

# Advisory Board on Respiratory Care

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Virginia Board of Medicine

May 24, 2022  
1:00 p.m.

**Advisory Board on Respiratory Therapy**

Board of Medicine

Tuesday, May 24, 2022 @ 1:00 p.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order – Santiera Brown, RRT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Delores Cousins	
Approval of Minutes of October 5, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
2021 Workforce Data Presentation – Yetty Shobo, Ph.D.	
<b>New Business</b>	
1. Legislative Update from the 2022 General Assembly ..... Erin Barrett	5 – 6
2. Discuss Licensing Process for Respiratory Therapists ..... Daniel Gochenour	-- --
3. Consider Amendment to Bylaws for the Advisory Board .....	7 - 9

Announcements:

Next Scheduled Meeting: September 20, 2022 @ 1:00 p.m.

Adjournment

**PERIMETER CENTER CONFERENCE CENTER  
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**

**Training Room 2**

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

October 5, 2021

The Advisory Board on Respiratory Therapy met on Tuesday, October 5<sup>th</sup>, 2021 at 1:00 pm in the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Daniel Gochenour, RRT, Chair  
Santiera Brown-Yearling RRT, Vice-Chair  
Shari Toomey, RRT

**MEMBERS ABSENT:** Bruce K. Rubin, MD  
Denver Supinger, Citizen

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Michael Sobowale, LLM, Deputy Director, Licensure  
Colanthia Opher, Deputy Director, Administration  
Delores Cousins, Licensing Specialist

**GUESTS PRESENT:** None

**Call to Order**

Daniel Gochenour, Chair, called the meeting to order at 1:08 p.m.

**Emergency Egress Procedures**

Dr. Harp announced the emergency egress instructions.

**Roll Call**

The roll was called, and a quorum was declared.

### **Approval of the January 26, 2021 Minutes**

Santiera Brown-Yearling moved to approve the minutes. Shari Toomey seconded the motion. By unanimous vote, the minutes were approved as presented.

### **Adoption of Agenda**

Santiera Brown-Yearling moved to adopt the agenda. Shari Toomey seconded the motion. By unanimous vote, the agenda was approved as presented.

### **Public Comment on Agenda Items**

None

### **New Business**

#### **1. 2021 Legislative Update and 2022 Proposals**

Elaine Yeatts provided an update on legislation from the 2021 General Assembly that was of interest to members, as well as legislative proposals for the 2022 Session. No action was required.

#### **2. Update on VSRC's Request for Advanced Practice RT New Profession Assessment**

Elaine Yeatts discussed the response from the Director of the Department of Health Professions on behalf of the agency to the request received from the Virginia Society for Respiratory Care (VSRC) for Advanced Practice Respiratory Therapist assessment as a new profession. She asked members to refer to the criteria listed in the Agency's policies and procedures for the determination of the need to regulate health occupations and professions. As there are so few APRT's, it is premature to have the Board of Health Professions conduct a study. Further, Ms. Yeatts said that studies conducted by the agency from 2015 to 2019 showed that there was only a 1% growth in the number of RT's practicing in Virginia.

#### **3. Respiratory Therapy Workforce and Staffing**

Mr. Gochenour led the discussion. He shared the concern of hospital managers who participated in an informal survey on respiratory therapist staffing in Virginia. The results of the survey showed that employers are facing some challenges filling respiratory therapist positions in their facilities due to an insufficient applicant pool.

The Advisory Board members were in agreement that there was a need to bring awareness of the profession to the public; this has generally been the responsibility of the professional association. It was proposed that DHP's Healthcare Workforce Study report could be disseminated to high schools, and the information could also be sent to the Virginia Society for Respiratory Care to be used as a sort of healthcare occupational roadmap with various groups. It was also suggested that the profession could find a patron to sponsor a bill to authorize the Board to issue a six-month temporary license to new graduates prior to passing the National Board of Respiratory Care exam, similar to the Occupational Therapy License Applicant authorization.

#### 4. Review of Licensure Requirements

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8<sup>th</sup>.

The Credentials Committee had recommended at the September 20<sup>th</sup> meeting that a respiratory therapist license applicant should submit primary source verification of the following documents: professional education/ school transcripts, National Board for Respiratory Care (NBRC) Certificate, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Members concurred that the recommendations made by the Committee pertaining to the application process for respiratory therapist license applicants could simplify the application process for them while still protecting the public.

#### 5. Approval of 2022 Meeting Calendar

Shari Toomey moved to approve the proposed meeting dates for the Advisory Board on the 2022 calendar. Santiera Brown-Yearling seconded the motion. The schedule was unanimously approved.

6. Election of Officers - Daniel Gochenour

Daniel Gochenour nominated Santiera Brown-Yearling as Chair, and Shari Toomey seconded the motion. Santiera Brown-Yearling nominated Shari Toomey as Vice-Chair, and Daniel Gochenour seconded. By unanimous vote, the Advisory Board approved the slate of officers as nominated.

**Announcements:**

Delores Cousins provided the licensing statistics report. There are 3,9777 current active respiratory therapists and 119 current inactive.

**Next Scheduled Meeting:**

The next scheduled meeting will be February 1, 2022 @ 1pm.

**Adjournment**

There being no other business, the meeting was adjourned at 2:39 pm.

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Daniel Gochenour, RRT, Chair  
Director

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William L. Harp, MD, Executive

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Delores Cousins, Licensing Specialist

**DRAFT**

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# *Virginia's Respiratory Therapist Workforce: 2021*

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Healthcare Workforce Data Center

February 2022

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](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

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



*Nearly 3,400 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*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle  
*Research Assistant*

## **Respiratory Therapy Advisory Board**

### **Chair**

Santiera Brown, RRT  
*Chesapeake*

### **Vice-Chair**

Shari A. Toomey, RRT  
*Roanoke*

### **Members**

Daniel Gochenour, RRT  
*Charlottesville*

Bruce K. Rubin, MD  
*Henrico*

Denver Supinger  
*Reston*

### **Executive Director**

William L. Harp, MD

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## The Respiratory Therapist Workforce At a Glance:

### The Workforce

Licenses:	4,568
Virginia's Workforce:	3,759
FTEs:	3,269

### Survey Response Rate

All Licenses:	74%
Renewing Practitioners:	93%

### Demographics

Female:	72%
Diversity Index:	46%
Median Age:	46

### Background

Rural Childhood:	44%
HS Degree in VA:	53%
Prof. Degree in VA:	61%

### Education

Associate:	75%
Baccalaureate:	20%

### Finances

Median Income: \$50k-\$60k	
Health Benefits:	72%
Under 40 w/ Ed. Debt:	54%

### Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	68%
Satisfied?:	93%

### Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	69%

### Primary Roles

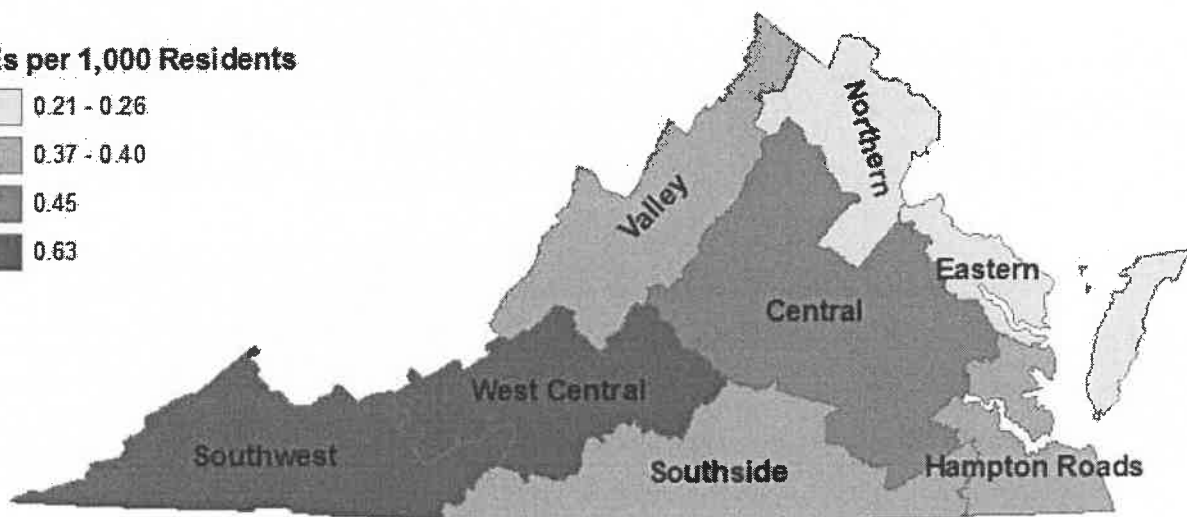
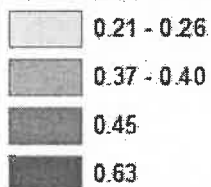
Patient Care:	82%
Administration:	7%
Education:	1%

Source: Va. Healthcare Workforce Data Center

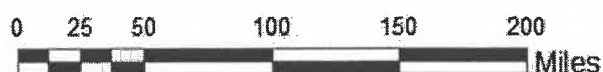
## Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Virginia Performs Region

Source: Va. Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020  
Source: U.S. Census Bureau, Population Division



## Results in Brief

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This report contains the results of the 2021 Respiratory Therapist Workforce survey. Nearly 3,400 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 74% of the 4,568 RTs who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 3,759 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 3,269 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

More than 70% of all 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 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. For RTs who are under the age of 40, this diversity index increases to 49%. Both of these values are below the comparable diversity index of 60% for Virginia's population as a whole. More than 40% of all RTs grew up in a rural area, and nearly one-quarter of these professionals 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, 93% are currently employed in the profession, 68% hold one full-time job, and 34% work between 40 and 49 hours per week. More than 90% of all RTs work in the private sector, including 54% who work in the non-profit sector. The typical RT earns between \$50,000 and \$60,000 per year. In addition, 87% of RTs receive at least one employer-sponsored benefit, including 72% who have access to health insurance. More than 90% of all RTs indicated that they are satisfied with their current work situation, including 60% who indicated that they are "very satisfied."

