

# Advisory Board on Occupational Therapy

---

---

Virginia Board of Medicine

June 10, 2025

10:00 a.m.



Virginia Department of

**Health Professions**

# Advisory Board on Occupational Therapy

---

Board of Medicine

Tuesday, June 10, 2025 at 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

**Training Room 1**

Call to Order – William Harp, MD

Emergency Egress Procedures – Kathleen LaMotte i

Roll Call – Kathleen LaMotte

Introduction of Members - William Harp, MD

Approval of minutes from the June 4, 2024 Meeting 1 - 3

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

2024 OT/OTA Workforce Data Presentation – Barbara Hodgdon, PhD. 4 – 63

## New Business

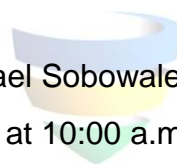
1. Legislative Report – Erin Barrett/Matthew Novak 64 – 67
2. Regulatory Update – Erin Barrett/Matthew Novak 68
3. Recommendation of draft amendments for licensure by endorsement – Erin Barrett/Matthew Novak 69 – 71
4. Recommendation of fast-track regulatory action – Erin Barrett/Matthew Novak 72 – 75
5. Board Orientation – William Harp, MD 76 – 107

## Announcements

Meeting Agenda Format – Michael Sobowale

Next meeting: October 21, 2025 at 10:00 a.m.

## Adjournment



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

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

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

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

**Training Room 1**

Exit the room using one of the doors at the back of the room. **(Point)**. Upon exiting the room, 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 OCCUPATIONAL THERAPY**

Minutes

June 4, 2024

The Advisory Board on Occupational Therapy met on Tuesday, June 4, 2024 at 10:00 am at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

**MEMBERS PRESENT:** Dwayne Pitre, OT, Chair  
Breshae Bedward, OT  
Karen Lebo, Citizen  
Raziuddin Ali, MD

**MEMBERS ABSENT:** Kathryn Skibek, OT, Vice-Chair

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Arne Owens, DHP Director  
Michael Sobowale, LL.M., Deputy Executive Director - Licensure  
Colanthia M. Opher, Deputy Executive Director - Administration  
Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs  
Barbara Hodgdon, PhD, Healthcare Workforce Data Center  
Roslyn Nickens, Licensing Supervisor  
Jamie Culp, Licensing Specialist  
Joshlynn Jones, Licensing Specialist

**GUESTS PRESENT:** Alexander Macaulay, Virginia Occupational Therapy Association

**CALL TO ORDER**

Dwayne Pitre, Chair, called the meeting to order at 10:05 a.m.

**EMERGENCY EGRESS PROCEDURES**

Dr. Harp announced the emergency egress instructions.

**ROLL CALL**

Jamie Culp called the roll; a quorum was declared.

## **INTRODUCTION OF MEMBERS**

Mr. Pitre asked everyone present in the room to introduce themselves.

## **APPROVAL OF MINUTES**

Karen Lebo moved to approve the minutes of the June 13, 2023 meeting. Breshae Bedward seconded the motion. By unanimous vote, the minutes were approved as presented.

## **ADOPTION OF AGENDA**

Breshae Bedward moved to adopt the agenda. Dr. Ali seconded the motion. By unanimous vote, the agenda was adopted as presented.

## **PUBLIC COMMENT**

Alexander Macaulay, lobbyist for the Virginia Occupational Therapy Association (VOTA) spoke in support of the agenda item for the advisory board to consider a change to regulatory language for removal of active practice requirement for license renewal. Mr. Macaulay further discussed that VOTA is working on potential updates to the occupational therapy scope of practice for potential legislative action. Another action item that VOTA is working on is tweaking the board member composition to allow a certified occupational therapy assistant to serve on the advisory board.

## **HEALTHCARE WORKFORCE DATA PRESENTATION**

Barbara Hodgdon, Ph.D. provided a comprehensive presentation on the results from the 2022 occupational therapy and occupational therapy assistant healthcare workforce data survey. Among the key findings for both professions are increases in licensees entering Virginia workforce and those working in full-time employment.

