Virginia Department of Health Professions
Board of Medicine

Welcome to the Advisory Board on Respiratory Therapy

The Virginia Board of Medicine will hold an electronic meeting of the Advisory Board on Respiratory Therapy on **October 6, 2020 at 1:00 P.M**. This meeting will be supported by Cisco WebEx Meetings application.

For the best WebEx experience, you may wish to download the Cisco WebEx Meeting application on your mobile device, tablet or laptop in advance of the meeting. Please note that WebEx will make an audio recording of the meeting for posting.

This electronic meeting is deemed warranted under Amendment 28 to HB29 based on that requiring in-person attendance by the Advisory Board members is impracticable or unsafe to assemble in a single location.

Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to **william.harp@dhp.virginia.gov** no later than 8:00 a.m. on October 6, 2020 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman.

Whether you are a member of the Advisory Board or a member of the public, you can join the meeting in the following ways.

- **JOIN BY WEBEX**

https://covaconf.webex.com/covaconf/j.php?MTID=m390a13d357e3ae02b7e531c1ed383c13
Meeting number (access code): 171 140 0715

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+1-517-466-2023 US Toll
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Meeting number (access code): 171 140 0715

TECHNICAL DIFFICULTIES: Should you experience technical difficulties, you may call the following number: (804) 367-4558 for assistance. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

The Board of Medicine and the Freedom of Information Act Council are interested in your evaluation of the electronic experience of this meeting. You can provide comment via the following form **HERE**.

Advisory Board on Respiratory Therapy

Virginia Board of Medicine

October 6, 2020

1:00 p.m.

Advisory Board on Respiratory Therapy

Board of Medicine

Tuesday, October 6, 2020 @ 1:00 p.m.

9960 Mayland Drive, Suite 300, Henrico, VA

Electronic Meeting

---DRAFT UNAPPROVED---

Advisory Board on Respiratory Therapy
Minutes
May 21, 2019

The Advisory Board on Respiratory Therapy met on Tuesday, October 2, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, VA

MEMBERS PRESENT:	Shari Toomey, RRT, Chair Daniel Gochenour, RRT, Vice Chair Bruce Rubin, MD Santiera Brown, RRT
MEMBERS ABSENT:	Denver Supinger
STAFF PRESENT:	William L. Harp, M.D., Executive Director Elaine Yeatts, DHP Senior Policy Analyst Colanthia Morton Opher, Deputy for Administration
GUESTS PRESENT:	Yetty Shobo, PhD, Healthcare Workforce Data Center Mark Hickman, CSG

Call TO ORDER

Ms. Toomey called the meeting to order at 1:10 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Ms. Opher called the roll, and a quorum was declared.

APPROVAL OF THE MINUTES OF OCTOBER 2, 2018

Mr. Gouchenour moved to approve the minutes of October 2, 2018. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Mr. Gouchenour moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

---DRAFT UNAPPROVED---

NEW BUSINESS

1. Report from the 2019 General Assembly

Dr. Brown reported on the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

Dr. Harp provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

Both of these reports were for information only and did not require any action.

2. NBRC Specialty Exam Counting as Continuing Education Hours

The FAQ's from the American Association of Respiratory Care website were reviewed. Ms. Toomey spoke to question #6, "How many hours do I need to renew my AE-C credential with the National Asthma Educator Certification Board (NAECB)?" and to question # 15, "I took this course last year. Can I take it again for credit?" She asked if this is acceptable for meeting the continuing education requirements for license renewal.

Dr. Harp said the FAQ's did not provide any information about accepting passage of an NBRC specialty examination as CE hours.

MOTION: After some discussion, the members asked that the Board consider amending 18VAC85-40-66. Continuing Education Requirements to include the following:

4. Passage of a National Board of Respiratory Care specialty exam shall be counted as 20 hours.

3. Tracking of RT's Credentialed after July 1, 2002 for Maintenance of NBRC

Ms. Toomey provided the members with NBRC's maintenance requirements prior to and after 2002. She stated that if the required documentation is not submitted, the individual would lose their certification. Dr. Harp pointed out that the Board does not require most professions to maintain membership in national organizations or credentialing bodies, but rather it requires that licensees obtain the same number of continuing education credits as do the national organizations or credentialing bodies.

4. Employment Under a Temporary License Until a Full License is Issued.

.The members reviewed the following regulations that represent the array of options for practice prior to the issuance of a full license.

- 18VAC-120-75. Temporary Authorization to Practice
- 18VAC 85-120-80. Provisional Licensure
- 18VAC85-80-45. Practice by a Graduate Awaiting Examination Results

- 18VAC85-140-45. Practice As a Student or Trainee
- 18VAC85-50-55. Provisional Licensure
- 18VAC85-170-60. Licensure Requirements

Dr. Harp said he was in favor of some accommodation for all the allied professions, and that if possible, have the exemptions be as uniform as possible.

MOTION: After further discussion, Ms. Toomey moved to recommend to the Board that the language of the Occupational Therapy regulations be adopted in the regulations of Respiratory Therapy. The OT regulations are based on the following statutory language.

§ 54.1-2956.5. Unlawful to practice occupational therapy without license

B. However, a person who has graduated from a duly accredited occupational therapy assistant education program may practice with the title "Occupational Therapy Assistant, License Applicant" or "O.T.A.-Applicant" until he has received a failing score on any examination required by the Board or until six months from the date of graduation, whichever occurs sooner.

The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Ms. Opher provided a report on the processing days for licensure.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:43 p.m.

NEXT SCHEDULED MEETING

October 1, 2019 at 1:00 p.m.

Shari Toomey, RRT, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Deputy Executive, Administration

DRAFT

Virginia's Respiratory Therapist Workforce: 2019

Healthcare Workforce Data Center

February 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466 (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/

Nearly 3,300 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 your 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	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

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Contents

The Respiratory Therapist Workforce: At a Glance:

The Workforce

Licensees:	4,344
Virginia's Workforce:	3,709
FTEs:	3,196

Survey Response Rate

All Licensees:	76%
Renewing Practitioners:	93%

Demographics

Female:	72%
Diversity Index:	44%
Median Age:	47

Background

Rural Childhood:	43%
HS Degree in VA:	54%
Prof. Degree in VA:	63%

Education

Associate:	77%
Baccalaureate:	18%

Finances

Median Income:	$50k-$60k
Health Benefits:	70%
Under 40 w/ Ed. Debt:	56%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	68%
Satisfied?:	95%

Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	73%

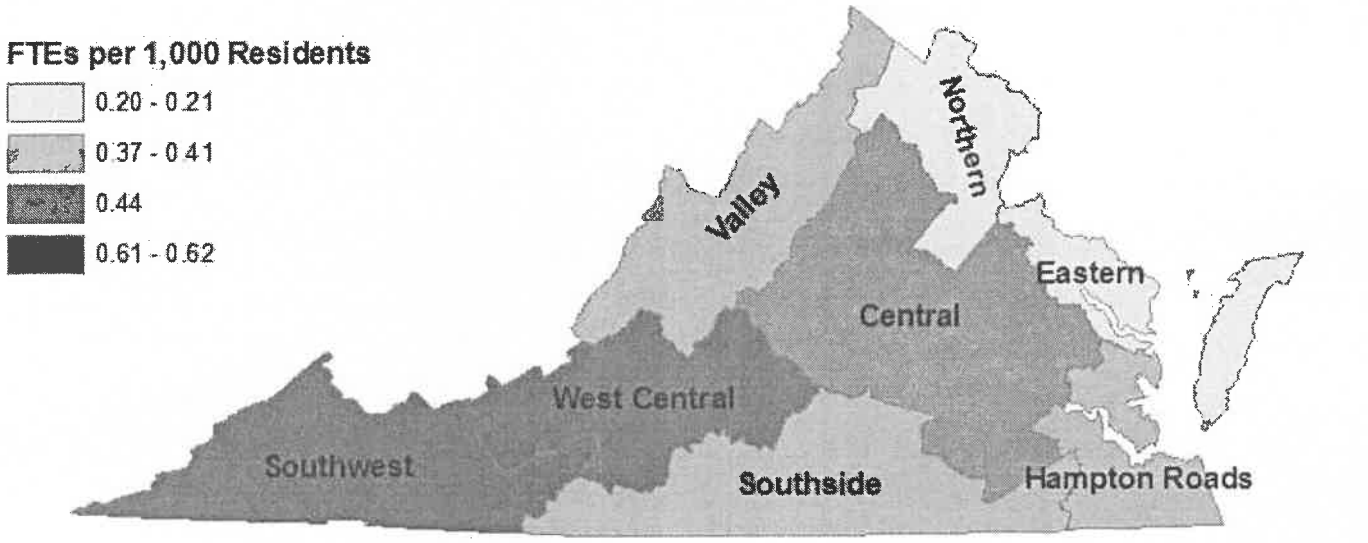
Primary Roles

Client Care:	82%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division

0 25 50 100 150 200 Miles

Results in Brief

This report contains the results of the 2019 Respiratory Therapist Workforce Survey. Nearly 3,300 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 76% of the 4,344 RTs who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 3,709 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 3,196 "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 77% of those RTs who are under the age of 40. In a random encounter between two RTs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. This is below the diversity index of 57% for Virginia's population as a whole. More than 40% of all RTs grew up in a rural area, and more than one-quarter of these professionals currently work in non-metro areas of Virginia. In total, 14% of all RTs work in non-metro areas of the state.

More than 90% of all RTs are currently employed in the profession, 68% hold one full-time job, and 32% work between 40 and 49 hours per week. More than 90% of all RTs work in the private sector, including 53% who are employed in the non-profit sector. With respect to establishment types, 61% of RTs work in the inpatient department of hospitals, while another 7% work at academic institutions. The typical RT earns between $50,000 and $60,000 per year. In addition, 86% of RTs receive at least one employer-sponsored benefit, including 70% who have access to health insurance. Nearly all RTs indicate that they are satisfied with their current work situation, including 64% who indicate that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to those of the 2015 respiratory therapist workforce. The number of licensed RTs in Virginia has increased by 1% (4,344 vs. 4,291). In addition, Virginia's licensed RTs are more likely to respond to this survey (76% vs. 68%). On the other hand, the size of Virginia's RT workforce has remained essentially flat (3,709 vs. 3,706), and the number of FTEs provided by this workforce has fallen by 3% (3,196 vs. 3,310).

Virginia's RT workforce is more likely to be female (72% vs. 70%). This is also true among those RTs who are under the age of 40 (77% vs. 75%). Virginia's RTs have also become more diverse. The diversity index of Virginia's RT workforce has increased (44% vs. 41%). This increase has come at a time when the diversity index of the state's overall population has increased as well (57% vs. 55%). Virginia's RT workforce is slightly less likely to have grown up in a rural area (43% vs. 44%). However, those RTs who grew up in rural areas are now more likely to work in non-metro areas of Virginia (26% vs. 24%). Overall, RTs are slightly more likely to work in non-metro areas of the state (14% vs. 13%).

Virginia's RTs are relatively more likely to earn a baccalaureate degree (18% vs. 15%) instead of an associate degree (77% vs. 80%) as their highest professional degree. At the same time, Virginia RTs are more likely to carry education debt (36% vs. 34%). This is also the case among those RTs who are under the age of 40 (56% vs. 55%). However, the median debt amount among those RTs with education debt has remained constant at between $20,000 and $30,000.