## Summary of Trends

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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 6% (4,568 vs. 4,291). At the same time, the size of Virginia's RT workforce has increased by 1% (3,759 vs. 3,706), but the number of FTEs provided by this workforce has fallen by 1% (3,269 vs. 3,310). Virginia's renewing RTs are more likely to respond to this survey (93% vs. 84%).

Virginia's RT workforce is more likely to be female (72% vs. 70%), a trend that also holds true among those RTs who are under the age of 40 (78% vs. 75%). The diversity index of Virginia's RT workforce has increased as well (46% vs. 41%). This has also occurred among those RTs who are under the age of 40 (49% vs. 48%). This increase in the diversity of Virginia's RT workforce has come during a time in which the state's overall population has also become more diverse (60% vs. 55%). There has been no change in either the percentage of RTs who grew up in a rural area (44%) or the percentage of RTs who work in a non-metro area of the state (13%).

Virginia's RTs are relatively more likely to earn a baccalaureate degree (20% vs. 15%) instead of an associate degree (75% vs. 80%) as their highest professional degree. Virginia RTs are more likely to carry education debt (38% vs. 34%), but the median debt amount among those RTs with education debt has remained constant (\$20k-\$30k). Likewise, there has been no change in the median annual income of Virginia's RTs (\$50k-\$60k). However, RTs are slightly more likely to receive at least one employer-sponsored benefit (87% vs. 86%), including those RTs who have access to health insurance (72% vs. 69%).

Virginia's RTs are slightly less likely to be employed in the profession (93% vs. 94%) or hold one full-time job (68% vs. 70%). At the same time, the annual rates of underemployment (3% vs. 4%) and involuntary unemployment (1% vs. 2%) for Virginia's RN workforce have both fallen. RTs are more likely to work in the non-profit sector (54% vs. 51%) instead of the for-profit sector (36% vs. 40%). Virginia's RTs are less likely to indicate that they are satisfied with their current work situation (93% vs. 95%), including those RTs who indicated that they are "very satisfied" (60% vs. 67%).

**A Closer Look:**

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,657	80%
New Licensees	346	8%
Non-Renewals	565	12%
All Licensees	4,568	100%

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. More than 90% of renewing RTs submitted a survey. These represent 74% of all RTs who held a license at some point in 2021.*

**Definitions**

- 1. The Survey Period:** The survey was conducted throughout 2021 on the birth month of each practitioner.
- 2. Target Population:** All RTs who held a Virginia license at some point in 2021.
- 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 2021.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	197	192	49%
30 to 34	163	338	68%
35 to 39	162	425	72%
40 to 44	127	444	78%
45 to 49	118	450	79%
50 to 54	99	496	83%
55 to 59	88	464	84%
60 and Over	226	579	72%
<b>Total</b>	<b>1,180</b>	<b>3,388</b>	<b>74%</b>
<b>New Licenses</b>			
Issued in 2021	346	0	0%
<b>Metro Status</b>			
Non-Metro	114	472	81%
Metro	496	2,218	82%
Not in Virginia	570	698	55%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,388
Response Rate, All Licensees	74%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed RTs**

Number: 4,568  
 New: 8%  
 Not Renewed: 12%

**Survey Response Rates**

All Licensees: 74%  
 Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2021 RT Workforce: 3,759  
 FTEs: 3,269

### Utilization Ratios

Licenses in VA Workforce: 82%  
 Licenses per FTE: 1.40  
 Workers per FTE: 1.15

Source: Va. Healthcare Workforce Data Center

## Definitions

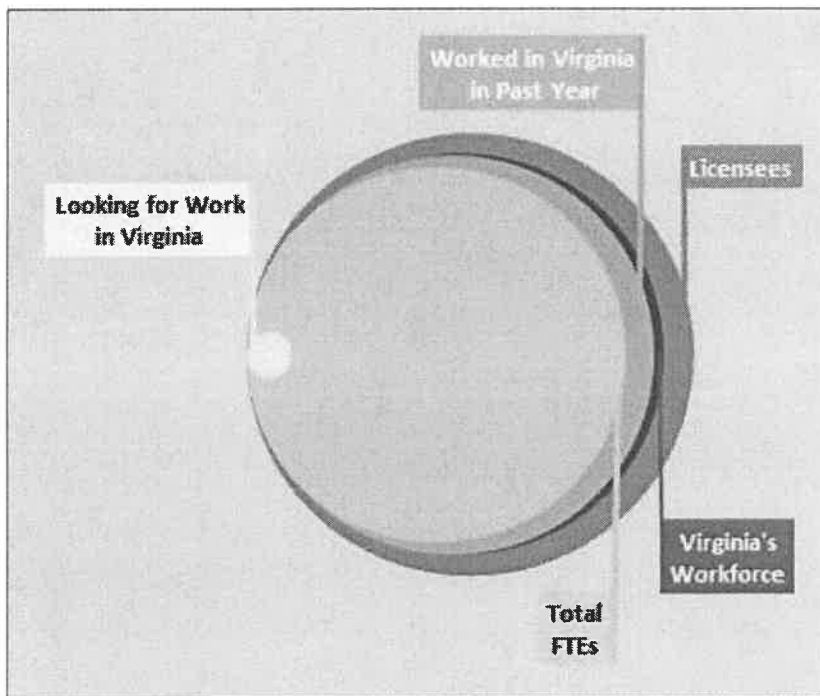
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses 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	3,709	99%
Looking for Work in Virginia	50	1%
Virginia's Workforce	3,759	100%
Total FTEs	3,269	
Licenses	4,568	

Source: Va. Healthcare Workforce Data Center

*This report uses weighting 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

## Demographics

### A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	55	16%	283	84%	338	10%
30 to 34	94	25%	289	75%	383	12%
35 to 39	103	24%	335	76%	439	13%
40 to 44	113	27%	311	73%	423	13%
45 to 49	119	30%	280	70%	399	12%
50 to 54	126	29%	305	71%	431	13%
55 to 59	119	32%	254	68%	373	11%
60 and Over	196	36%	342	64%	538	16%
<b>Total</b>	<b>926</b>	<b>28%</b>	<b>2,399</b>	<b>72%</b>	<b>3,325</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	59%	2,410	71%	812	69%
Black	18%	582	17%	181	15%
Asian	7%	166	5%	79	7%
Other Race	1%	37	1%	11	1%
Two or More Races	5%	70	2%	35	3%
Hispanic	11%	114	3%	55	5%
<b>Total</b>	<b>100%</b>	<b>3,379</b>	<b>100%</b>	<b>1,173</b>	<b>100%</b>

\*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, 2020.

Source: Va. Healthcare Workforce Data Center

More than one-third of RTs are under the age of 40, and 78% of these professionals are female. In addition, the diversity index among RTs who are under the age of 40 is 49%.

### At a Glance:

#### Gender

% Female: 72%  
% Under 40 Female: 78%

#### Age

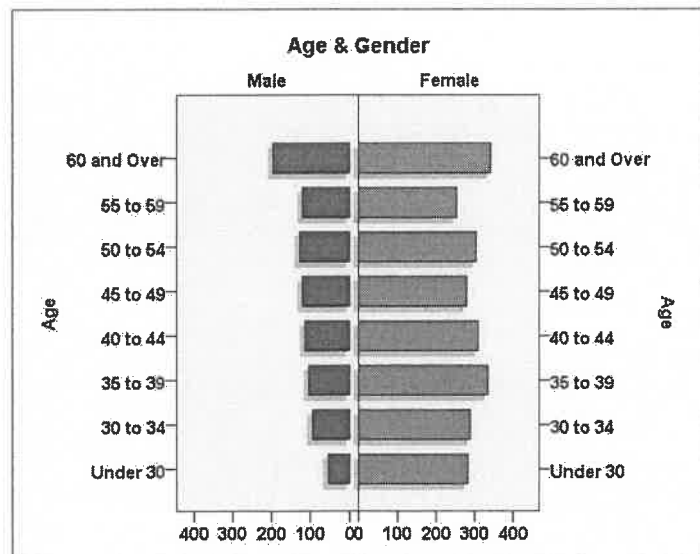
Median Age: 46  
% Under 40: 35%  
% 55 and Over: 27%

#### Diversity

Diversity Index: 46%  
Under 40 Div. Index: 49%

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 number is 60%.



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 16%  
 Rural Childhood: 44%

### Virginia Background

HS in Virginia: 53%  
 Prof. Education in VA: 61%  
 HS/Prof. Edu. in VA: 66%

### Location Choice

% Rural to Non-Metro: 24%  
 % Urban/Suburban to Non-Metro: 5%

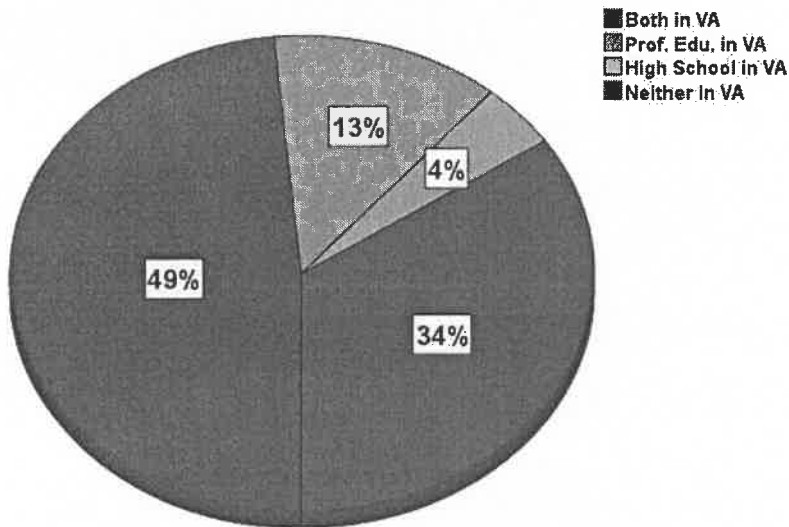
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	27%	51%	22%
2	Metro, 250,000 to 1 Million	60%	31%	9%
3	Metro, 250,000 or Less	60%	30%	10%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	74%	14%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	68%	27%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	92%	4%	4%
8	Rural, Metro Adjacent	85%	15%	0%
9	Rural, Non-Adjacent	73%	27%	0%
<b>Overall</b>		<b>44%</b>	<b>40%</b>	<b>16%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*More than 40% of RTs grew up in a rural area, and 24% of these professionals 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	1,785	Virginia	2,039
2	Outside U.S./Canada	213	Maryland	185
3	Maryland	148	California	132
4	Pennsylvania	142	North Carolina	104
5	New York	135	Pennsylvania	97
6	West Virginia	107	Texas	74
7	North Carolina	107	West Virginia	61
8	California	69	New York	60
9	Ohio	64	Florida	58
10	Florida	58	Ohio	50