## **NEW BUSINESS**

### **1. Regulatory Update**

Erin Barrett gave a report on the status of the regulatory actions for the advisory board. The final regulatory action to implement the occupational therapy licensure compact became effective on May 22, 2024. discussed the Occupational Therapy (OT) Compact which became effective May 22, 2024. Board of Medicine will not actively be able to grant privileges for Occupational Therapy profession until 2025.

### **2. Removal of Active Practice Requirement for License Renewal**

Erin Barrett presented draft changes to regulatory language for removal of the requirement for

active practice prior to renewal of license as currently found in 18VAC85-80-10 and 18VAC85-85-72. Upon a motion by Breshae Bedward, seconded by Dr. Ali, members voted to approve a recommendation to the full board to adopt fast-track changes to regulations to remove this requirement.

### **3. Update on Implementation of the Occupational Therapy Interstate Licensure Compact**

Michael Sobowale gave a brief overview of the information included in the agenda packet by Kathryn Skibek, OTR, Virginia's primary delegate to the Occupational Therapy Compact Commission who was absent at the meeting. It is expected that a criminal background check process will be in place for those who might be seeking a compact privilege in Virginia at a future date to be determined by the Commission for issuance of a compact privilege.

### **4. Orientation to the Board of Medicine and Advisory Board**

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

#### **ANNOUNCEMENTS:**

##### Licensing Statistics

Jamie Culp provided the licensing statistics report for occupational therapist and occupational therapy assistants. The Board has a total of 5,300 licensed occupational therapists and 1,805 occupational therapy assistants.

##### Next Scheduled Meeting

The next scheduled meeting date is October 8, 2024 @ 10:00 a.m.

#### **ADJOURNMENT:**

With no other business to conduct, the meeting adjourned at 12:06 pm.

---

William L. Harp, MD Executive Director

**DRAFT**

---

# *Virginia's Occupational Therapy Workforce: 2024*

---

Healthcare Workforce Data Center

February 2025

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/>

*More than 4,400 Occupational 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***

**Arne W. Owens, MS**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# Virginia Occupational Therapy Advisory Board

## *Members*

Raziuddin Ali, MD  
*Midlothian*

Caroline Barnes, OT  
*Glen Allen*

Bobby Blair, OT  
*Charlottesville*

Dennis Lites  
*Suffolk*

Leah Savelyev, OT  
*Roanoke*

## *Executive Director*

William L. Harp, MD

# Contents

---

<b>At a Glance</b> .....	<b>1</b>
<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The OT Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Credentials</b> .....	<b>9</b>
<b>Current Employment Situation</b> .....	<b>10</b>
<b>Employment Quality</b> .....	<b>11</b>
<b>2024 Labor Market</b> .....	<b>12</b>
<b>Work Site Distribution</b> .....	<b>13</b>
<b>Establishment Type</b> .....	<b>14</b>
<b>Languages</b> .....	<b>16</b>
<b>Time Allocation</b> .....	<b>17</b>
<b>Retirement &amp; Future Plans</b> .....	<b>18</b>
<b>Full-Time Equivalency Units</b> .....	<b>20</b>
<b>Maps</b> .....	<b>21</b>
Virginia Performs Regions .....	21
Area Health Education Center Regions .....	22
Workforce Investment Areas .....	23
Health Services Areas .....	24
Planning Districts.....	25
<b>Appendices</b> .....	<b>26</b>
Weights .....	26

## The Occupational Therapy Workforce At a Glance:

### The Workforce

Licensees:	5,918
Virginia's Workforce:	5,033
FTEs:	4,020

### Background

Rural Childhood:	30%
HS Degree in VA:	47%
Prof. Degree in VA:	46%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	60%
Satisfied?:	94%