Although RTs in the state are just as likely to be employed in the profession, they are somewhat less likely to hold one full-time job (68% vs. 70%) or work between 40 and 49 hours per week (32% vs. 33%). At the same time, RTs are less likely to be either underemployed (2% vs. 4%) or involuntarily unemployed (1% vs. 2%). The median annual income of this workforce has not changed, but these professionals are more likely to receive health insurance (70% vs. 69%) and retirement benefits (68% vs. 66%) from their employers. Virginia's RTs are just as satisfied with their current work situation as before, but fewer RTs indicate that they are "very satisfied" (64% vs. 67%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,535	81%
New Licensees	224	5%
Non-Renewals	585	13%
All Licensees	4,344	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 76% of all RTs who held a license at some point in 2019.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2019 on the birth month of each practitioner.
2. **Target Population:** All RTs who held a Virginia license at some point in 2019.
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 2019.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	139	225	62%
30 to 34	163	353	68%
35 to 39	123	392	76%
40 to 44	107	415	80%
45 to 49	110	449	80%
50 to 54	94	464	83%
55 to 59	82	450	85%
60 and Over	233	545	70%
Total	1,051	3,293	76%
New Licenses			
Issued in 2019	224	0	0%
Metro Status			
Non-Metro	99	473	83%
Metro	546	2,221	80%
Not in Virginia	406	599	60%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,293
Response Rate, All Licensees	76%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number: 4,344
New: 5%
Not Renewed: 13%

Survey Response Rates

All Licensees: 76%
Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2019 RT Workforce:	3,709
FTEs:	3,196

Utilization Ratios

Licensees in VA Workforce:	85%
Licensees per FTE:	1.36
Workers per FTE:	1.16

Source: Va. Healthcare Workforce Data Center

Definitions

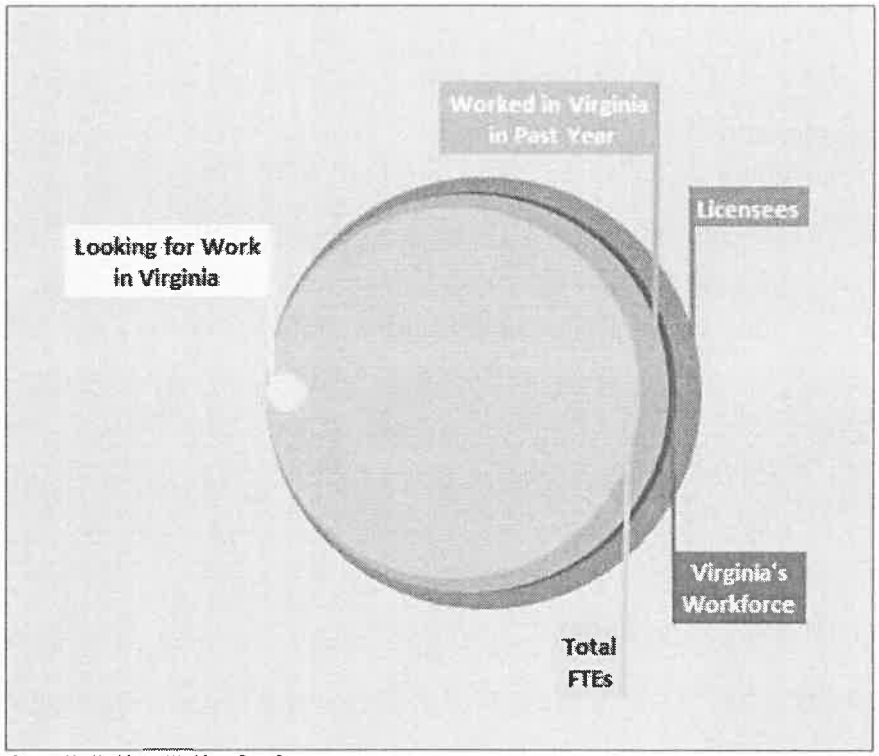
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Virginia's RT Workforce

Status	#	%
Worked in Virginia in Past Year	3,674	99%
Looking for Work in Virginia	35	1%
Virginia's Workforce	3,709	100%
Total FTEs	3,196	
Licensees	4,344	

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 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	48	16%	255	84%	303	9%
30 to 34	110	26%	311	74%	421	13%
35 to 39	105	25%	317	75%	422	13%
40 to 44	100	26%	289	74%	388	12%
45 to 49	124	29%	305	71%	430	13%
50 to 54	144	35%	266	65%	410	13%
55 to 59	107	28%	271	72%	379	12%
60 and Over	197	38%	328	62%	525	16%
Total	**935**	**29%**	**2,342**	**72%**	**3,277**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	61%	2,408	73%	789	69%
Black	19%	530	16%	189	17%
Asian	7%	154	5%	72	6%
Other Race	0%	52	2%	18	2%
Two or More Races	3%	67	2%	27	2%
Hispanic	10%	104	3%	48	4%
Total	**100%**	**3,315**	**100%**	**1,143**	**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, 2018.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	72%
% Under 40 Female:	77%

Age

Median Age:	47
% Under 40:	35%
% 55 and Over:	28%

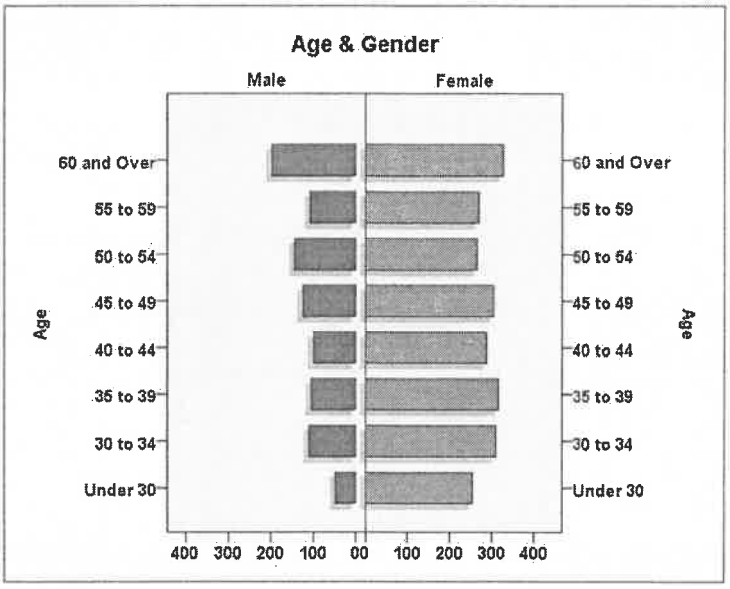
Diversity

Diversity Index:	44%
Under 40 Div. Index:	49%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 44% 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 57%.

More than one-third of RTs are under the age of 40, and 77% of these professionals are female. In addition, the diversity index among RTs who are under the age of 40 is 49%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	17%
Rural Childhood:	43%

Virginia Background

HS in Virginia:	54%
Prof. Education in VA:	63%
HS/Prof. Edu. in VA:	67%

Location Choice

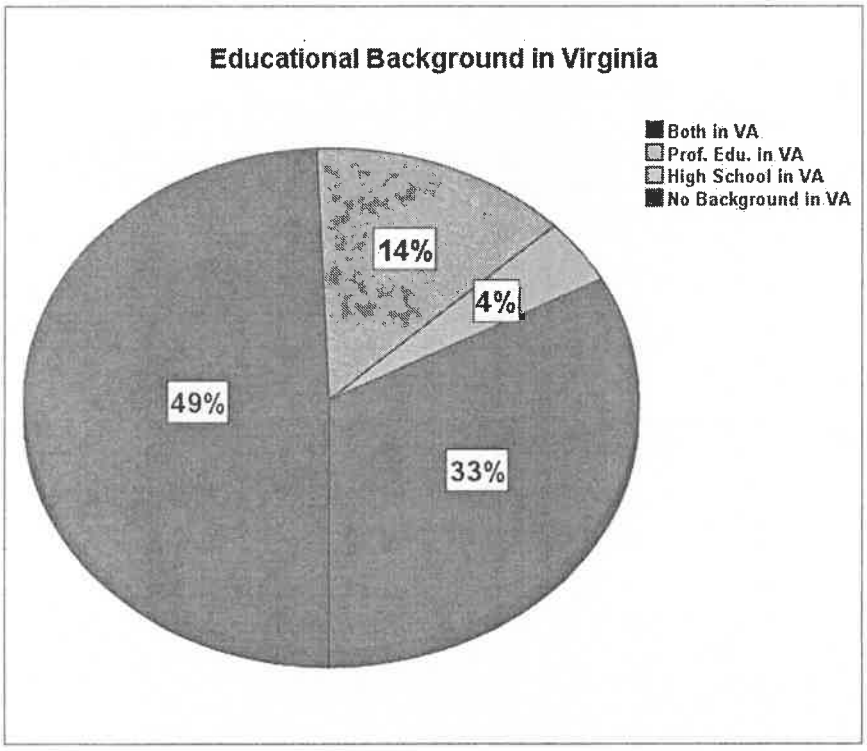
% Rural to Non-Metro:	26%
% Urban/Suburban to Non-Metro:	4%

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+	26%	51%	23%
2	Metro, 250,000 to 1 Million	59%	32%	9%
3	Metro, 250,000 or Less	55%	35%	10%
	Non-Metro Counties			
4	Urban Pop., 20,000+, Metro Adjacent	74%	17%	10%
6	Urban Pop., 2,500-19,999, Metro Adjacent	74%	17%	10%
7	Urban Pop., 2,500-19,999, Non-Adjacent	93%	4%	3%
8	Rural, Metro Adjacent	74%	24%	3%
9	Rural, Non-Adjacent	86%	14%	0%
	Overall	**43%**	**40%**	**17%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 40% of RTs grew up in rural areas, and 26% of these professionals currently work in non-metro counties. Overall, 14% of all RTs currently work in non-metro counties.

Top Ten States for Respiratory Therapist Recruitment

All Respiratory Therapists				
Rank	High School	#	Professional School	#
1	Virginia	1,780	Virginia	2,067
2	Outside U.S./Canada	206	Maryland	156
3	New York	137	California	138
4	Maryland	134	North Carolina	97
5	Pennsylvania	129	Pennsylvania	78
6	West Virginia	108	Texas	68
7	North Carolina	100	New York	67
8	California	75	West Virginia	64
9	Ohio	73	Florida	63
10	Florida	69	Ohio	52

Source: Va. Healthcare Workforce Data Center

More than half of all licensed RTs received their high school degree in Virginia, and 63% received their initial professional degree in the state.

Among those RTs who received their license in the past five years, 43% received their high school degree in Virginia, while 53% received their initial professional degree in the state.

Licensed in the Past Five Years				
Rank	High School	#	Professional School	#
1	Virginia	290	Virginia	357
2	Outside U.S./Canada	55	North Carolina	46
3	North Carolina	41	Maryland	44
4	Maryland	32	California	34
5	California	30	Texas	19
6	West Virginia	22	West Virginia	18
7	Florida	20	Pennsylvania	15
8	Pennsylvania	19	Florida	14
9	New York	18	New York	11
10	Ohio	15	New Jersey	11

Source: Va. Healthcare Workforce Data Center

More than one out of every ten licensed RTs did not participate in Virginia's workforce in 2019. More than 90% of these RTs worked at some point in the past year, including 87% who are currently employed as RTs.