Source: Va. Healthcare Workforce Data Center

*More than half of all licensed RTs received their high school degree in Virginia, and 61% received their initial professional degree in the state.*

*Among those RTs who have obtained their license in the past five years, 42% received their high school degree in Virginia, while 50% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	299	Virginia	353
2	Outside U.S./Canada	61	Maryland	62
3	Maryland	51	North Carolina	34
4	North Carolina	33	California	30
5	California	29	Pennsylvania	22
6	Pennsylvania	26	Texas	17
7	West Virginia	23	Florida	16
8	Florida	15	Utah	16
9	Michigan	13	Tennessee	13
10	Ohio	13	Georgia	11

Source: Va. Healthcare Workforce Data Center

*Nearly 20% of all licensed RTs did not participate in Virginia's workforce in 2021. More than 90% of these RTs worked at some point in the past year, including 86% who are currently employed as RTs.*

### At a Glance:

#### Not in VA Workforce

Total:	810
% of Licensees:	18%
Federal/Military:	5%
VA Border State/DC:	19%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
Associate	2,472	75%
Baccalaureate	661	20%
Post-Graduate Certificate	76	2%
Master's	70	2%
Doctoral	7	0%
<b>Total</b>	<b>3,286</b>	<b>100%</b>

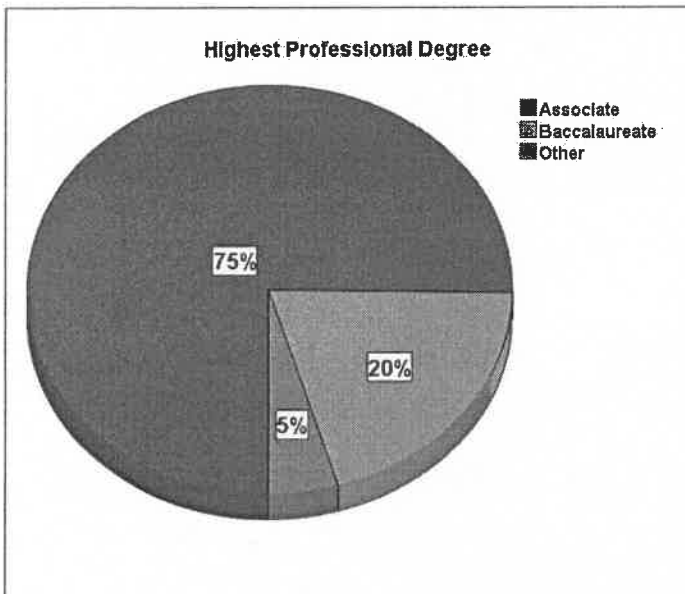
Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**  
 Associate: 75%  
 Baccalaureate: 20%

**Education Debt**  
 Carry Debt: 38%  
 Under Age 40 w/ Debt: 54%  
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Three out of every four RTs hold an associate degree as their highest professional degree.*

*Nearly 40% of all RTs carry education debt, including 54% of those RTs who are under the age of 40. For those RTs with education debt, the median debt amount is between \$20,000 and \$30,000.*

Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	1,831	62%	479	46%
Less than \$10,000	229	8%	103	10%
\$10,000-\$19,999	236	8%	112	11%
\$20,000-\$29,999	172	6%	91	9%
\$30,000-\$39,999	124	4%	65	6%
\$40,000-\$49,999	95	3%	52	5%
\$50,000-\$59,999	60	2%	34	3%
\$60,000-\$69,999	53	2%	26	3%
\$70,000-\$79,999	43	1%	26	3%
\$80,000-\$89,999	36	1%	19	2%
\$90,000-\$99,999	12	0%	7	1%
\$100,000 or More	68	2%	26	3%
<b>Total</b>	<b>2,959</b>	<b>100%</b>	<b>1,039</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

### At a Glance:

**Top Specialties**

Critical Care:	56%
Neonatal-Pediatrics:	25%
Long-Term Care:	20%

**Top Certifications**

Registered RT:	72%
Certified RT:	51%
Neonatal/Pediatric:	10%

Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	% of Workforce
<b>Registered Respiratory Therapist (RRT)</b>	2,696	72%
<b>Certified Respiratory Therapist (CRT)</b>	1,909	51%
<b>Neonatal/Pediatric Specialty (NPS)</b>	359	10%
<b>Adult Critical Care Specialty (ACCS)</b>	292	8%
<b>Certified Pulmonary Function Technologist (CPFT)</b>	145	4%
<b>Registered Polysomnographic Technologist (RPSGT)</b>	85	2%
<b>Registered Pulmonary Function Technologist (RPFT)</b>	83	2%
<b>Certified Asthma Educator (AE-C)</b>	48	1%
<b>Sleep Disorders Specialty (SDS)</b>	20	1%
<b>Other</b>	65	2%
<b>At Least One Certification</b>	<b>3,328</b>	<b>89%</b>

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties		
Specialty	#	% of Workforce
<b>Critical Care</b>	2,093	56%
<b>Neonatal-Pediatrics</b>	955	25%
<b>Long-Term Care</b>	760	20%
<b>Home Care</b>	590	16%
<b>Education</b>	457	12%
<b>Pulmonary Diagnostics</b>	442	12%
<b>Pulmonary Rehab</b>	388	10%
<b>Polysomnography/Sleep Disorders</b>	228	6%
<b>Surface &amp; Air Transport</b>	155	4%
<b>ECMO/ECLS</b>	139	4%
<b>Case Management</b>	104	3%
<b>Other</b>	138	4%
<b>At Least One Specialty</b>	<b>2,824</b>	<b>75%</b>

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all RTs have at least one certification, including 72% who are certified as a Registered Respiratory Therapist. Three out of every four RTs have at least one specialization, including 56% who specialize in critical care.

## Current Employment Situation

### At a Glance:

#### Employment

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

#### Positions Held

1 Full-Time: 68%  
2 or More Positions: 16%

#### Weekly Hours:

40 to 49: 34%  
60 or More: 5%  
Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	6	< 1%
Employed in an RT-Related Capacity	3,129	93%
Employed, NOT in an RT-Related Capacity	144	4%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	11	< 1%
Voluntarily Unemployed	66	2%
Retired	24	1%
<b>Total</b>	<b>3,380</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all RTs, 93% are currently employed in the profession, 68% have one full-time job, and 34% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	101	3%
One Part-Time Position	447	13%
Two Part-Time Positions	77	2%
One Full-Time Position	2,257	68%
One Full-Time Position & One Part-Time Position	399	12%
Two Full-Time Positions	8	0%
More than Two Positions	44	1%
<b>Total</b>	<b>3,333</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	101	3%
1 to 9 Hours	35	1%
10 to 19 Hours	73	2%
20 to 29 Hours	274	8%
30 to 39 Hours	1,321	40%
40 to 49 Hours	1,123	34%
50 to 59 Hours	185	6%
60 to 69 Hours	80	2%
70 to 79 Hours	34	1%
80 or More Hours	65	2%
<b>Total</b>	<b>3,291</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	21	1%
Less than \$30,000	121	5%
\$30,000-\$39,999	161	6%
\$40,000-\$49,999	430	17%
\$50,000-\$59,999	554	22%
\$60,000-\$69,999	494	20%
\$70,000-\$79,999	320	13%
\$80,000-\$89,999	178	7%
\$90,000-\$99,999	89	4%
\$100,000-\$109,999	66	3%
\$110,000-\$119,999	34	1%
\$120,000 or More	60	2%
<b>Total</b>	<b>2,530</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Annual Income**  
Median Income: \$50k-\$60k

**Benefits**  
Health Insurance: 72%  
Retirement: 70%

**Satisfaction**  
Satisfied: 93%  
Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,000	60%
Somewhat Satisfied	1,094	33%
Somewhat Dissatisfied	165	5%
Very Dissatisfied	57	2%
<b>Total</b>	<b>3,317</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical RT earns between \$50,000 and \$60,000 per year. In addition, 87% of RTs receive at least one employer-sponsored benefit, including 72% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,405	77%	76%
Dental Insurance	2,248	72%	71%
Health Insurance	2,238	72%	70%
Retirement	2,182	70%	69%
Paid Sick Leave	1,933	62%	62%
Group Life Insurance	1,638	52%	52%
Signing/Retention Bonus	286	9%	9%
<b>At Least One Benefit</b>	<b>2,708</b>	<b>87%</b>	<b>85%</b>

\*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?	52	1%
Experience Voluntary Unemployment?	166	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	101	3%
Work Two or More Positions at the Same Time?	696	19%
Switch Employers or Practices?	237	6%
Experience at Least One?	1,080	29%

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 4.0%.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	84	3%	82	10%
Less than 6 Months	185	6%	108	13%
6 Months to 1 Year	191	6%	100	12%
1 to 2 Years	539	17%	158	20%
3 to 5 Years	671	21%	148	18%
6 to 10 Years	482	15%	88	11%
More than 10 Years	1,107	34%	122	15%
Subtotal	3,258	100%	806	100%
Did Not Have Location	65		2,899	
Item Missing	436		55	
Total	3,759		3,759	

Source: Va. Healthcare Workforce Data Center

More than four out of every five RTs receive an hourly wage at their primary work location, while 12% either receive a salary or work on commission.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Turnover & Tenure**

Switched: 6%  
New Location: 18%  
Over 2 Years: 69%  
Over 2 Yrs., 2<sup>nd</sup> Location: 44%

**Employment Type**

Hourly Wage: 84%  
Salary/Commission: 12%

Source: Va. Healthcare Workforce Data Center

More than 70% of all RTs have worked at their primary work location for more than two years.