### Survey Response Rate

All Licensees:	75%
Renewing Practitioners:	93%

### Education

Masters:	65%
Baccalaureate:	19%

### Job Turnover

Switched Jobs:	10%
Employed Over 2 Yrs.:	56%

### Demographics

% Female:	92%
Diversity Index:	30%
Median Age:	38

### Finances

Median Income:	\$70k-\$80k
Health Benefits:	57%
Under 40 w/ Ed. Debt:	66%

### Primary Roles

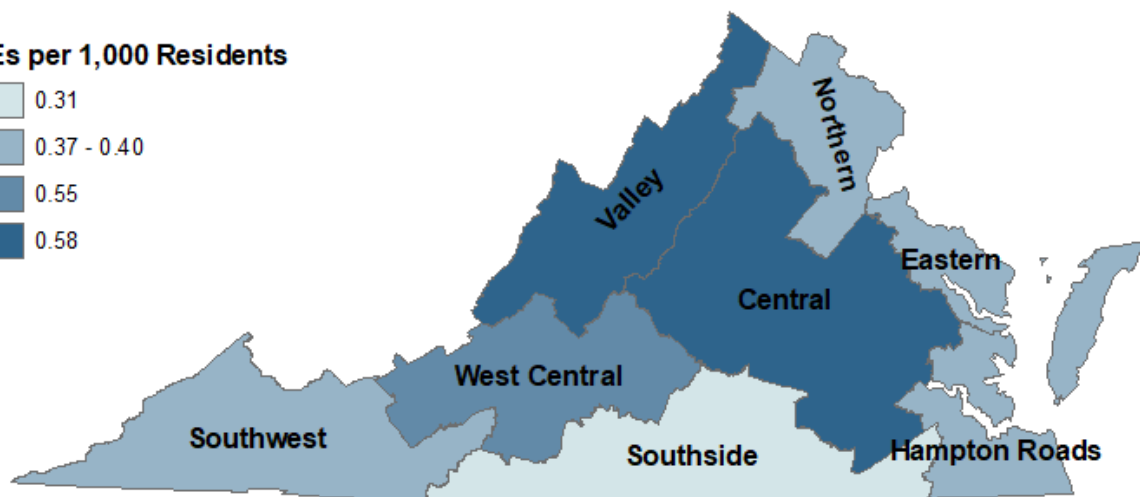
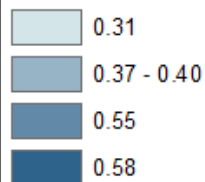
Patient Care:	81%
Administration:	6%
Education:	1%

Source: Va. Healthcare Workforce Data Center

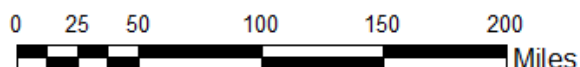
## Full-Time Equivalency Units Provided by Occupational Therapists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



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



## Results in Brief

---

This report contains the results of the 2024 Occupational Therapy (OT) Workforce survey. In total, 4,431 OTs voluntarily participated 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 on even-numbered years during the birth month of each OT. These survey respondents represent 75% of the 5,918 OTs who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 5,033 OTs participated in Virginia's workforce during the survey period, which is defined as those OTs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an OT at some point in the future. This workforce provided 4,020 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than nine out of every ten OTs are female, and the median age of this workforce is 38. In a random encounter between two OTs, there is a 30% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 32% among those OTs who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Three out of every ten OTs grew up in a rural area, and 20% of all OTs who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all OTs currently work in a non-metro area of Virginia.

Among all OTs, 96% are currently employed in the profession, 60% hold one full-time job, and 47% work between 40 and 49 hours per week. More than four out of every five OTs are employed in the private sector, including 51% who work in the for-profit sector. The median annual income for OTs is between \$70,000 and \$80,000, and nearly half of OTs receive this income as a salary. In addition, 76% of all OTs receive at least one employer-sponsored benefit, including 57% who have access to health insurance. Overall, 94% of OTs indicated that they are satisfied with their current employment situation, including 58% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2014 Occupational Therapy workforce. The number of licensed OTs has increased by 55% (5,918 vs. 3,826). In addition, the size of Virginia's OT workforce has increased by 56% (5,033 vs. 3,231), and the number of FTEs provided by this workforce has increased by 55% (4,020 vs. 2,602). Virginia's renewing OTs are more likely to respond to this survey (93% vs. 80%).

The median age of Virginia's OT workforce has declined (38 vs. 41). The diversity index of Virginia's OTs has increased (30% vs. 23%), and this is also the case among OTs who are under the age of 40 (32% vs. 25%). Over the same time period, the diversity index of the state's overall population has also increased (60% vs. 54%). While OTs are less likely to have grown up in a rural area (30% vs. 31%), OTs who grew up in a rural area are more likely to be employed in a non-metro area of Virginia (20% vs. 18%).