At a Glance:

Not in VA Workforce

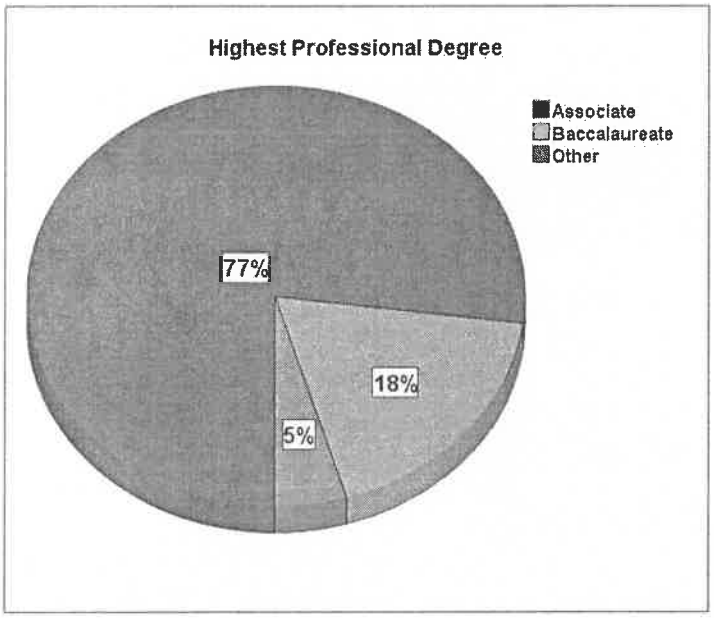
Total:	635
% of Licensees:	15%
Federal/Military:	5%
Va. Border State/D.C.:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate	2,467	77%
Baccalaureate	586	18%
Post-Graduate Certificate	90	3%
Master's	52	2%
Doctoral	6	0%
Total	3,202	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all RTs carry education debt, including 56% of those under the age of 40. For those with education debt, the median amount is between $20,000 and $30,000.

At a Glance:

Education

Associate: 77%
Baccalaureate: 18%

Education Debt

Carry Debt: 36%
Under Age 40 w/ Debt: 56%
Median Debt: $20k-$30k

Source: Va. Healthcare Workforce Data Center

More than three-quarters of all RTs hold an associate degree as their highest professional degree.

Education Debt				
Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	1,859	64%	446	44%
Less than $10,000	208	7%	97	10%
$10,000-$19,999	232	8%	140	14%
$20,000-$29,999	158	5%	85	8%
$30,000-$39,999	119	4%	61	6%
$40,000-$49,999	90	3%	54	5%
$50,000-$59,999	59	2%	35	3%
$60,000-$69,999	62	2%	35	3%
$70,000-$79,999	43	1%	27	3%
$80,000-$89,999	19	1%	8	1%
$90,000-$99,999	13	0%	6	1%
$100,000 or More	63	2%	25	2%
Total	2,927	100%	1,019	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Critical Care:	52%
Neonatal-Pediatrics:	27%
Long-Term Care:	21%

Top Certifications

Registered RT:	70%
Certified RT:	49%
Neonatal/Pediatric:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications

Certification	#	% of Workforce
Registered Respiratory Therapist (RRT)	2,589	70%
Certified Respiratory Therapist (CRT)	1,832	49%
Neonatal/Pediatric Specialty (NPS)	312	8%
Adult Critical Care Specialty (ACCS)	251	7%
Certified Pulmonary Function Technologist (CPFT)	148	4%
Registered Pulmonary Function Technologist (RPFT)	75	2%
Registered Polysomnographic Technologist (RPSGT)	69	2%
Certified Asthma Educator (AE-C)	50	1%
Sleep Disorders Specialty (SDS)	14	0%
Other	63	2%
At Least One Certification	**3,271**	**88%**

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties

Specialty	#	% of Workforce
Critical Care	1,923	52%
Neonatal-Pediatrics	988	27%
Long-Term Care	773	21%
Home Care	607	16%
Education	461	12%
Pulmonary Diagnostics	451	12%
Pulmonary Rehab	370	10%
Polysomnography/Sleep Disorders	216	6%
Surface & Air Transport	163	4%
ECMO/ECLS	118	3%
Case Management	95	3%
Other	138	4%
At Least One Specialization	**2,720**	**73%**

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all RTs have at least one certification, including 70% who are certified as Registered Respiratory Therapists. Nearly three-quarters of RTs have at least one specialization, including 52% who specialize in critical care.

At a Glance:

Employment

Employed in Profession:	94%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-Time:	68%
2 or More Positions:	17%

Weekly Hours:

40 to 49:	32%
60 or More:	4%
Less than 30:	12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in an RT-Related Capacity	3,134	94%
Employed, NOT in an RT-Related Capacity	124	4%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	11	< 1%
Voluntarily Unemployed	44	1%
Retired	16	1%
Total	**3,329**	**100%**

Source: Va. Healthcare Workforce Data Center

More than 90% of RTs are currently employed in the profession, 68% have one full-time job, and 32% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	71	2%
One Part-Time Position	443	13%
Two Part-Time Positions	83	3%
One Full-Time Position	2,222	68%
One Full-Time Position & One Part-Time Position	392	12%
Two Full-Time Positions	15	0%
More than Two Positions	58	2%
Total	**3,284**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	71	2%
1 to 9 Hours	29	1%
10 to 19 Hours	113	3%
20 to 29 Hours	251	8%
30 to 39 Hours	1,386	43%
40 to 49 Hours	1,041	32%
50 to 59 Hours	210	6%
60 to 69 Hours	55	2%
70 to 79 Hours	38	1%
80 or More Hours	47	1%
Total	**3,241**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	9	0%
Less than $30,000	155	6%
$30,000-$39,999	210	9%
$40,000-$49,999	528	21%
$50,000-$59,999	569	23%
$60,000-$69,999	456	18%
$70,000-$79,999	263	11%
$80,000-$89,999	130	5%
$90,000-$99,999	62	3%
$100,000-$109,999	38	2%
$110,000-$119,999	20	1%
$120,000 or More	37	2%
Total	**2,476**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 70%
Retirement: 68%

Satisfaction
Satisfied: 95%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,097	64%
Somewhat Satisfied	1,008	31%
Somewhat Dissatisfied	122	4%
Very Dissatisfied	36	1%
Total	**3,263**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical RT earns between $50,000 and $60,000 per year. In addition, 86% of RTs receive at least one employer-sponsored benefit, including 70% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,425	77%	78%
Health Insurance	2,194	70%	69%
Dental Insurance	2,178	69%	68%
Retirement	2,123	68%	67%
Paid Sick Leave	1,970	63%	62%
Group Life Insurance	1,611	51%	52%
Signing/Retention Bonus	138	4%	4%
At Least One Benefit	**2,694**	**86%**	**85%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	676	18%
Switch Employers or Practices?	181	5%
Experience Voluntary Unemployment?	117	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	88	2%
Experience Involuntary Unemployment?	33	1%
Experienced At Least One	**958**	**26%**

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 2.8%.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched: 5%
New Location: 15%
Over 2 Years: 73%
Over 2 Yrs., 2nd Location: 48%

Employment Type

Hourly Wage: 85%
Salary/Commission: 12%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	54	2%	68	9%
Less than 6 Months	135	4%	90	12%
6 Months to 1 Year	151	5%	98	14%
1 to 2 Years	530	16%	124	17%
3 to 5 Years	665	21%	145	20%
6 to 10 Years	551	17%	101	14%
More than 10 Years	1,136	35%	98	14%
Subtotal	**3,222**	**100%**	**722**	**100%**
Did Not Have Location	60		2,941	
Item Missing	427		46	
Total	**3,709**		**3,709**	

Source: Va. Healthcare Workforce Data Center

Nearly three-fourths of all RTs have worked at their primary work location for more than two years.

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.

Employment Type		
Primary Work Site	#	%
Hourly Wage	2,079	85%
Salary/Commission	291	12%
By Contract/Per Diem	64	3%
Business/Practice Income	5	0%
Unpaid	5	0%
Subtotal	**2,444**	**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 2.4% and a high of 3.2%. The unemployment rate from December 2019 was still preliminary at the time of publication.

At a Glance:

Concentration

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

Locations

2 or More (2019):	23%
2 or More (Now*):	21%

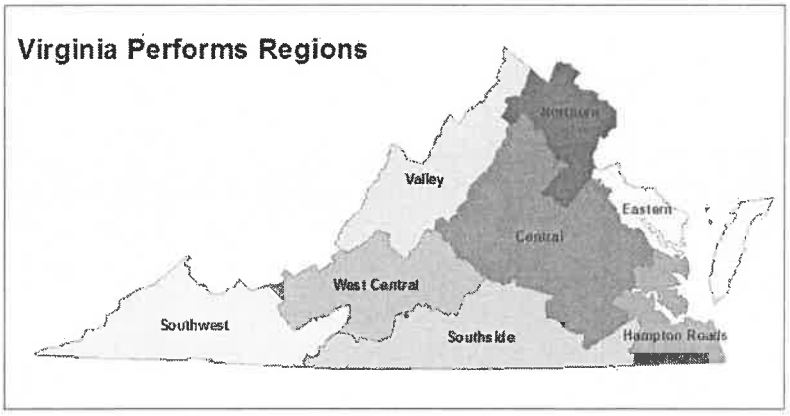
Source: Va. Healthcare Workforce Data Center

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	771	24%	152	20%
Hampton Roads	659	21%	144	19%
Northern	607	19%	148	20%
West Central	461	14%	94	13%
Southwest	253	8%	61	8%
Valley	210	7%	34	5%
Southside	147	5%	28	4%
Eastern	31	1%	6	1%
Virginia Border State/D.C.	29	1%	30	4%
Other U.S. State	40	1%	51	7%
Outside of the U.S.	0	0%	1	0%
Total	**3,208**	**100%**	**749**	**100%**
Item Missing	440		19	

Source: Va. Healthcare Workforce Data Center



More than 20% of all RTs currently have multiple work locations, while 23% have had multiple work locations in the past year.

Number of Work Locations				
Locations	Work Locations in 2019		Work Locations Now*	
	#	%	#	%
0	34	1%	71	2%
1	2,453	76%	2,503	77%
2	474	15%	434	13%
3	245	8%	214	7%
4	17	1%	9	0%
5	3	0%	3	0%
6 or More	23	1%	14	0%
Total	**3,248**	**100%**	**3,248**	**100%**

*At the time of survey completion, January-December 2019.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,198	39%	357	52%
Non-Profit	1,619	53%	277	41%
State/Local Government	155	5%	40	6%
Veterans Administration	51	2%	3	0%
U.S. Military	48	2%	5	1%
Other Federal Government	9	0%	1	0%
Total	**3,080**	**100%**	**683**	**100%**
Did Not Have Location	60		2,941	
Item Missing	569		85	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

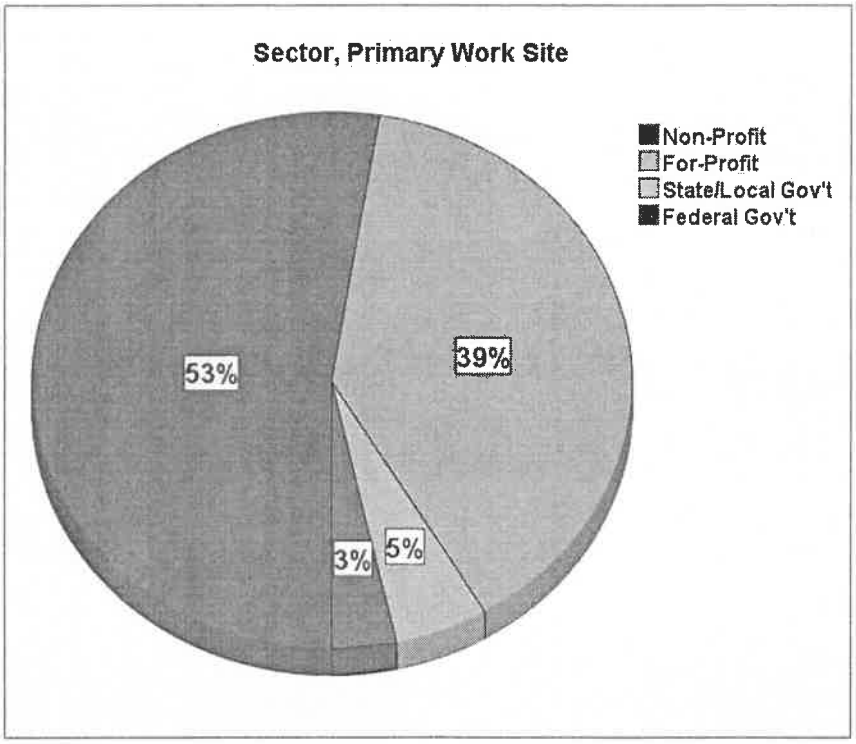
For-Profit:	39%
Federal:	4%

Top Establishments

Hospital, Inpatient:	61%
Academic Institution:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

More than 90% of RTs work in the private sector, including 53% who work at non-profit establishments.



