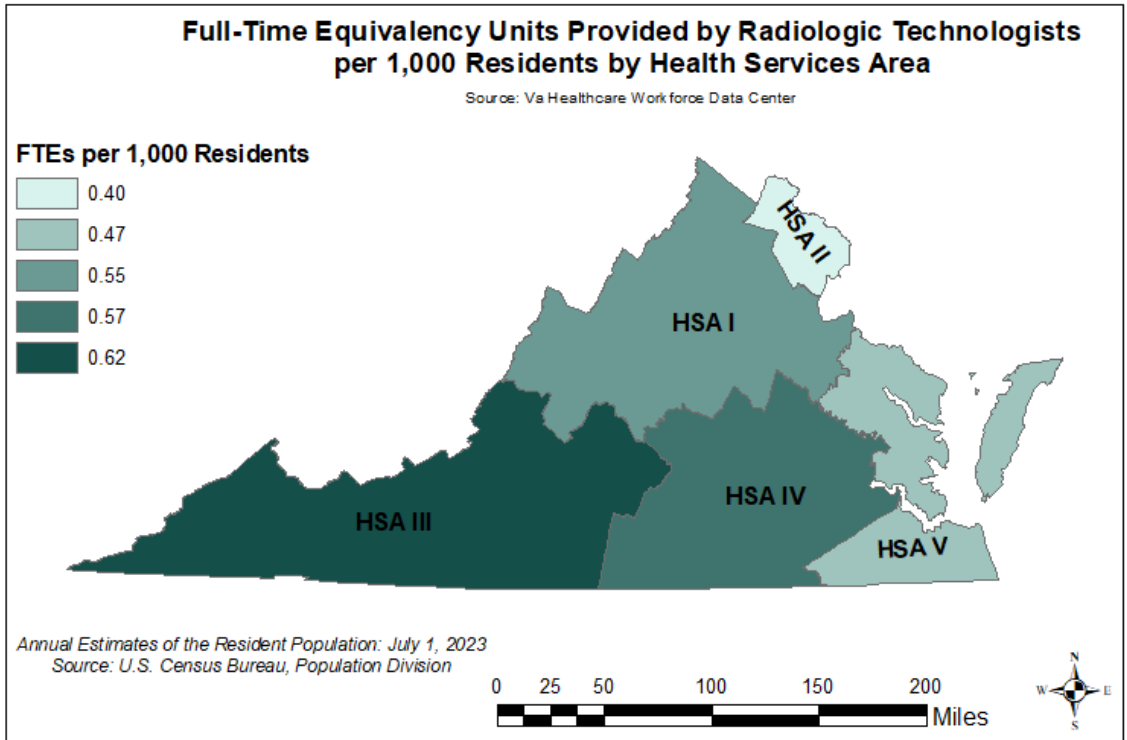
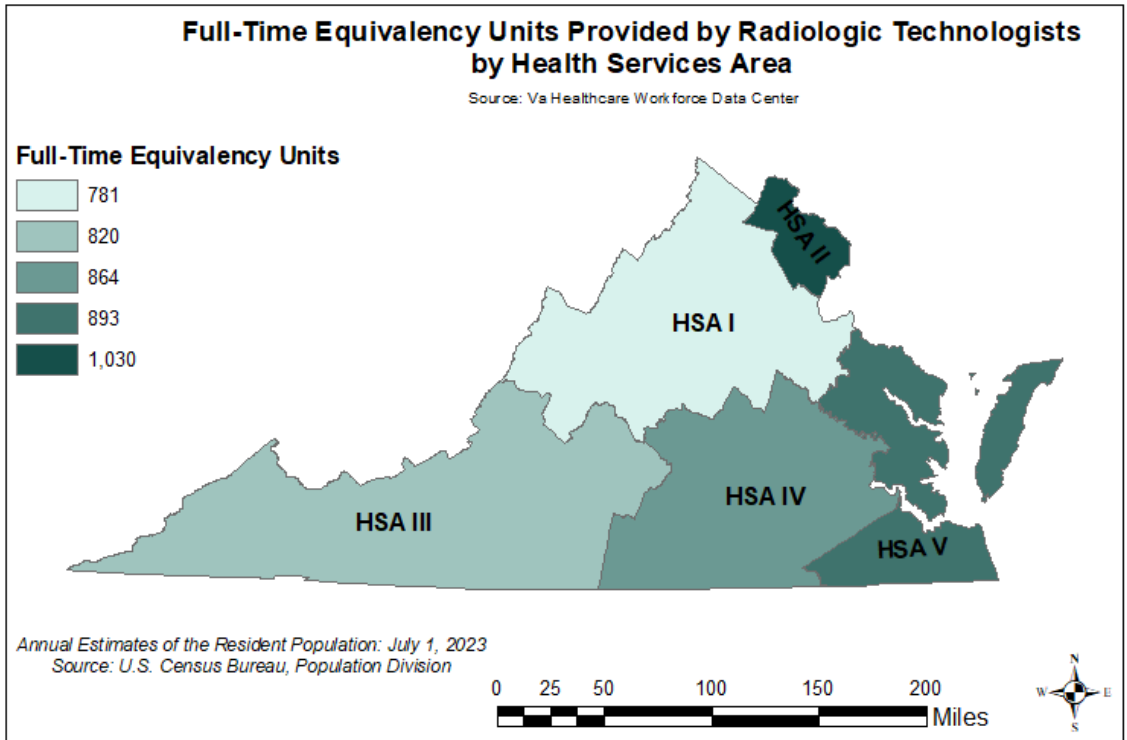
² Number of residents in 2023 was used as the denominator.