Virginia's OTs are more likely to hold either a Master's degree (65% vs. 56%) or a Doctoral degree (16% vs. 3%) as their highest professional degree instead of a baccalaureate degree (19% vs. 41%). In addition, OTs are more likely to carry education debt (46% vs. 43%), and the median outstanding balance among those OTs with education debt has increased as well (\$70k-\$80k vs. \$40k-\$50k). The median annual income of Virginia's OT workforce has also increased (\$70k-\$80k vs. \$60k-\$70k), and OTs are more likely to receive this income as a salary (48% vs. 43%) instead of an hourly wage (40% vs. 45%).

Virginia's OTs are more likely to work in the private sector (82% vs. 77%) than in a state or local government (16% vs. 20%). At the same time, OTs are more likely to work in the inpatient department of a general hospital (16% vs. 13%) or the outpatient clinic of a rehabilitation facility (10% vs. 7%) than in a skilled nursing facility (11% vs. 19%). OTs are less likely to indicate that they are satisfied with their current work situation (94% vs. 97%), including those OTs who indicated that they are "very satisfied" (58% vs. 68%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,742	80%
New Licensees	492	8%
Non-Renewals	684	12%
<b>All Licensees</b>	<b>5,918</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing OTs, 93% submitted a survey. These represent 75% of the 5,918 OTs who held a license at some point in 2024.*

### Definitions

- The Survey Period:** The survey was conducted throughout 2024.
- Target Population:** All OTs who held a Virginia license at some point in 2024.
- Survey Population:** The survey was available to OTs who renewed their licenses online. It was not available to those who did not renew, including all OTs newly licensed in 2024.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	598	541	48%
30 to 34	326	841	72%
35 to 39	171	705	81%
40 to 44	93	544	85%
45 to 49	49	501	91%
50 to 54	62	448	88%
55 to 59	38	384	91%
60 and Over	150	467	76%
<b>Total</b>	<b>1,487</b>	<b>4,431</b>	<b>75%</b>
<b>New Licenses</b>			
Issued in Past Year	492	0	0%
<b>Metro Status</b>			
Non-Metro	101	304	75%
Metro	709	3,182	82%
Not in Virginia	677	945	58%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	<b>4,431</b>
Response Rate, All Licensees	<b>75%</b>
Response Rate, Renewals	<b>93%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Licensed OTs**

- Number: 5,918
- New: 8%
- Not Renewed: 12%

**Response Rates**

- All Licensees: 75%
- Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2024 OT Workforce: 5,033  
 FTEs: 4,020

### Utilization Ratios

Licensees in VA Workforce: 85%  
 Licensees per FTE: 1.47  
 Workers per FTE: 1.25

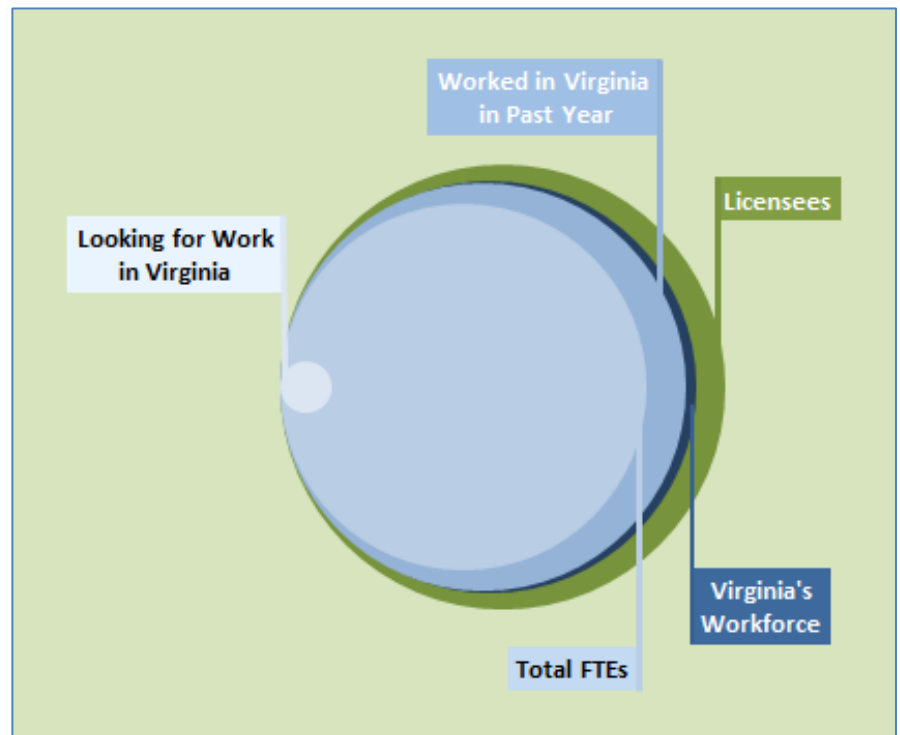
Source: Va. Healthcare Workforce Data Center