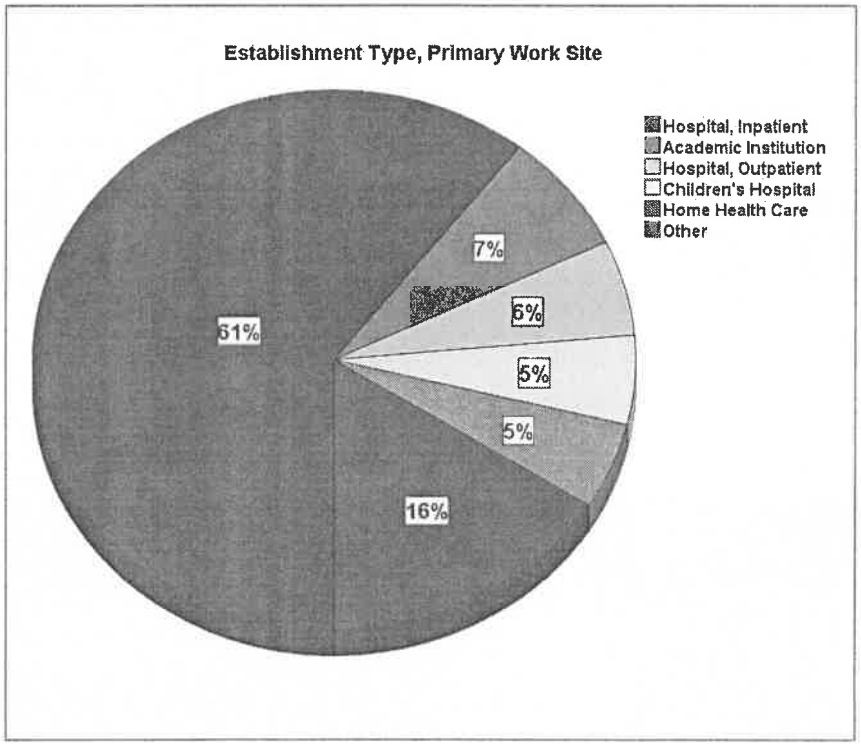
Source: Va. Healthcare Workforce Data Center

Top Ten Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient	1,796	61%	327	49%
Academic Institution	216	7%	39	6%
General Hospital, Outpatient	170	6%	30	5%
Children's Hospital	158	5%	27	4%
Home Health Care	154	5%	46	7%
Rehabilitation Facility, Residential/Inpatient	78	3%	49	7%
Health Equipment Rental Company	68	2%	17	3%
Physician Office	58	2%	14	2%
Skilled Nursing Facility	57	2%	21	3%
Sleep Center, Hospital-Based	44	1%	8	1%
Other	169	6%	83	13%
Total	**2,968**	**100%**	**661**	**100%**

Source: Va. Healthcare Workforce Data Center

More than 60% of RTs work at the inpatient department of hospitals, while 7% work at academic institutions.

For RTs who also have a secondary work location, nearly half work at the inpatient department of hospitals, while 7% each work at either residential/inpatient rehabilitation facilities or home health care establishments.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

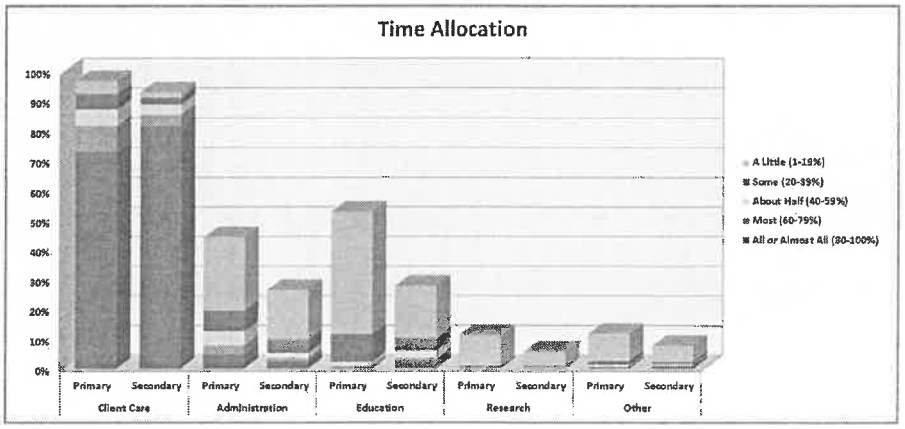
Client Care:	82%
Administration:	8%
Education:	1%

Patient Care RTs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical RT spends most of her time in client care activities. In fact, 82% of RTs fill a client care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Client 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%	82%	5%	3%	0%	3%	0%	0%	1%	1%
Most (60-79%)	9%	4%	3%	1%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	6%	4%	5%	2%	1%	2%	0%	0%	1%	1%
Some (20-39%)	5%	2%	7%	5%	9%	4%	1%	1%	1%	1%
A Little (1-19%)	4%	2%	25%	17%	41%	18%	10%	5%	9%	5%
None (0%)	3%	7%	56%	73%	47%	72%	89%	94%	88%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	110	4%	-	-
50 to 54	107	4%	11	1%
55 to 59	231	8%	51	5%
60 to 64	821	29%	299	27%
65 to 69	1,121	39%	542	48%
70 to 74	254	9%	138	12%
75 to 79	40	1%	24	2%
80 and Over	23	1%	9	1%
I Do Not Intend to Retire	146	5%	53	5%
Total	2,853	100%	1,127	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs
- Under 65: 44%
- Under 60: 16%

RTs 50 and Over
- Under 65: 32%
- Under 60: 6%

Time Until Retirement
- Within 2 Years: 7%
- Within 10 Years: 24%
- Half the Workforce: By 2039

Source: Va. Healthcare Workforce Data Center

More than 40% of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, nearly one in three expect to retire by the age of 65.

Within the next two years, nearly one-quarter of all RTs expect to pursue additional educational opportunities, and 9% expect to increase their client care hours.

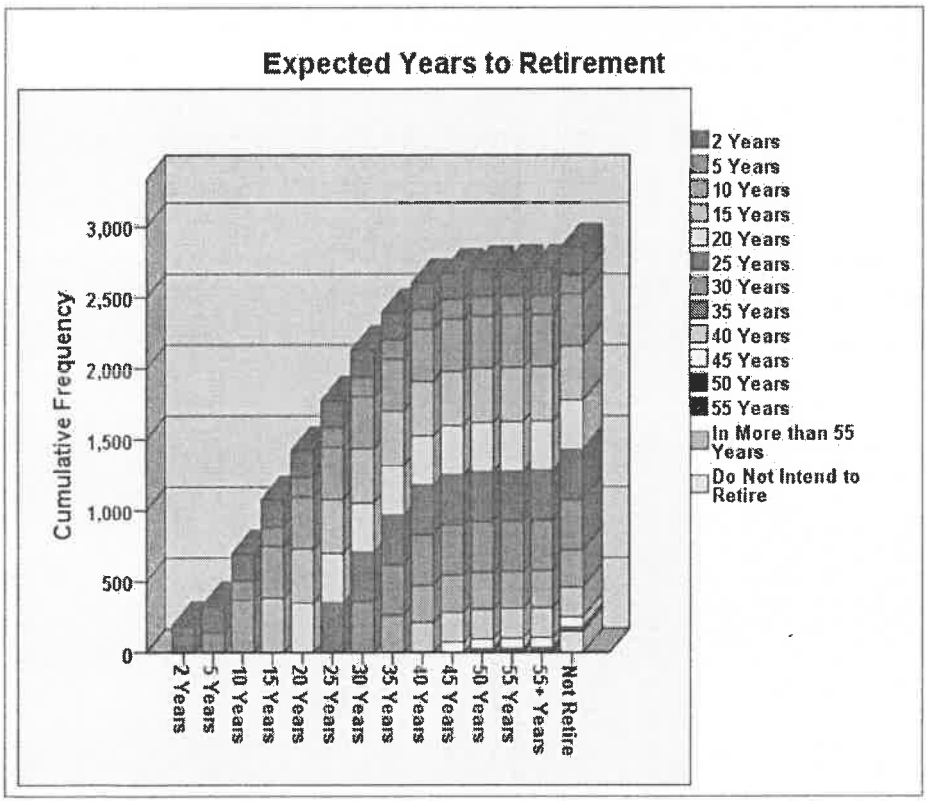
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Client Care Hours	268	7%
Leave Virginia	132	4%
Leave Profession	124	3%
Decrease Teaching Hours	20	1%
Increase Participation		
Pursue Additional Education	888	24%
Increase Client Care Hours	351	9%
Increase Teaching Hours	248	7%
Return to Virginia's Workforce	18	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 7% of RTs expect to retire in the next two years, 24% expect to retire within the next ten years. Half of the current workforce expect to retire by 2039.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	190	7%	7%
5 Years	137	5%	11%
10 Years	368	13%	24%
15 Years	382	13%	38%
20 Years	347	12%	50%
25 Years	351	12%	62%
30 Years	356	12%	75%
35 Years	263	9%	84%
40 Years	210	7%	91%
45 Years	71	2%	94%
50 Years	22	1%	95%
55 Years	5	0%	95%
In More than 55 Years	6	0%	95%
Do Not Intend to Retire	146	5%	100%
Total	2,853	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 2029. Retirement will peak at 13% of the current workforce around 2034 before declining to under 10% of the current workforce again around 2054.