**Employment Type**

Primary Work Site	#	%
Salary/Commission	292	12%
Hourly Wage	2,006	84%
By Contract/Per Diem	92	4%
Business/Practice Income	5	0%
Unpaid	4	0%
Subtotal	2,398	100%

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.7% and a high of 5.7%. The unemployment rate from December 2021 was still preliminary at the time of publication.

## Work Site Distribution

### At a Glance:

#### Concentration

Top Region:	24%
Top 3 Regions:	63%
Lowest Region:	1%

#### Locations

2 or More (2021):	26%
2 or More (Now*):	22%

Source: Va. Healthcare Workforce Data Center

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

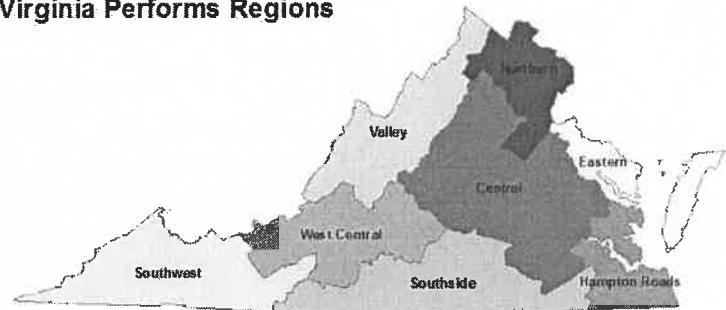
### A Closer Look:

#### Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	774	24%	174	21%
Eastern	39	1%	9	1%
Hampton Roads	651	20%	136	17%
Northern	629	19%	155	19%
Southside	147	5%	35	4%
Southwest	255	8%	70	9%
Valley	204	6%	40	5%
West Central	471	14%	102	12%
Virginia Border State/D.C.	25	1%	17	2%
Other U.S. State	53	2%	80	10%
Outside of the U.S.	1	0%	0	0%
<b>Total</b>	<b>3,249</b>	<b>100%</b>	<b>818</b>	<b>100%</b>
Item Missing	446		43	

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% have had multiple work locations in the past year.

Locations	Number of Work Locations			
	Work Locations in 2021		Work Locations Now*	
	#	%	#	%
0	50	2%	101	3%
1	2,390	73%	2,467	75%
2	557	17%	495	15%
3	253	8%	206	6%
4	16	1%	11	0%
5	10	0%	6	0%
6 or More	19	1%	9	0%
<b>Total</b>	<b>3,295</b>	<b>100%</b>	<b>3,295</b>	<b>100%</b>

\*At the time of survey completion, January-December 2021.

Source: Va. Healthcare Workforce Data Center



## Establishment Type

### A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,113	36%	368	50%
<b>Non-Profit</b>	1,668	54%	324	44%
<b>State/Local Government</b>	174	6%	44	6%
<b>Veterans Administration</b>	55	2%	1	0%
<b>U.S. Military</b>	37	1%	5	1%
<b>Other Federal Government</b>	14	0%	1	0%
<b>Total</b>	<b>3,061</b>	<b>100%</b>	<b>743</b>	<b>100%</b>
<b>Did Not Have Location</b>	65		2,899	
<b>Item Missing</b>	634		116	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

#### Sector

For-Profit:	36%
Federal:	3%

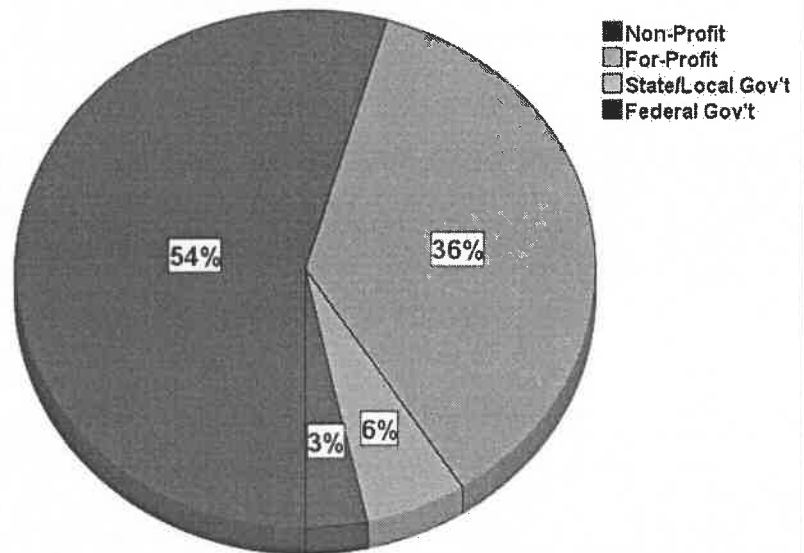
#### Top Establishments

Hospital, Inpatient:	60%
Academic Institution:	8%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

More than 90% of RTs work in the private sector, including 54% who work in the non-profit sector.

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

### Top Ten Location Types

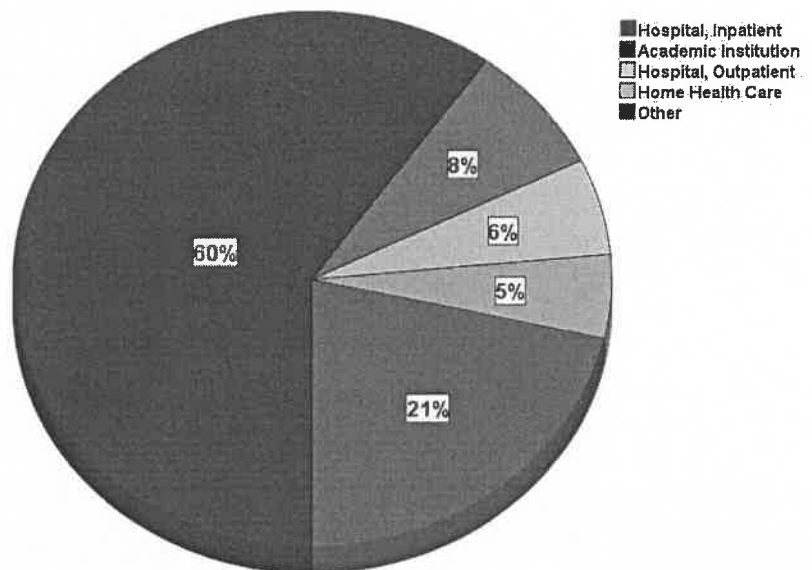
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	1,755	60%	404	56%
Academic Institution	231	8%	46	6%
General Hospital, Outpatient Department	170	6%	23	3%
Home Health Care	147	5%	56	8%
Children's Hospital	137	5%	24	3%
Rehabilitation Facility, Residential/Inpatient	73	2%	33	5%
Health Equipment Rental Company	65	2%	19	3%
Physician Office	54	2%	11	2%
Skilled Nursing Facility	47	2%	24	3%
Sleep Center, Hospital Based	43	1%	12	2%
Other	211	7%	68	9%
<b>Total</b>	<b>2,933</b>	<b>100%</b>	<b>720</b>	<b>100%</b>
<b>Did Not Have a Location</b>	<b>65</b>		<b>2,899</b>	

Three out of every five RTs work at the inpatient department of a general hospital, while 8% work at an academic institution.

Source: Va. Healthcare Workforce Data Center

For RTs who also have a secondary work location, more than half work at the inpatient department of a general hospital, while another 8% work at a home health care establishment.

Establishment Type, Primary Work Site



Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

#### Typical Time Allocation

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

#### Roles

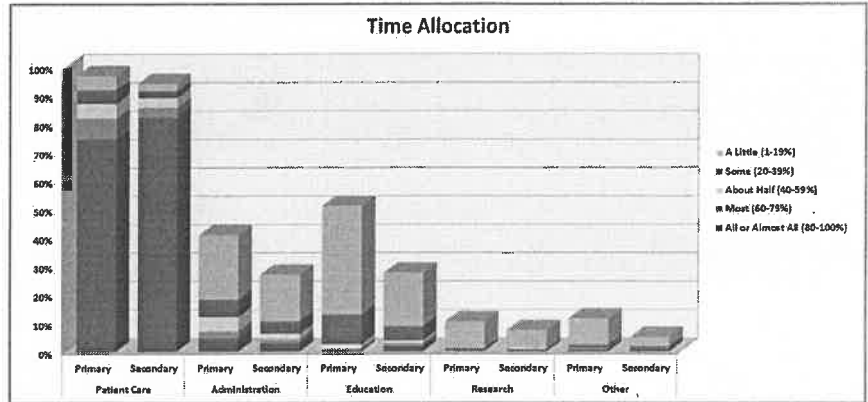
Patient Care: 82%  
Administration: 7%  
Education: 1%

#### 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, 82% 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
<b>All or Almost All (80-100%)</b>	75%	82%	5%	3%	1%	2%	0%	0%	1%	1%
<b>Most (60-79%)</b>	7%	3%	2%	1%	0%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	5%	3%	5%	2%	2%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	5%	3%	6%	4%	10%	5%	1%	1%	1%	1%
<b>A Little (1-19%)</b>	5%	3%	23%	16%	38%	19%	9%	7%	9%	3%
<b>None (0%)</b>	3%	6%	59%	73%	49%	72%	90%	92%	88%	95%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	168	6%	-	-
50 to 54	127	4%	11	1%
55 to 59	289	10%	65	6%
60 to 64	894	31%	346	31%
65 to 69	1,003	35%	517	46%
70 to 74	191	7%	115	10%
75 to 79	33	1%	21	2%
80 and Over	18	1%	7	1%
I Do Not Intend to Retire	130	5%	46	4%
<b>Total</b>	<b>2,851</b>	<b>100%</b>	<b>1,128</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