## 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 hours (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 OT Workforce		
Status	#	%
Worked in Virginia in Past Year	4,949	98%
Looking for Work in Virginia	83	2%
<b>Virginia's Workforce</b>	<b>5,033</b>	<b>100%</b>
<b>Total FTEs</b>	<b>4,020</b>	
<b>Licensees</b>	<b>5,918</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	45	5%	931	95%	976	21%
30 to 34	60	6%	884	94%	945	20%
35 to 39	63	9%	607	91%	670	15%
40 to 44	49	10%	436	90%	484	10%
45 to 49	30	7%	384	93%	414	9%
50 to 54	40	11%	316	89%	355	8%
55 to 59	40	12%	296	88%	336	7%
60 and Over	36	8%	401	92%	437	9%
<b>Total</b>	<b>363</b>	<b>8%</b>	<b>4,255</b>	<b>92%</b>	<b>4,618</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	OTs		OTs Under 40	
	%	#	%	#	%
White	59%	3,933	83%	2,162	82%
Black	19%	298	6%	161	6%
Asian	7%	223	5%	127	5%
Other Race	0%	33	1%	14	1%
Two or More Races	3%	114	2%	89	3%
Hispanic	11%	139	3%	94	4%
<b>Total</b>	<b>100%</b>	<b>4,740</b>	<b>100%</b>	<b>2,648</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, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 92%  
 % Under 40 Female: 93%

Age

Median Age: 38  
 % Under 40: 56%  
 % 55 and Over: 17%

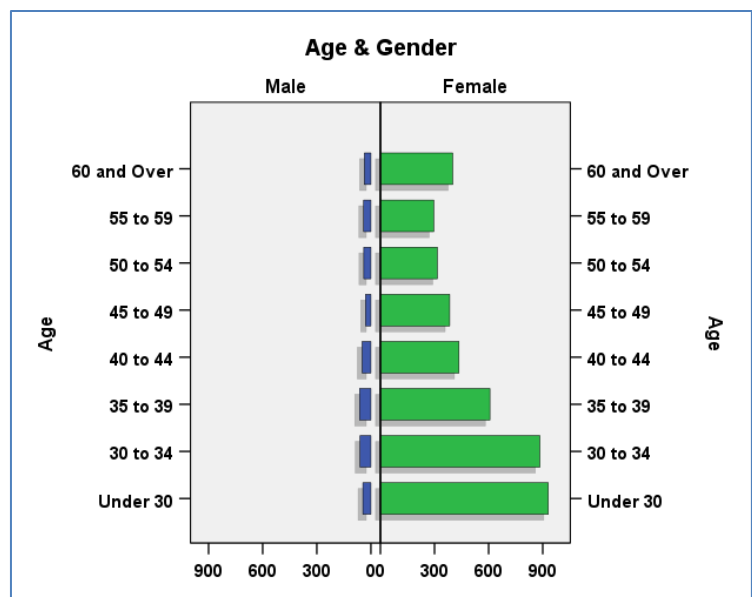
Diversity

Diversity Index: 30%  
 Under 40 Div. Index: 32%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two OTs, there is a 30% 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%.*