At a Glance:

FTEs

Total:	3,196
FTEs/1,000 Residents[2]:	0.375
Average:	0.88

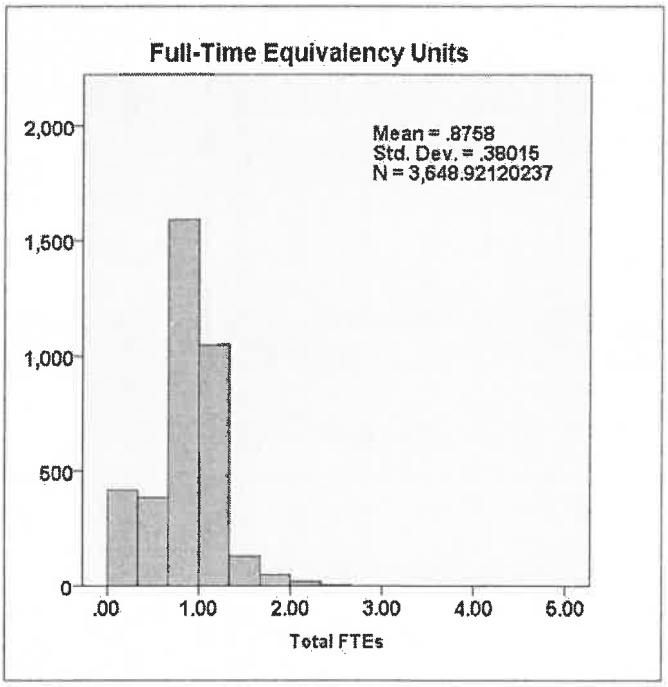
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Negligible

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

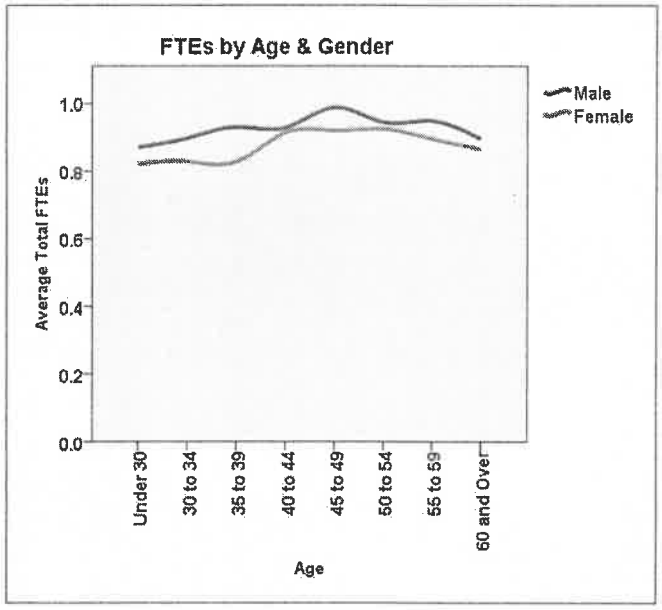


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.96 FTEs in 2019, or about 38 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
Age		
Under 30	0.83	0.93
30 to 34	0.85	0.93
35 to 39	0.85	0.93
40 to 44	0.85	0.94
45 to 49	0.94	0.96
50 to 54	0.83	0.94
55 to 59	0.89	0.93
60 and Over	0.93	0.96
Gender		
Male	0.93	0.96
Female	0.87	0.95

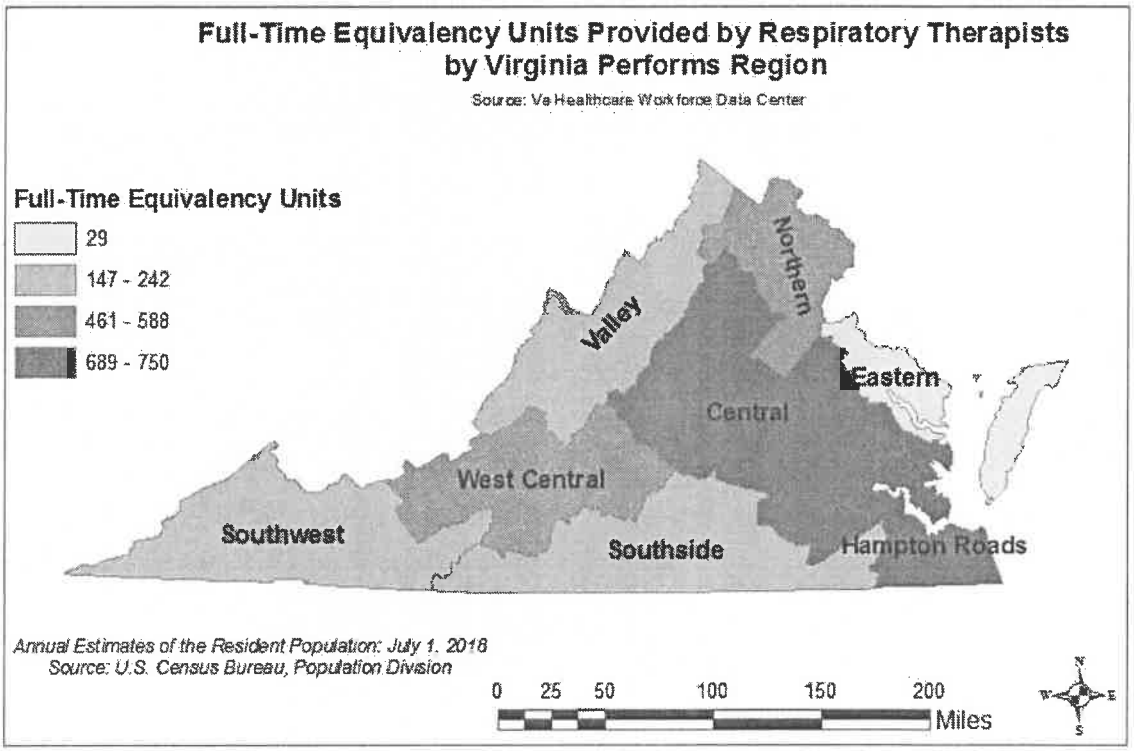
Source: Va. Healthcare Workforce Data Center

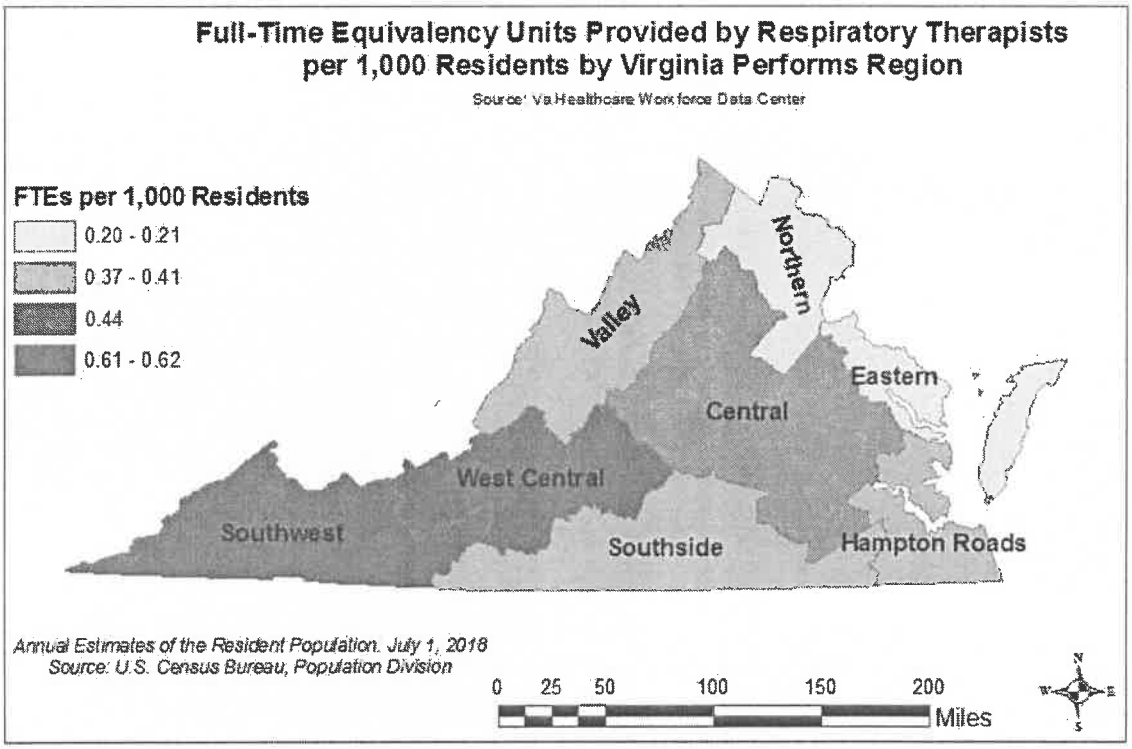


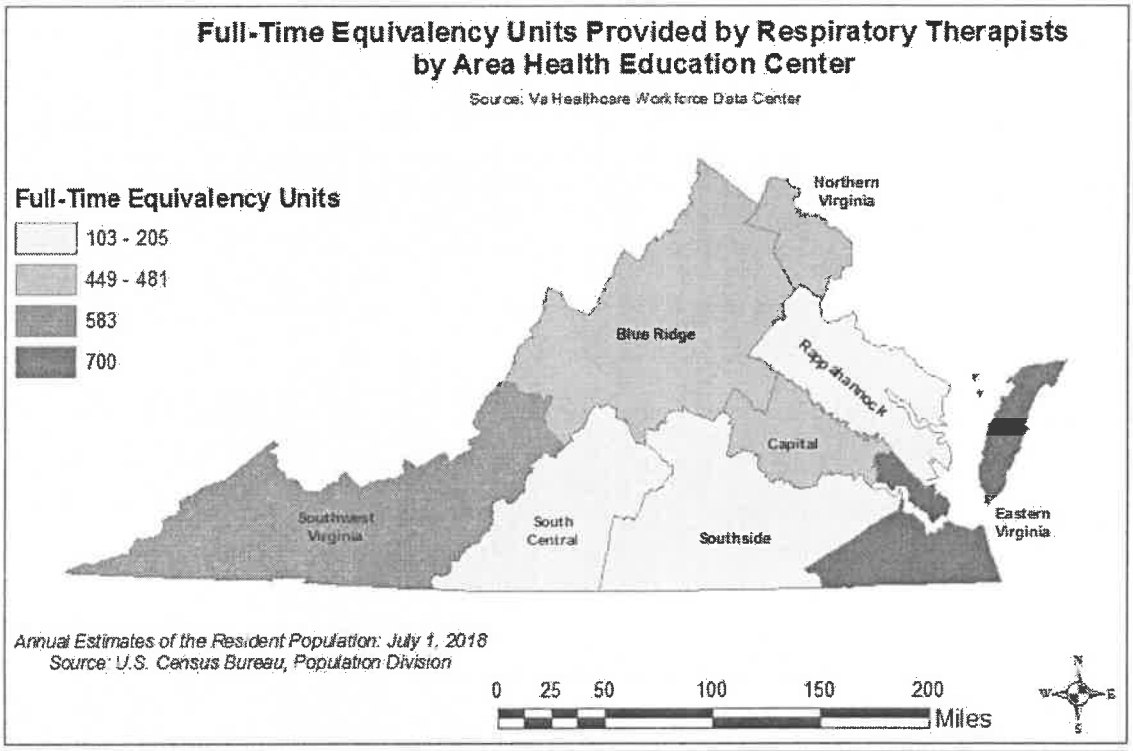
Source: Va. Healthcare Workforce Data Center