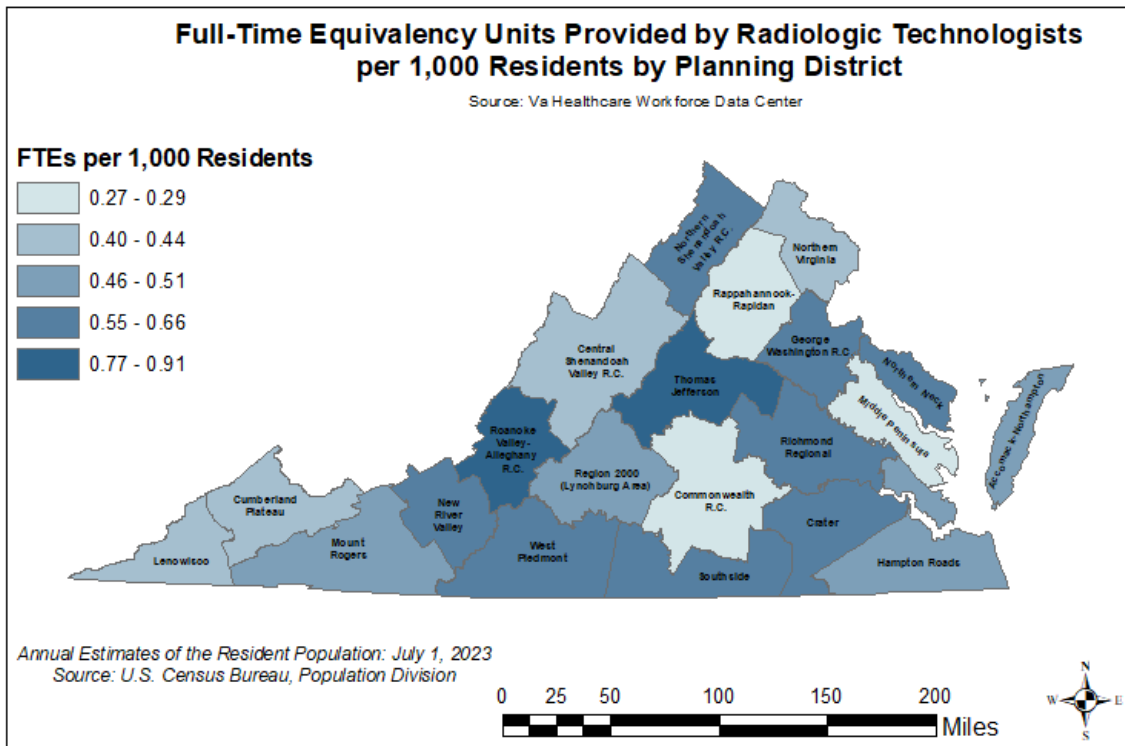
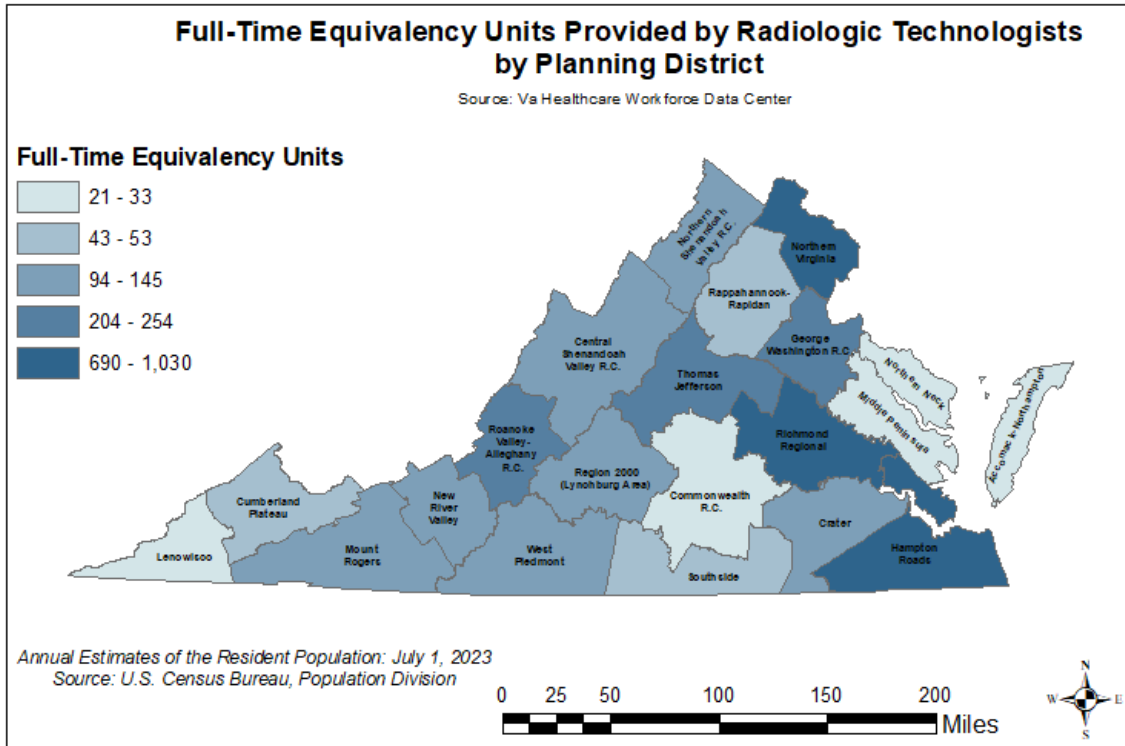
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,188	65.56%	1.525	1.299	2.659
Metro, 250,000 to 1 Million	502	64.34%	1.554	1.323	2.709
Metro, 250,000 or Less	513	63.74%	1.569	1.336	2.735
Urban, Pop. 20,000+, Metro Adj.	142	63.38%	1.578	1.343	2.750
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	216	60.19%	1.662	1.414	2.896
Urban, Pop. 2,500-19,999, Non-Adj.	91	68.13%	1.468	1.249	2.559
Rural, Metro Adj.	161	53.42%	1.872	1.594	3.263
Rural, Non-Adj.	47	59.57%	1.679	1.429	2.926
Virginia Border State/D.C.	1,266	47.24%	2.117	1.802	3.690
Other U.S. State	1,403	37.35%	2.677	2.279	4.667