<b>All RTs</b>	
Under 65:	52%
Under 60:	20%
<b>RTs 50 and Over</b>	
Under 65:	37%
Under 60:	7%

**Time Until Retirement**

Within 2 Years:	8%
Within 10 Years:	27%
Half the Workforce:	By 2041

Source: Va. Healthcare Workforce Data Center

*More than half of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, more than one-third expect to retire by the age of 65.*

*Within the next two years, 21% of all RTs expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.*

**Future Plans**

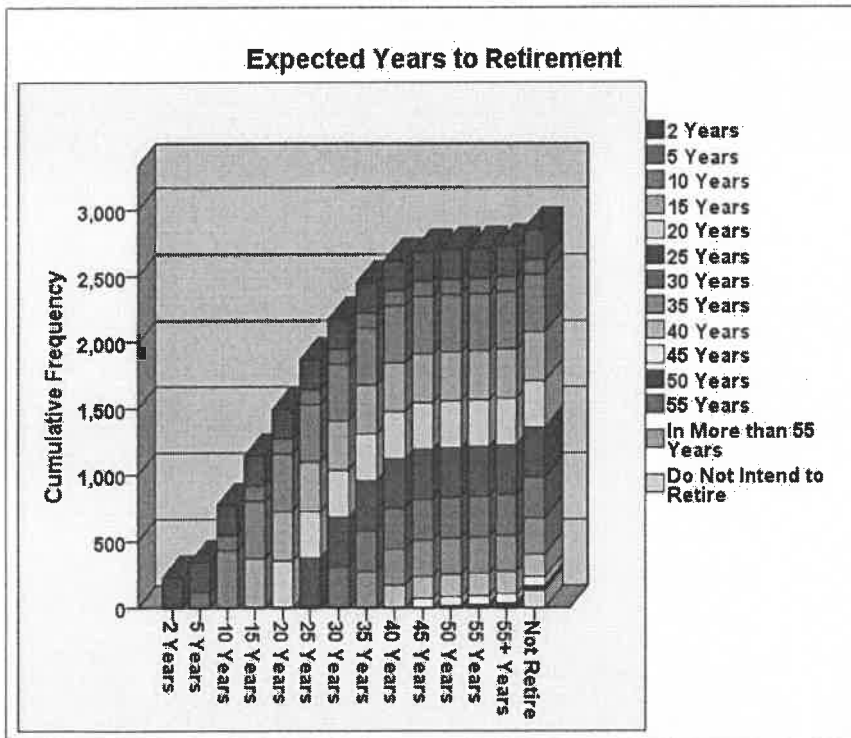
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
Leave Profession	146	4%
Leave Virginia	168	4%
Decrease Patient Care Hours	322	9%
Decrease Teaching Hours	14	0%
<b>Increase Participation</b>		
Increase Patient Care Hours	356	9%
Increase Teaching Hours	233	6%
Pursue Additional Education	780	21%
Return to the Workforce	26	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 8% of RTs expect to retire in the next two years, 27% expect to retire within the next ten years. Half of the current workforce expect to retire by 2041.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	226	8%	8%
5 Years	114	4%	12%
10 Years	432	15%	27%
15 Years	372	13%	40%
20 Years	354	12%	53%
25 Years	373	13%	66%
30 Years	308	11%	76%
35 Years	272	10%	86%
40 Years	169	6%	92%
45 Years	68	2%	94%
50 Years	14	0%	95%
55 Years	7	0%	95%
In More than 55 Years	14	0%	96%
Do Not Intend to Retire	130	5%	100%
<b>Total</b>	<b>2,851</b>	<b>100%</b>	

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 2031. Retirement will peak at 15% of the current workforce around the same time before declining to under 10% of the current workforce again around 2061.

## Full-Time Equivalency Units

### At a Glance:

#### FTEs

Total: 3,269  
 FTEs/1,000 Residents<sup>2</sup>: 0.379  
 Average: 0.89

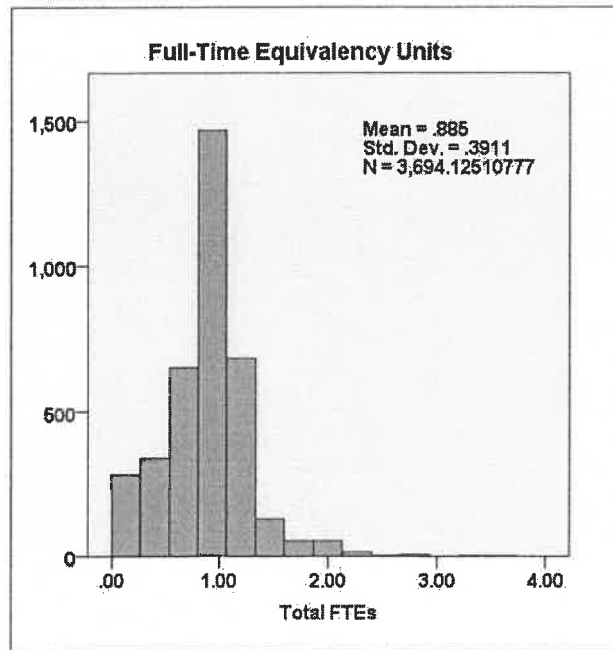
#### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

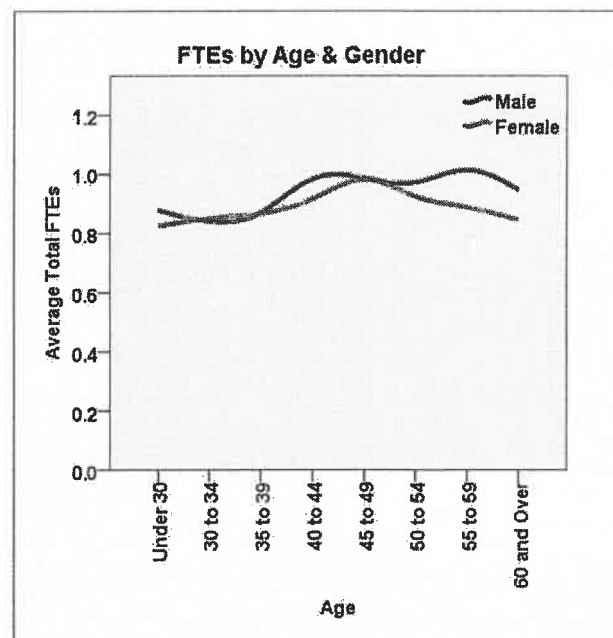


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.94 FTEs in 2021, or about 38 hours per week for 50 weeks. Statistical tests indicate that FTEs vary by both age and gender.

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.84	0.94
30 to 34	0.86	0.96
35 to 39	0.84	0.89
40 to 44	0.90	0.96
45 to 49	0.96	0.96
50 to 54	0.90	0.96
55 to 59	0.91	0.93
60 and Over	0.87	0.91
<b>Gender</b>		
Male	0.94	0.96
Female	0.89	0.96

Source: Va. Healthcare Workforce Data Center

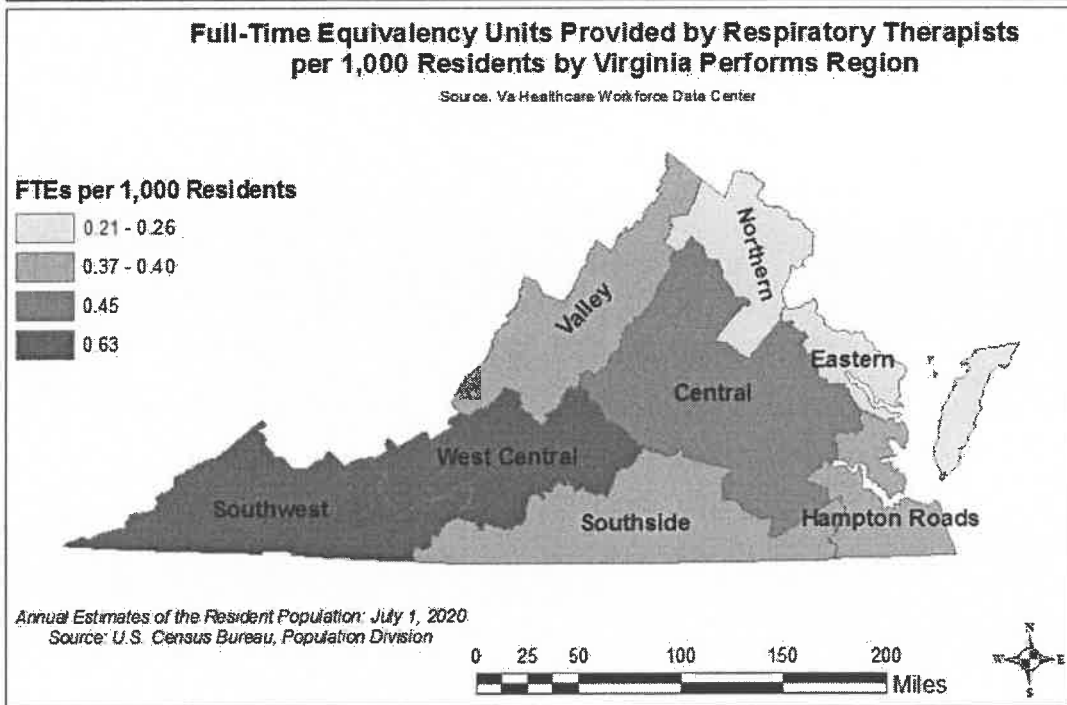
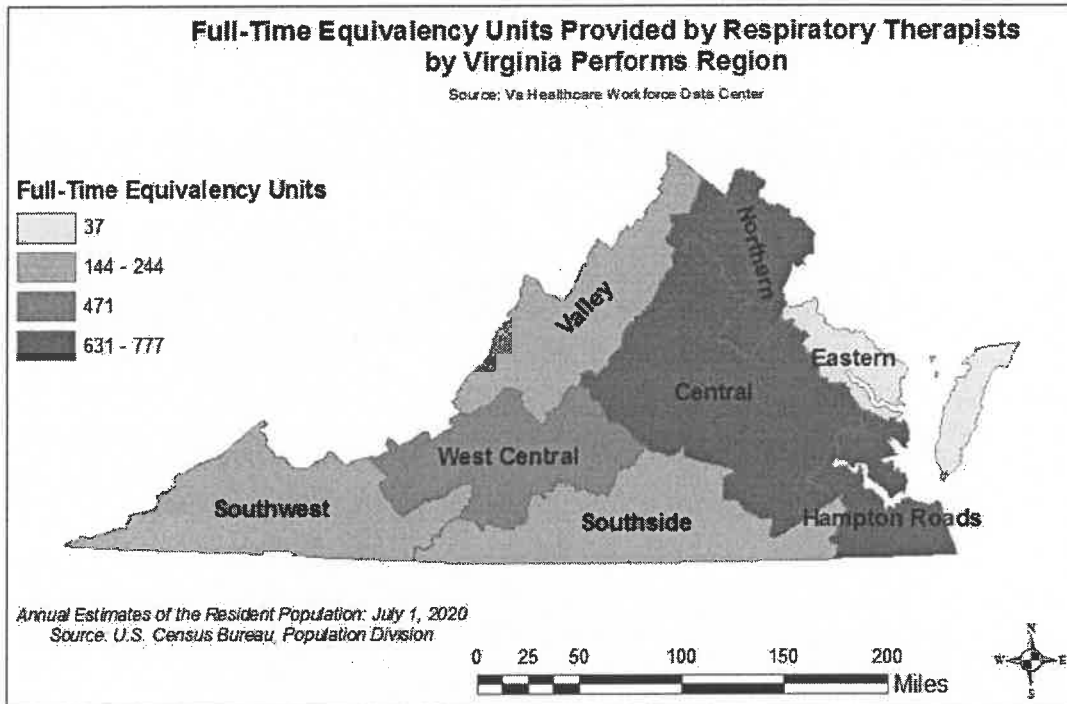