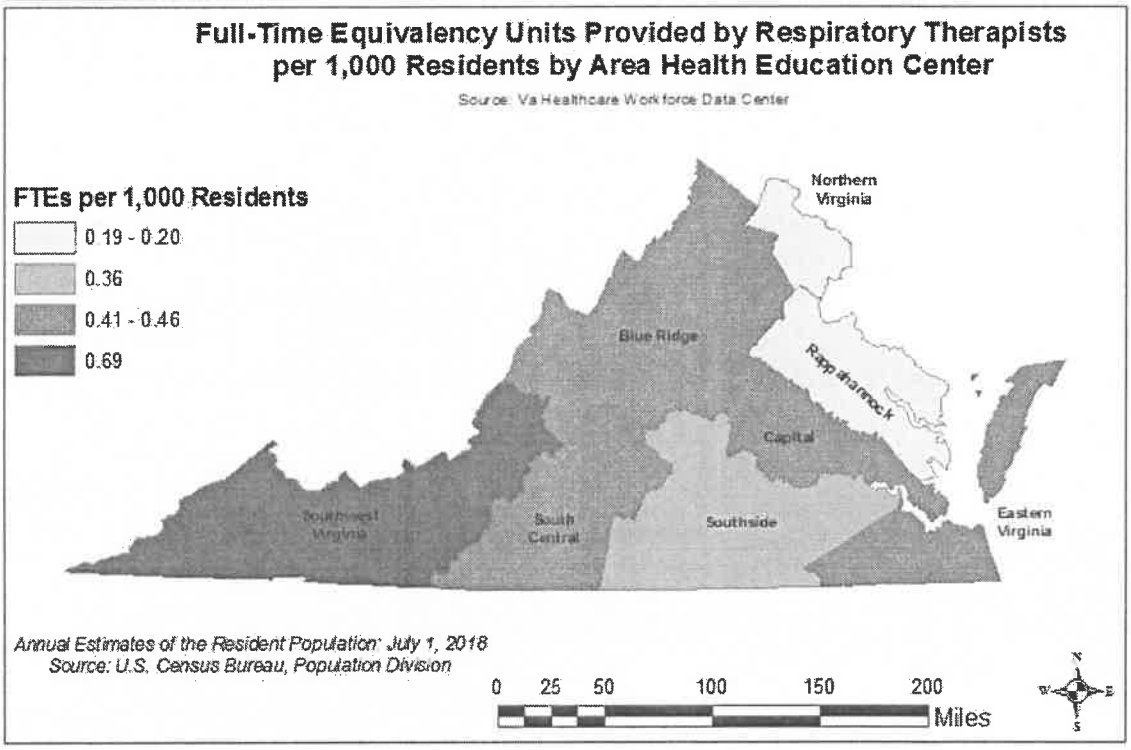
[2] Number of residents in 2018 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

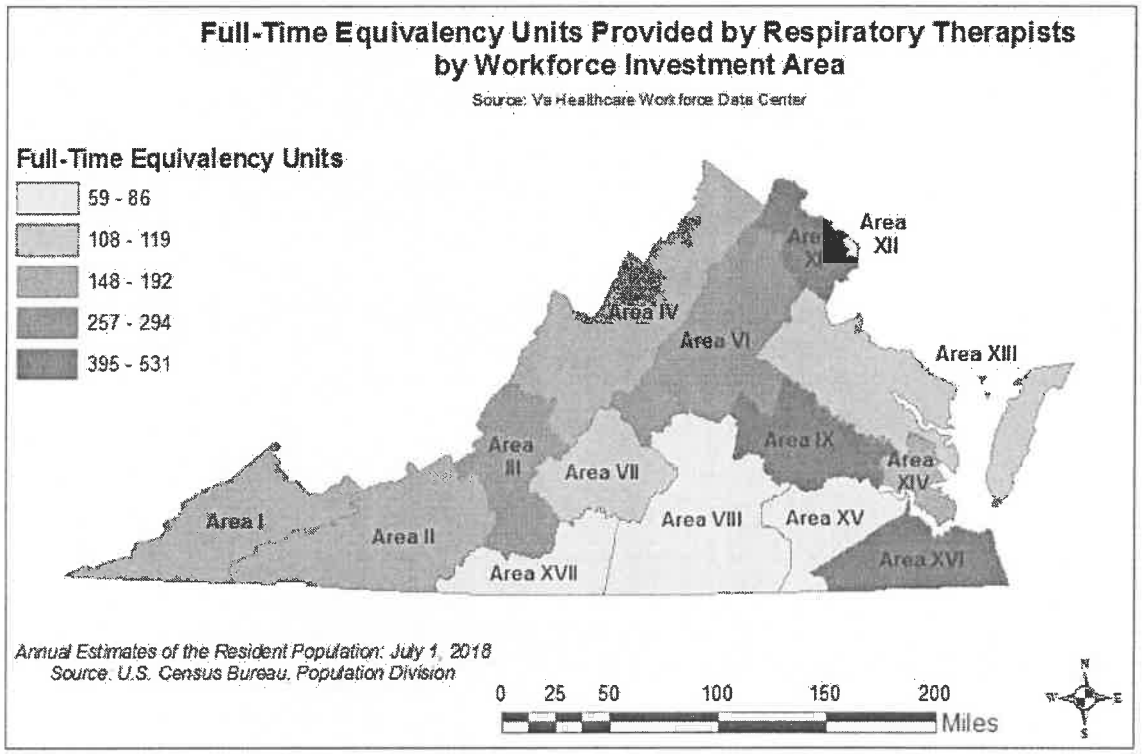
Virginia Performs Regions

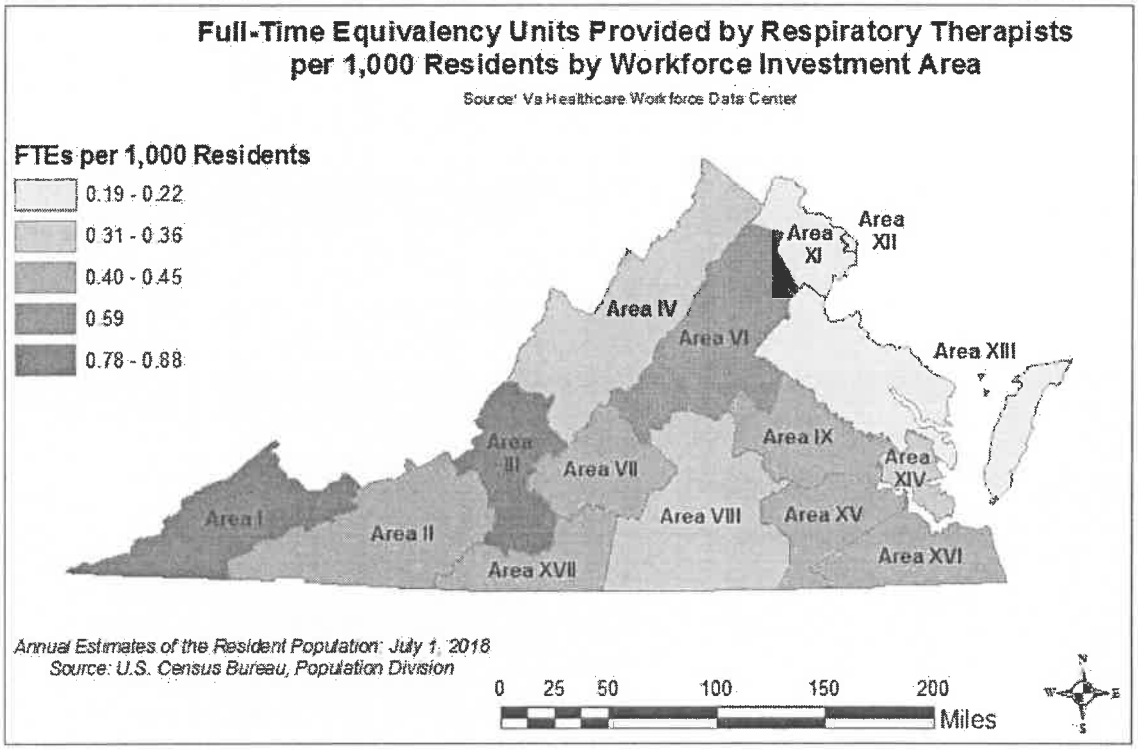


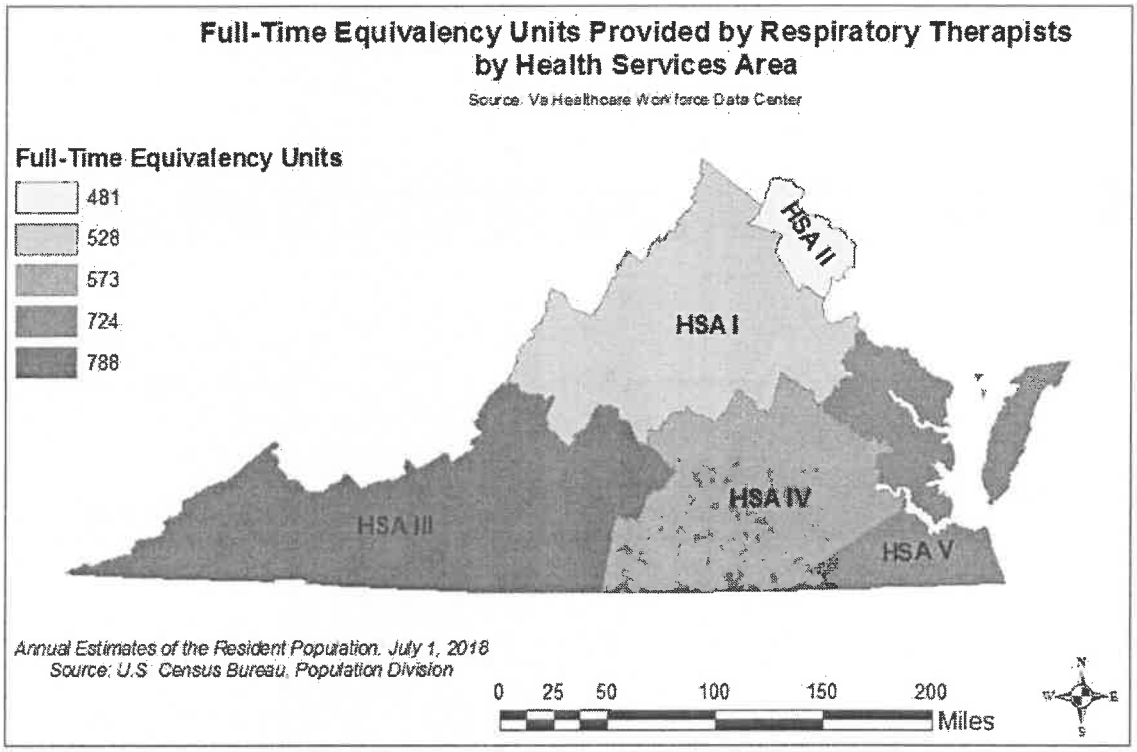


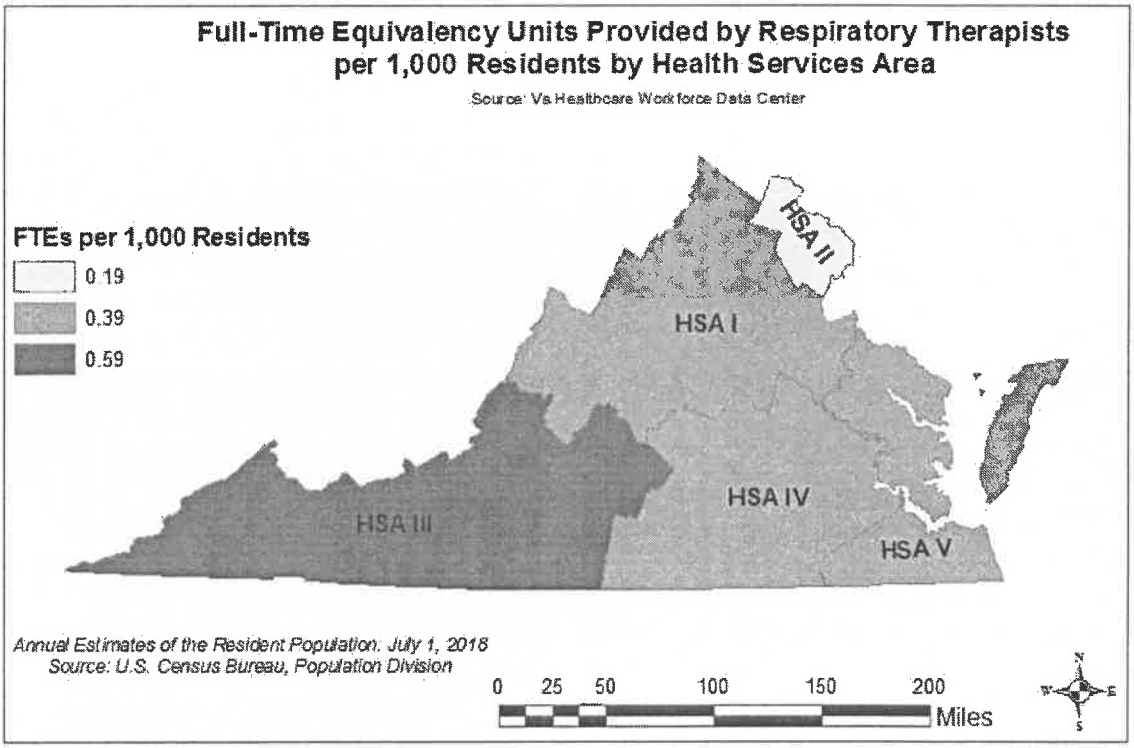

Full-Time Equivalency Units Provided by Respiratory Therapists
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
103 - 205
449 - 481
583
700
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