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	1,011	32.44%	3.082	2.559	4.667
30 to 34	1,033	49.18%	2.033	1.688	3.079
35 to 39	1,008	55.36%	1.806	1.499	2.735
40 to 44	964	61.41%	1.628	1.352	2.466
45 to 49	839	64.00%	1.562	1.297	2.366
50 to 54	861	66.43%	1.505	1.249	2.279
55 to 59	764	65.31%	1.531	1.271	2.318
60 and Over	1,049	63.30%	1.580	1.311	2.392

Source: Va. Healthcare Workforce Data Center

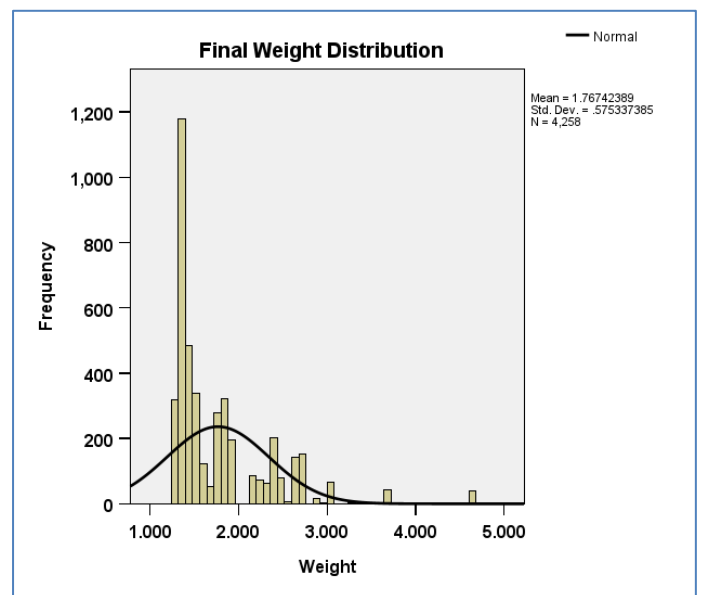
See the Methods section on the HWDC website for details on HWDC methods:

<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: 0.565547



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 Radiologic Technology
Regulatory Actions
As of April 20, 2026

In the Governor’s Office

None.

In the Secretary’s Office

None.

At DPB or OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-101	Exempt/Final	Licensure by endorsement for radiologic technology	2/25/2026	OAG; 54 days	Result of 2025 legislative mandate

Recently effective/awaiting publication

None.

**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 14, 2026