Source: Va. Healthcare Workforce Data Center

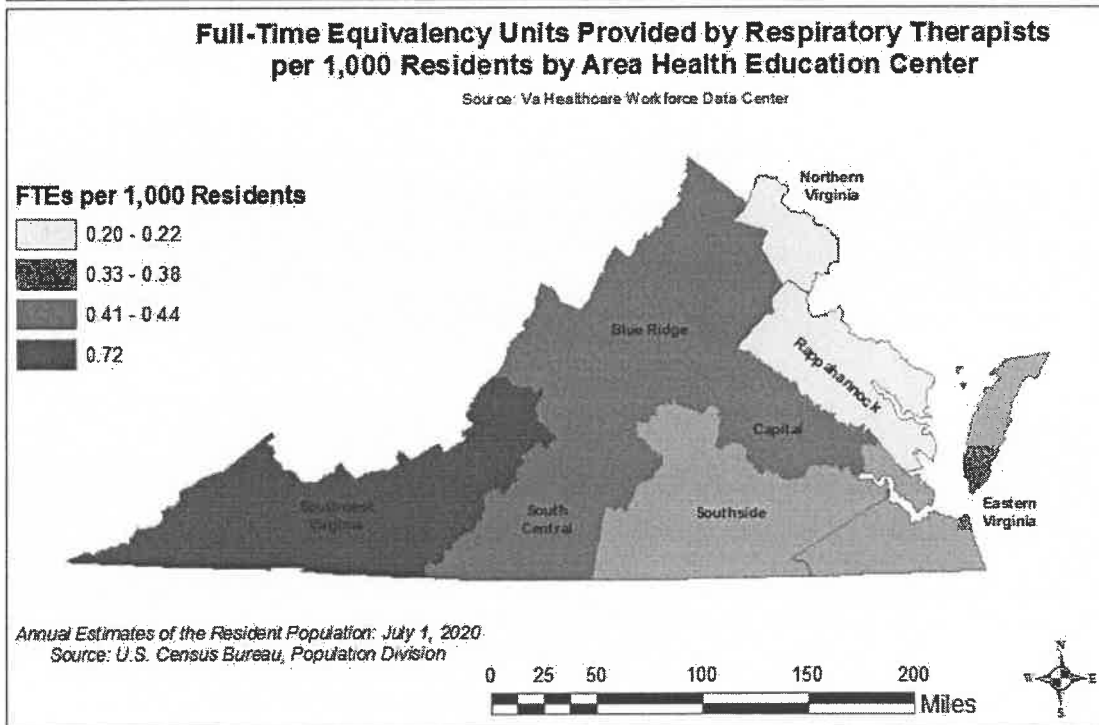
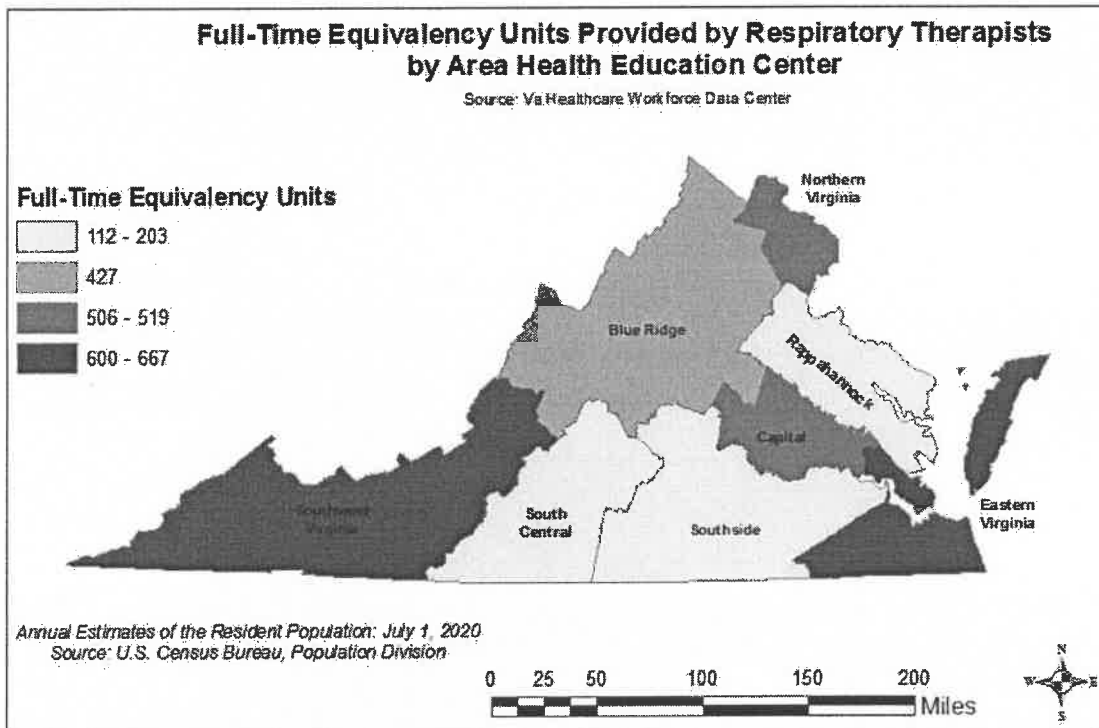
<sup>2</sup> Number of residents in 2020 was used as the denominator.

# Maps

## Virginia Performs Regions

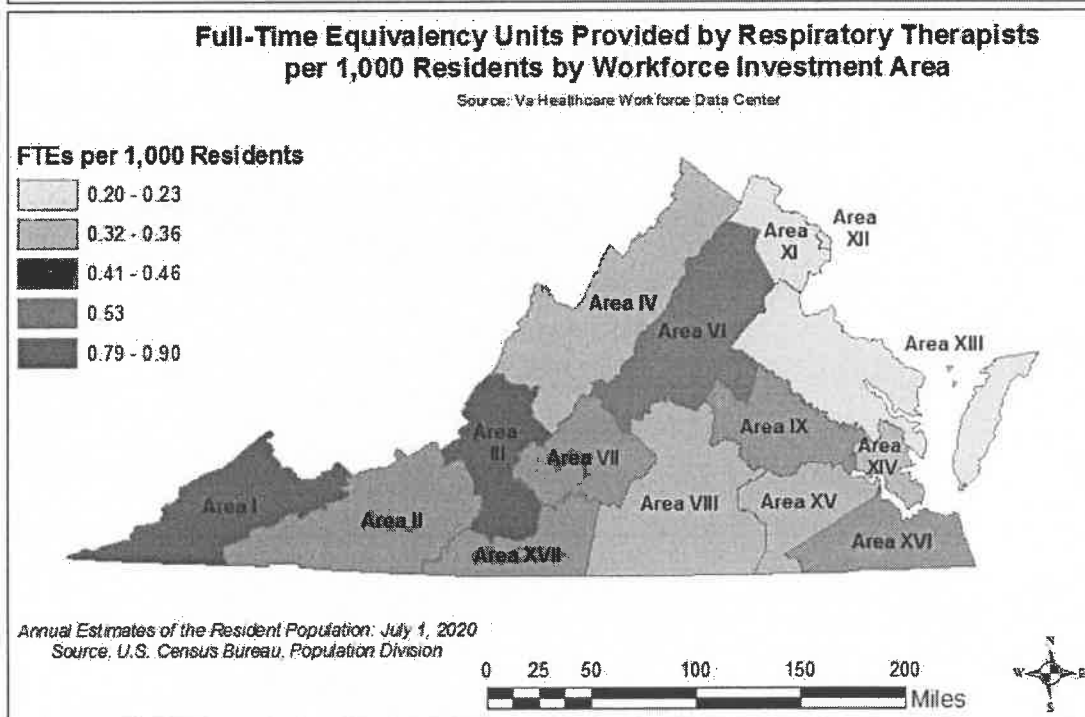
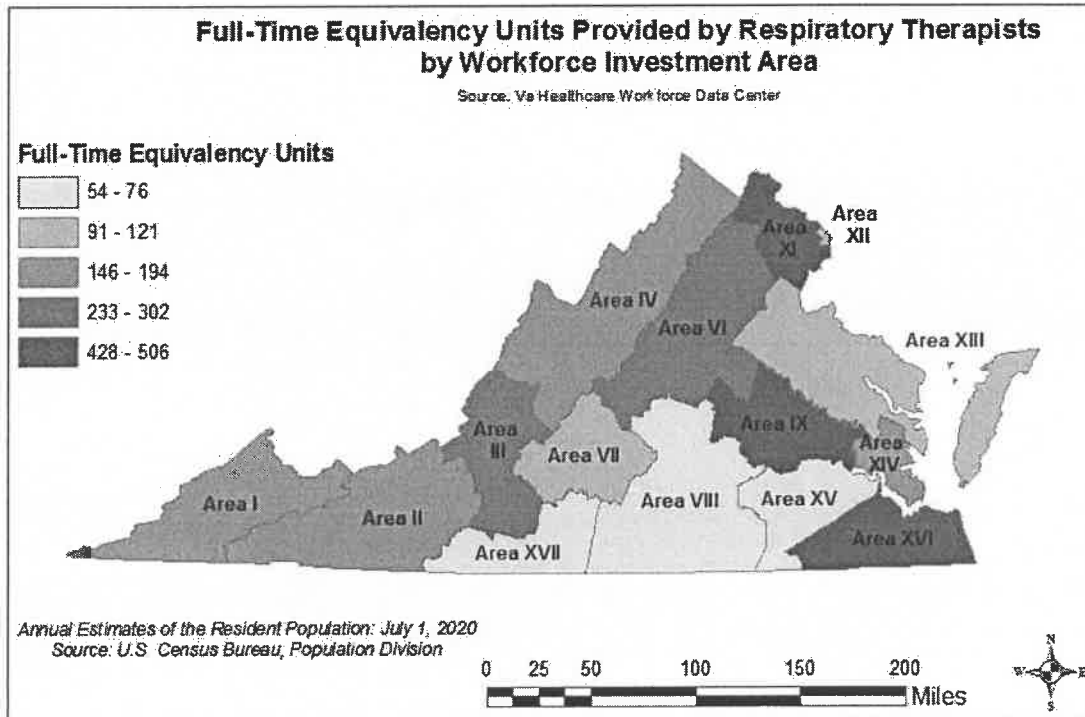