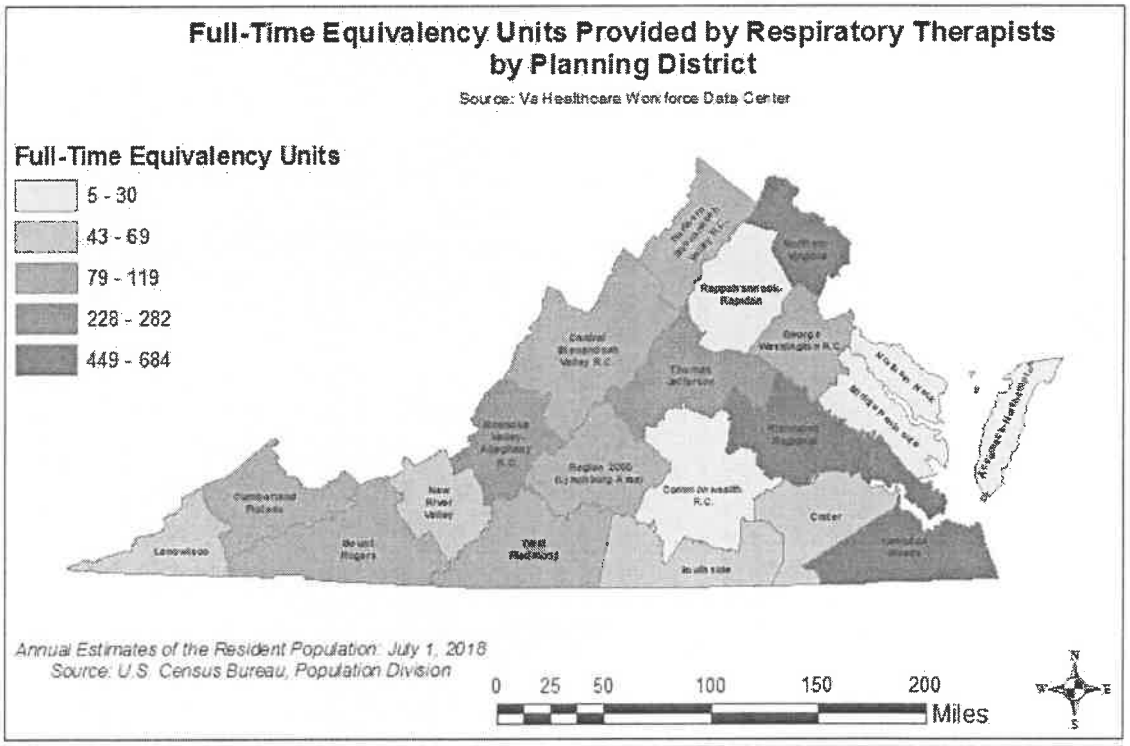

Full-Time Equivalency Units Provided by Respiratory Therapists
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.19 - 0.20
0.36
0.41 - 0.46
0.69
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

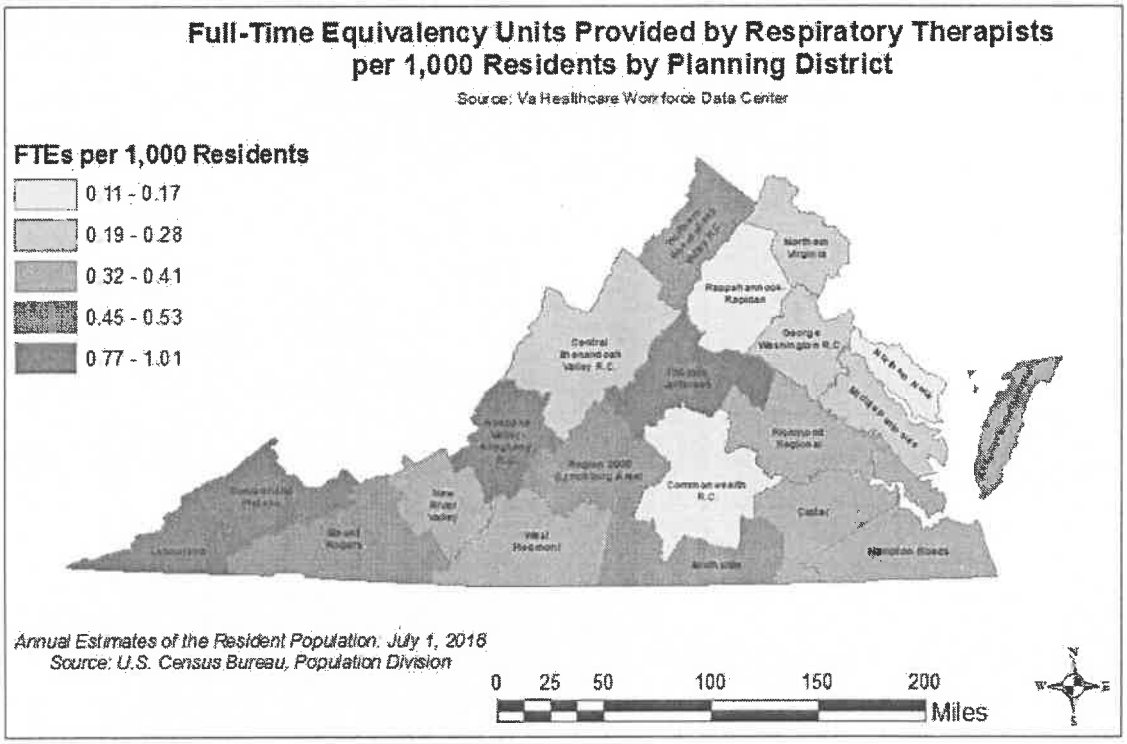

Full-Time Equivalency Units Provided by Respiratory Therapists by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
59 - 86
108 - 119
148 - 192
257 - 294
395 - 531
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.19 - 0.22
0.31 - 0.36
0.40 - 0.45
0.59
0.78 - 0.88
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Respiratory Therapists by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
481
528
573
724
788
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population. July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.19
0.39
0.59
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population. July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Respiratory Therapists by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
5 - 30
43 - 69
79 - 119
228 - 282
449 - 684
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Respiratory Therapists per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.11 - 0.17
0.19 - 0.28
0.32 - 0.41
0.45 - 0.53
0.77 - 1.01
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	1,921	79.23%	1.262155	1.13113	1.54787
Metro, 250,000 to 1 Million	498	81.93%	1.220588	1.09388	1.49689
Metro, 250,000 or Less	348	83.62%	1.195876	1.07174	1.46658
Urban Pop., 20,000+, Metro Adj.	85	85.88%	1.164384	1.04351	1.42796
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	153	79.74%	1.254098	1.12391	1.53799
Urban Pop., 2,500-19,999, Non-Adj.	195	83.08%	1.203704	1.07875	1.47618
Rural, Metro Adj.	76	77.63%	1.288136	1.15442	1.57973
Rural, Non-Adj.	63	90.48%	1.105263	0.99053	1.22474
Virginia Border State/D.C.	636	58.18%	1.718919	1.54048	2.10803
Other U.S. State	369	62.06%	1.611354	1.44408	1.97611

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	364	61.81%	1.617778	1.42796	2.10803
30 to 34	516	68.41%	1.461756	1.22474	1.90473
35 to 39	515	76.12%	1.313776	1.10075	1.7119
40 to 44	522	79.50%	1.257831	1.05388	1.639
45 to 49	559	80.32%	1.244989	1.04312	1.62227
50 to 54	558	83.15%	1.202586	1.00759	1.56702
55 to 59	532	84.59%	1.182222	0.99053	1.54048
60 and Over	778	70.05%	1.427523	1.19605	1.86012

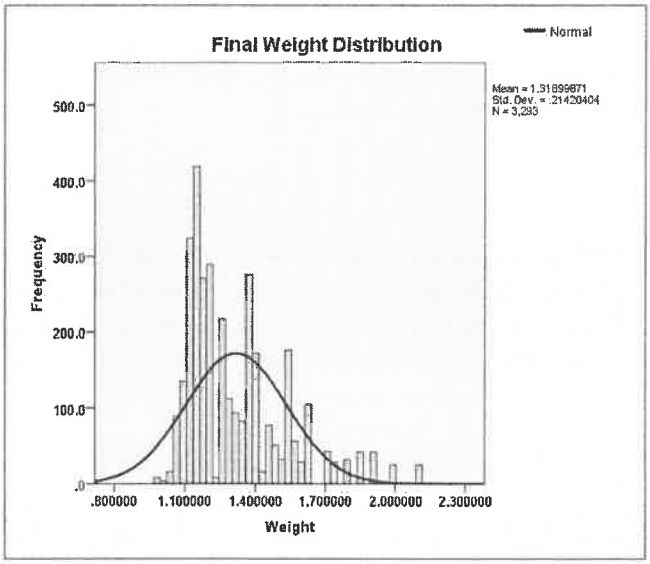
Source: Va. Healthcare Workforce Data Center

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:

Age Weight x Rural Weight x Response Rate = Final Weight

Overall Response Rate: 0.758057



Source: Va. Healthcare Workforce Data Center

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing the Practice of Respiratory Therapists [18 VAC 85 - 40]

Action: CE credit for specialty examination

General Information	
Action Summary	The proposed amendment will allow a respiratory therapist to have 20 hours of continuing education credit for passage of a specialty examination of the National Board of Respiratory Care for the biennium in which the practitioner passed the exam.
Chapters Affected	Only affects this chapter.
Exempt from APA	No, this action is not exempt from Article II of the APA and executive branch review.
RIS Project	Yes [006299]
New Periodic Review	This action will not be used to conduct a new periodic review.

Stages

Stages associated with this regulatory action.

Stage ID	Stage Type	Status
8902	Fast-Track	Comment period is underway and will end on 09/30/2020.

Contact Information

Name / Title:	William L. Harp, M.D. / *Executive Director*
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Phone:	(804)367-4558 FAX: (804)527-4429 TDD: ()-

This person is the primary contact for this board.