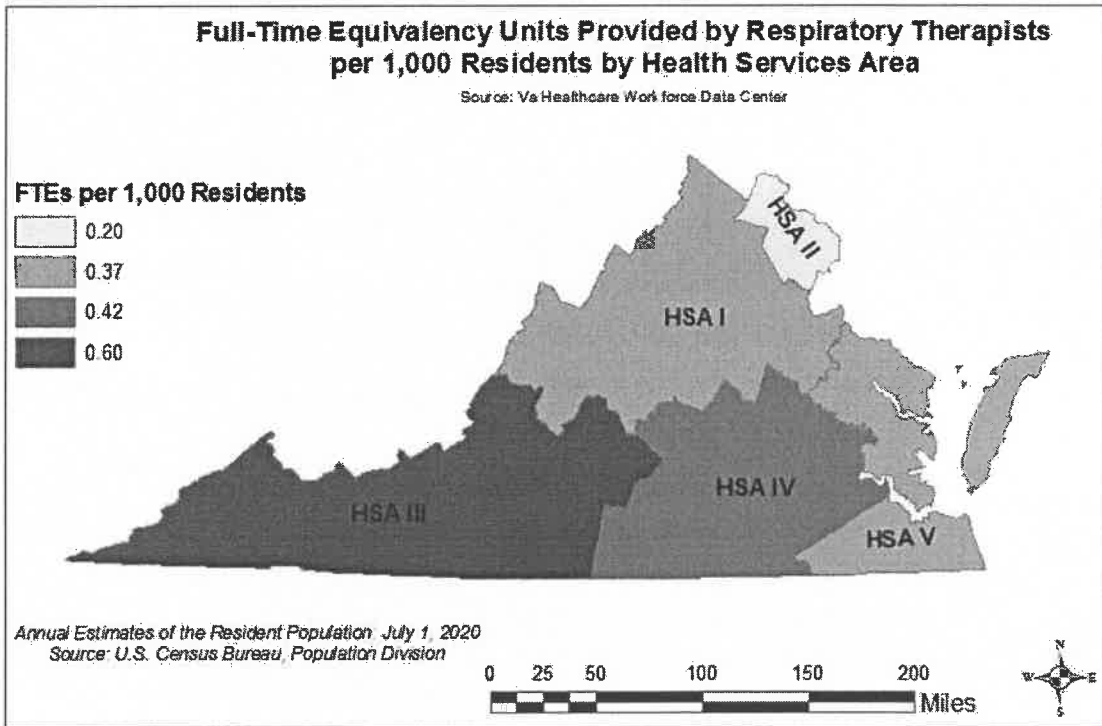
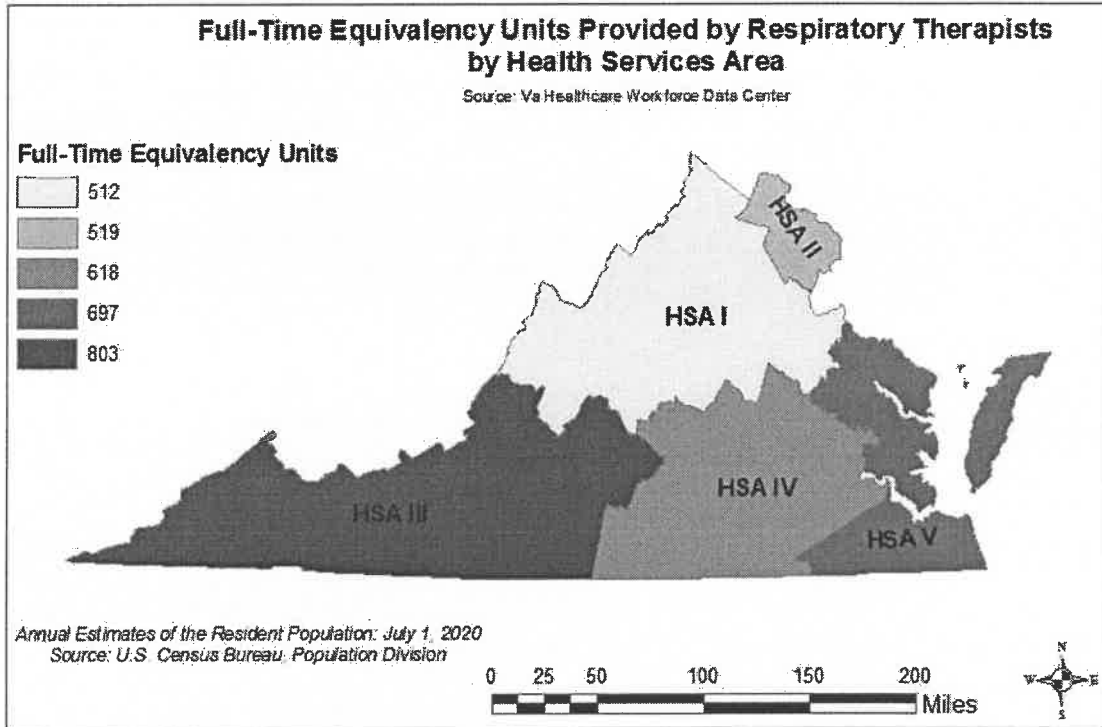
Area Health Education Center Regions