Purpose: The purpose of the regulatory change is to recognize the extensive preparation and effort required to pass a specialty examination of the NBRC by allowing a respiratory therapist to have 20 hours of continuing education credit in the biennium in which the examination is passed. Such an allowance may encourage respiratory therapists to increase their knowledge and clinical skills to enable them to provide more proficient care and protect the health and safety of patients they serve.

Rationale for Using Fast-Track Rulemaking Process: The impetus for the amendment was a recommendation of the Advisory Board on Respiratory Care. Since the regulatory change provides an optional pathway for fulfillment of continuing education requirements, it will not be controversial and is appropriate for the fast-track rulemaking process.

Substance: The proposed amendment will allow a respiratory therapist to have 20 hours of continuing education credit for passage of a specialty examination of the National Board of Respiratory Care for the biennium in which the practitioner passed the exam.

Issues: There is an advantage to the public if a respiratory therapist completes a specialty examination, which would improve their competency and clinical skills. There are no disadvantages to the public; the basic examination of the NBRC is already recognized by the Code of Virginia as the basis for licensure.

There are no advantages or disadvantages to the agency or the Commonwealth.

Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Amendments to Regulation. The Board of Medicine (Board) proposes to allow a respiratory therapist who passes a specialty examination of the National Board of Respiratory Care to earn 20 hours of continuing education credit for the biennium in which the practitioner passed the exam.

Background. Currently, in order to renew an active license as a respiratory therapist, a licensee must have 20 hours of continuing education within the biennial license renewal cycle. For the continuing education credits, the Board currently recognizes: 1) courses approved and documented by a sponsor recognized by the American Association for Respiratory Care, 2) courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 Continuing Medical Education credit, and 3) a credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the United States Department of Education. In addition, up to two continuing education hours may be satisfied through delivery of respiratory therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic.

In addition to the enumerated ways of obtaining the required 20 hours of continuing education, the proposed amendment would allow respiratory therapists to meet that requirement for the biennium if they pass a specialty exam of the National Board of Respiratory Care. The specialty areas include adult critical care, neonatal/pediatric respiratory care, pulmonary function technology, and sleep disorders testing and therapeutic intervention. The impetus for the proposed change was a recommendation of the Advisory Board on Respiratory Care.

Estimated Benefits and Costs. The proposed change represents an additional option to meet the required 20 hours of continuing education for biennial renewal of the respiratory therapy license. According to the Department of Health Professions (DHP), even though the Board does not offer specialty licenses some respiratory therapists already take the specialty exam, perhaps to signal to potential employers that their skills are advanced and current in certain areas. The purpose of the regulatory change is to recognize the extensive preparation and effort required to pass a specialty exam by allowing those who pass the exam to meet the continuing education requirement.

In addition to the individuals who would have taken a specialty exam without this change, the proposed amendment may encourage more respiratory therapists to take a specialty exam. Since the proposed change is optional, it can be inferred that the benefits to those who choose to take the exam would exceed the costs to them. Also, to the extent that the specialty exam improves the quality of respiratory care in the Commonwealth, both employers and patients would benefit.

However, the proposed regulation may also lead to a decrease in demand for continuing education services offered by the current continuing education providers. With this change, a respiratory therapist who passes the specialty exam would not have to take 20 hours of continuing education from existing providers.

Businesses and Other Entities Affected. According to DHP, there are currently 3,743 persons licensed as respiratory therapists in Virginia. However, the Board does not license by specialty and as such there is no information on the number of therapists who pass a specialty exam during a certain period of time, nor is there an estimate of the number of therapists who may be interested in taking the specialty exam as a result of the proposed change.

While the benefits of the proposal may exceed costs overall, there would likely be a reduction in net revenue for existing providers of continuing education. An adverse economic impact[1] on existing providers of continuing education is indicated because there do not appear to be any offsetting direct benefits to these businesses.

Small Businesses[2] Affected. Substitution of the specialty exam for the alternate courses may negatively affect the small businesses that currently offer the courses that would count toward the 20 required hours.

Types and Estimated Number of Small Businesses Affected: The board does not license continuing education providers for

respiratory therapy. Accordingly, there is no estimate available on the number of small businesses that currently offer continuing education services to respiratory therapists.

Costs and Other Effects: The proposed amendment makes it more attractive to earn continuing education credits through a specialty exam which may reduce the demand for continuing education services from current providers.

Alternative Method that Minimizes Adverse Impact: There is no clear alternative method that both reduce adverse impact and meet the intended policy goals.

Localities[3] Affected.[4] The proposed amendment potentially affects respiratory therapists and continuing education providers in all 132 localities. The proposed amendment does not introduce costs for local governments. Accordingly, no additional funds would be required.

Projected Impact on Employment. There is not enough information to assess whether the likely reduction in demand for continuing education services offered by the current providers has the potential to affect total employment.

Effects on the Use and Value of Private Property. The proposed amendment may negatively affect the asset value of current continuing education providers by potentially reducing the demand for their services. The proposed amendment does not appear to affect real estate development costs.

[1]Adverse impact is indicated if there is any increase in net cost or reduction in net revenue for any entity, even if the benefits exceed the costs for all entities combined.

[2]Pursuant to § 2.2-4007.04 of the Code of Virginia, small business is defined as "a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million."

[3]"Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulatory change are most likely to occur.

[4]§ 2.2-4007.04 defines "particularly affected" as bearing disproportionate material impact.

Agency's Response to Economic Impact Analysis: The Board of Medicine concurs with the analysis of the Department of Planning and Budget.

Summary:

The amendment allows a respiratory therapist who passes a specialty examination of the National Board of Respiratory Care to earn 20 hours of continuing education credit for the biennium in which the practitioner passes the exam.

18VAC85-40-66. Continuing education requirements.

A. In order to renew an active license as a respiratory therapist, a licensee shall attest to having completed 20 hours of continuing education within the last biennium as follows:

1. Courses approved and documented by a sponsor recognized by the AARC;

2. Courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit; ~~or~~

3. A credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the U.S. Department of Education; or

4. Passage of a specialty examination of the National Board of Respiratory Care for 20 hours of credit in the biennium in which the examination was passed.

Up to two continuing education hours may be satisfied through delivery of respiratory therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

VA.R. Doc. No. R21-6299; Filed August 7, 2020, 10:54 a.m.

Proposed Regulation

Title of Regulation: **18VAC85-50. Regulations Governing the Practice of Physician Assistants (amending 18VAC85-50-10, 18VAC85-50-35, 18VAC85-50-40, 18VAC85-50-57, 18VAC85-50-101, 18VAC85-50-110, 18VAC85-50-115, 18VAC85-50-117, 18VAC85-50-140, 18VAC85-50-160, 18VAC85-50-181).**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Report of Regulatory Actions

Board of Medicine

Board	Board of Medicine	
Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] NOIRA - *Register Date: 8/31/20* Comment closes: 9/30/20
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Waiver for e-prescribing of an opioid [Action 5355] Proposed - *Register* *Date: 9/14/20* *Comment closes: 11/13/20*
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	CE credit for specialty examination [Action 5486] Fast-Track - *Register* *Date: 8/31/20* *Comment closes: 9/30/20* *Effective: 10/15/20*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Practice with patient care team physician [Action 5357] Proposed - *Register* *Date: 8/31/20* Comment closes: 10/30/20 Public hearing: 10/8/20
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	(E) Licensure of surgical assistants [Action 5580] Final - *Register Date: 9/14/20* Effective: 10/14/20

Report of the 2020 General Assembly

Board of Medicine

HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.

Chief patron: Samirah

Summary as passed:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate. The bill requires the Board to include in such communication information about the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and to encourage providers to remain cognizant of the increased risk of depression for such patients.

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as passed House:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as passed House:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report

to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public, or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to SB 540.

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as passed House:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to SB 565.

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.

Chief patron: Hurst

Summary as passed:

Prescription Monitoring Program; information disclosed to the Emergency Department Care Coordination Program; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information. This bill is identical to SB 575.

HB 908 Naloxone; possession and administration by employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as passed House:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465, and HB 1466.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate. (Bill not passed; study by the Board of Health Professions)

Chief patron: Rasoul

Summary as introduced:
Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as passed House:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to SB 264.

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as enacted with Governor's Recommendations:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill clarifies that requiring the licensure of surgical assistants shall not be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

HB 1147 Epinephrine; every public place may make available for administration.

Chief patron: Keam

Summary as passed:

Epinephrine permitted in certain public places. Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. The bill directs the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in public places. Such policies and guidelines shall be provided to the Commissioner of Health no later than July 1, 2021.

HB 1260 Athletic Training, Advisory Board on; membership.

Chief patron: Hodges

Summary as introduced:

Advisory Board on Athletic Training; membership. Provides that the one member of the Advisory Board on Athletic Training required to be an athletic trainer who is currently licensed by the Board on Athletic Training and who has practiced in the Commonwealth for not less than three years may be employed in the public or private sector. Currently, the law requires that the member be employed in the private sector.

HB 1261 Athletic trainers; naloxone or other opioid antagonist.

Chief patron: Hodges

Summary as introduced:
Athletic trainers; naloxone or other opioid antagonist. Authorizes licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

HB 1683 Diagnostic medical sonography; definition, certification. (Bill not passed; study by Board of Health Professions)

Chief patron: Hope

Summary as introduced:
Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as passed:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

SB 757 Medical Excellence Zone Program; VDH to determine feasibility of establishment.

Chief patron: Favola

Summary as passed Senate:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of establishing a Medical Excellence Zone Program to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth and directs the Department of Health Professions to pursue reciprocal agreements with such states for licensure for certain primary care practitioners licensed by the Board of Medicine. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions is required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill requires the Board of Medicine to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application. This bill is identical to HB 1701.

Virginia Board of Medicine
PROPOSED - 2021 Board Meeting Dates

Full Board Meetings

February 18-20	DHP/Richmond, VA	Board Rooms TBA
June 24-26	DHP/Richmond, VA	Board Rooms TBA
October 14-16	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 9	DHP/Richmond, VA	Board Rooms TBA
August 6	DHP/Richmond, VA	Board Rooms TBA
December 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 15	DHP/Richmond, VA	Board Rooms TBA
May 21	DHP/Richmond, VA	Board Rooms TBA
September 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

January 6	May TBA	September 29
February 10	June 9	October 23
March 10	July 21	November (TBA)
April 21	August 18	December (TBA)

Times for the Credentials Committee meetings - TBA

TBA

Advisory Board on:

Behavioral Analysts			**10:00 a.m.**
Mon –January 25	May 24	October 4	
Genetic Counseling			**1:00 p.m.**
Mon - January 25	May 24	October 4	
Occupational Therapy 10:00 a.m.			
Tues - January 26	May 25	October 5	
Respiratory Care			**1:00 p.m.**
Tues - January 26	May 25	October 5	
Acupuncture			**10:00 a.m.**
Wed - January 27	May 26	October 6	
Radiological Technology			**1:00 p.m.**
Wed - January 27	May 26	October 6	
Athletic Training			**10:00 a.m.**
Thurs - January 28	May 27	October 7	
Physician Assistants			**1:00 p.m.**
Thurs - January 28	May 27	October 7	
Midwifery			**10:00 a.m.**
Fri - January 29	May 28	October 8	
Polysomnographic Technology			**1:00 p.m.**
Fri - January 29	May 28	October 8	
Surgical Assisting			**TBA**
TBA	TBA	TBA	