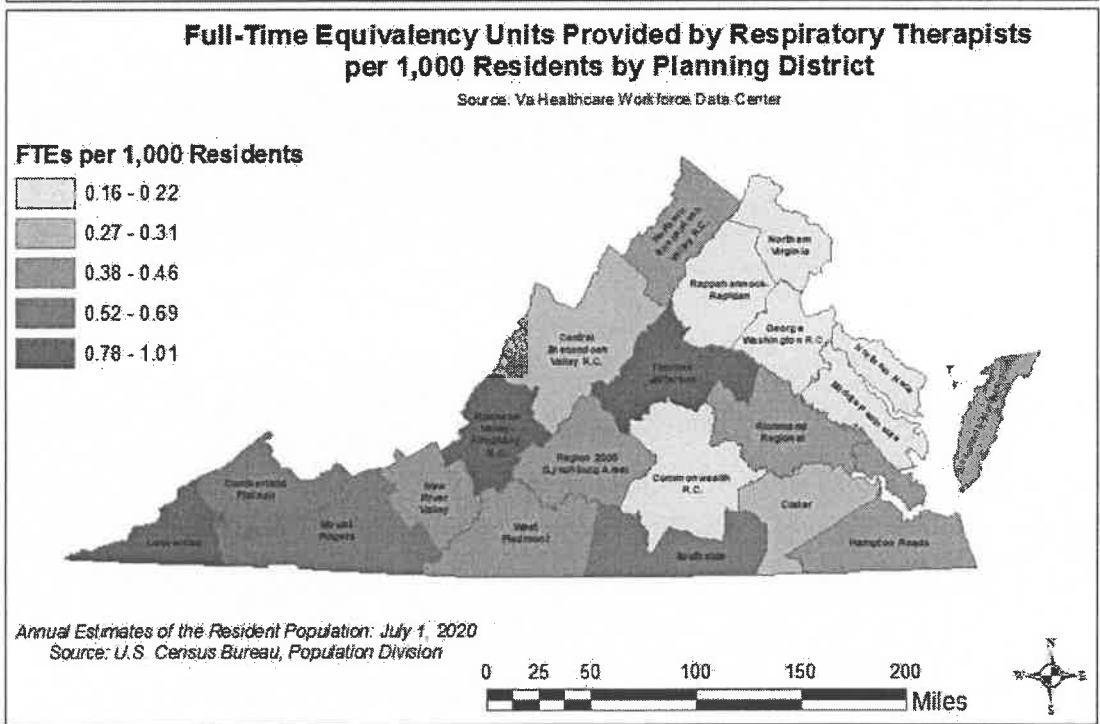
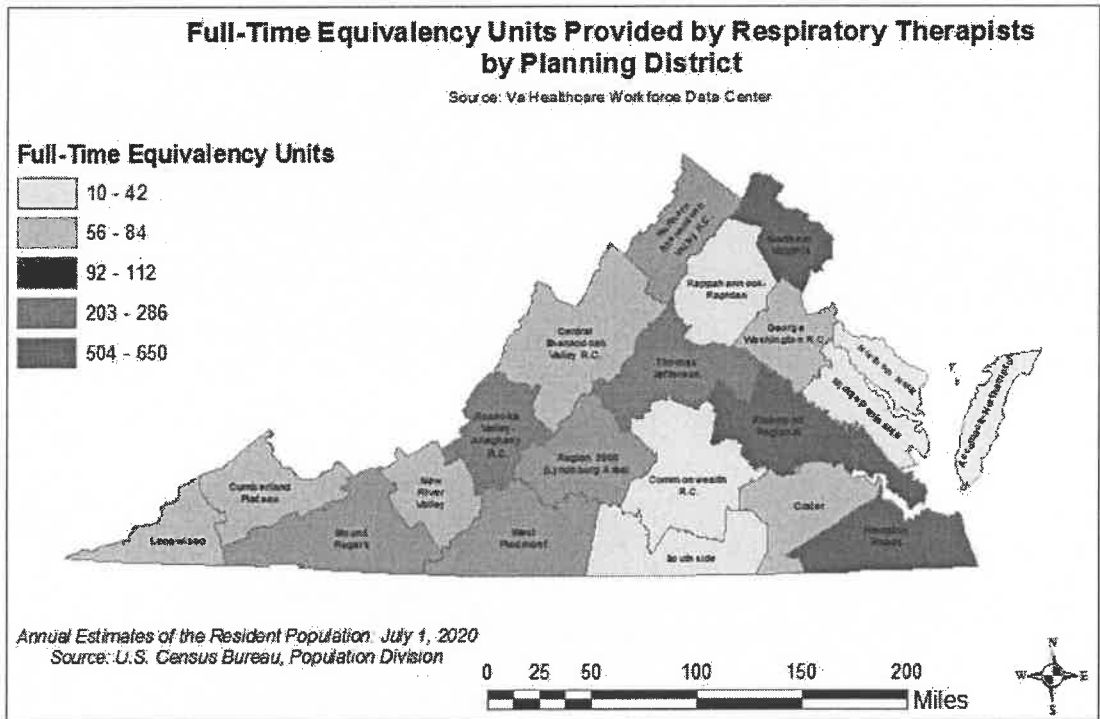




# Workforce Investment Areas







## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	1,896	80.80%	1.238	1.092	1.860
<b>Metro, 250,000 to 1 Million</b>	484	84.92%	1.178	1.039	1.770
<b>Metro, 250,000 or Less</b>	334	82.34%	1.215	1.072	1.825
<b>Urban, Pop. 20,000+, Metro Adj.</b>	91	86.81%	1.152	1.016	1.731
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	148	80.41%	1.244	1.097	1.869
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	189	83.07%	1.204	1.062	1.809
<b>Rural, Metro Adj.</b>	91	69.23%	1.444	1.274	2.171
<b>Rural, Non-Adj.</b>	67	80.60%	1.241	1.095	1.864
<b>Virginia Border State/D.C.</b>	721	58.95%	1.696	1.497	2.549
<b>Other U.S. State</b>	547	49.91%	2.004	1.768	3.011

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	389	49.36%	2.026	1.731	3.011
<b>30 to 34</b>	501	67.47%	1.482	1.266	2.203
<b>35 to 39</b>	587	72.40%	1.381	1.180	2.053
<b>40 to 44</b>	571	77.76%	1.286	1.099	1.911
<b>45 to 49</b>	568	79.23%	1.262	1.078	1.876
<b>50 to 54</b>	595	83.36%	1.200	1.025	1.783
<b>55 to 59</b>	552	84.06%	1.190	1.016	1.768
<b>60 and Over</b>	805	71.93%	1.390	1.188	2.066

Source: Va. Healthcare Workforce Data Center

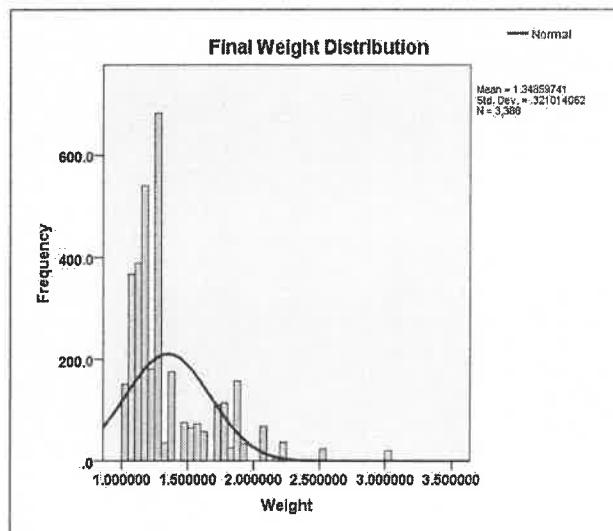
See the Methods section on the HWDC website for details on HWDC methods:

<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: 0.741681**



Source: Va. Healthcare Workforce Data Center

**VIRGINIA ACTS OF ASSEMBLY -- 2022 RECONVENED SESSION**

**CHAPTER 764**

*An Act to amend and reenact § 54.1-2955 of the Code of Virginia, relating to practice of respiratory therapists; practice pending licensure; emergency.*

[H 745]

Approved April 27, 2022

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2955 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2955. Restriction of titles.**

*A. It is unlawful for any person not holding a current and valid license from the Virginia Board of Medicine to practice as a respiratory therapist or to assume the title "Respiratory Therapist" or to use, in conjunction with his name, the letters "RT."*

*B. Notwithstanding the provisions of subsection A, a person who has graduated from an accredited respiratory therapy education program may practice with the title "Respiratory Therapist, License Applicant" or "RT-Applicant" until he has received a failing score on any examination required by the Board for licensure or six months from the date of graduation, whichever occurs sooner. Any person practicing pursuant to this subsection as shall be identified with the title "Respiratory Therapist, License Applicant" or "RT-Applicant" on any identification issued by an employer and in conjunction with any signature in the course of his practice.*

**2. That an emergency exists and this act in in force from its passage.**

VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

CHAPTER 464

*An Act to amend the Code of Virginia by adding a section numbered 54.1-2408.4, relating to out-of-state health care practitioners; temporary authorization to practice pending licensure; licensure by reciprocity for physicians; emergency.*

[S 317]

Approved April 11, 2022

**Be it enacted by the General Assembly of Virginia:**

**1. That the Code of Virginia is amended by adding a section numbered 54.1-2408.4 as follows:**

**§ 54.1-2408.4. Temporary authorization to practice.**

*A. A health care practitioner licensed, certified, or registered in another state or the District of Columbia may temporarily practice for one 90-day period, provided that the following conditions are met:*

*1. The practitioner is contracted by or has received an offer of employment in the Commonwealth from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department;*

*2. The employer or contractor verifies that the out-of-state health care provider possesses an active and unencumbered license, certification, or registration for the profession in which he will be employed or contracted in another state or the District of Columbia;*

*3. The employer or contractor obtains a report from the National Practitioner Data Bank if the applicant is subject to reporting; and*

*4. Prior to the out-of-state health care practitioner's practicing, the employer or contractor notifies the appropriate health regulatory board that the out-of-state health care practitioner is employed or under contract and will practice under the temporary authorization. This notice shall include the out-of-state health care practitioner's out-of-state license, certification, or registration number and a statement that such practitioner meets all of the requirements set forth in this section.*

*B. If the health care practitioner practicing with a temporary authorization has submitted an application for licensure, certification, or registration, the applicable health regulatory board shall expedite such applications for out-of-state health care practitioners practicing pursuant to this section. If licensure, certification, or registration remains pending after the initial 90-day temporary authorization, the authorization may be extended for an additional 60 days, provided that the employer or contractor submits notice to the applicable health regulatory board.*

*C. Out-of-state health care practitioners practicing pursuant to this section shall be subject to the laws and regulations of the Commonwealth and shall be subject to disciplinary action by the applicable health regulatory board.*

**2. That the Board of Medicine shall pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. Such agreements shall include a provision that, as a requirement for reciprocal licensure, the applicant shall not be the subject of any pending disciplinary actions in the reciprocal jurisdiction. The Board of Medicine shall grant a license by reciprocity to a physician who meets the requirements for licensure by reciprocity within 20 days of receipt of an application that complies with the criteria established in the applicable reciprocity agreement and in an expedited manner consistent with the Commonwealth's reciprocal agreements with each surrounding jurisdiction.**

**3. That the Department of Health Professions shall, beginning July 1, 2023, annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure.**

**4. That an emergency exists and this act is in force from its passage.**

**Agenda Item: Recommend full Board amend Bylaws for Advisory Board on Respiratory Care**

**Included in your agenda package are:**

Suggested amendments to Bylaws for the Advisory Board on Respiratory Care

**Action needed:**

- Consider any additional changes needed
- Motion to recommend full Board amend Bylaws as presented or amended

# BYLAWS



**Virginia Board of Medicine**  
∞  
**Advisory Board on Respiratory Care**





Revised: May 24, 2022

**BYLAWS FOR  
THE ADVISORY BOARD ON RESPIRATORY CARE**

**Article I - Members of the Advisory Board**

The appointments and limitations of service of the members shall be in accordance with Section 54.1-2954.1 and 54.1-2956 of the Code of Virginia.

**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 respiratory therapists.

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.

Revised: May 24, 2022

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 regular meeting, it shall be presented as a recommendation for consideration to the Board of Medicine at its next regular meeting.