*Among all OTs, 56% are under the age of 40, and 93% of OTs who are under the age of 40 are female. In addition, there is a 32% chance that two randomly chosen OTs among those who are under the age of 40 would be of different races or ethnicities.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 8%  
 Rural Childhood: 30%

### Virginia Background

HS in Virginia: 47%  
 Professional Edu. in VA: 46%  
 HS/Prof. Edu. in VA: 56%

### Location Choice

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

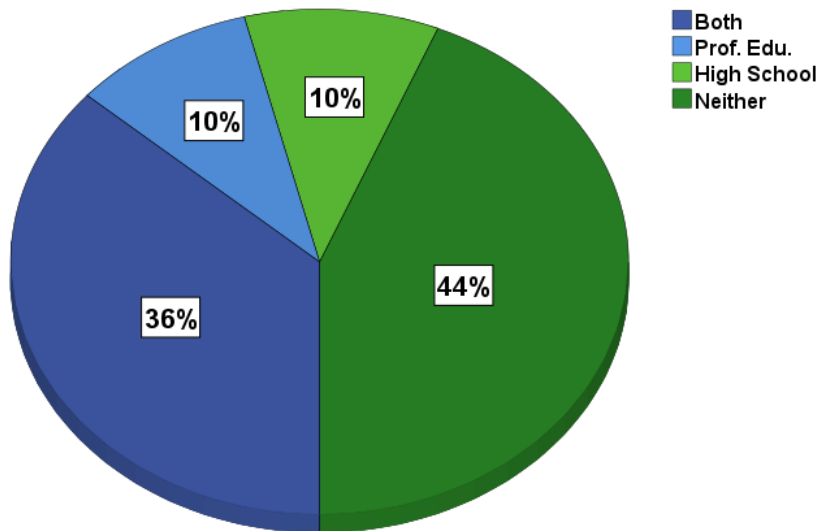
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	22%	69%	10%
2	Metro, 250,000 to 1 Million	39%	55%	5%
3	Metro, 250,000 or Less	41%	52%	7%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	74%	23%	3%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	68%	30%	2%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	74%	20%	5%
8	Rural, Metro Adjacent	58%	40%	2%
9	Rural, Non-Adjacent	44%	50%	7%
<b>Overall</b>		<b>30%</b>	<b>62%</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Three out of every ten OTs grew up in a self-described rural area, and 20% of OTs who grew up in a rural area currently work in a non-metro county. In total, 9% of all OTs work in a non-metro county of Virginia.

## Top Ten States for Occupational Therapist Recruitment

Rank	All Occupational Therapists			
	High School	#	Professional School	#
1	Virginia	2,203	Virginia	2,162
2	Pennsylvania	362	Pennsylvania	437
3	New York	297	New York	276
4	Maryland	256	Florida	167
5	Outside U.S./Canada	164	North Carolina	164
6	New Jersey	157	Massachusetts	144
7	North Carolina	133	Washington, D.C.	132
8	Florida	104	Maryland	112
9	West Virginia	87	Tennessee	103
10	Ohio	80	Outside U.S./Canada	85

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 47% received their high school degree in Virginia, and 46% also received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	754	Virginia	742
2	Pennsylvania	106	Pennsylvania	142
3	Maryland	103	Florida	75
4	New York	63	New York	64
5	New Jersey	54	Washington, D.C.	50
6	North Carolina	53	Massachusetts	40
7	Florida	51	Tennessee	38
8	Connecticut	33	North Carolina	37
9	Ohio	24	Maryland	35
10	Tennessee	23	Missouri	27

Source: Va. Healthcare Workforce Data Center

*Among OTs who were licensed in the past five years, 49% received their high school degree in Virginia, and 49% also received their initial professional degree in the state.*

*In total, 15% of licensed OTs did not participate in Virginia's workforce in 2024. Among these licensees, 92% worked at some point in the past year, including 87% who currently work as OTs.*

### At a Glance:

#### Not in VA Workforce

Total:	901
% of Licensees:	15%
Federal/Military:	5%
VA Border State/DC:	23%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
Baccalaureate	877	19%
Masters	3,030	65%
Doctorate	750	16%
<b>Total</b>	<b>4,658</b>	<b>100%</b>

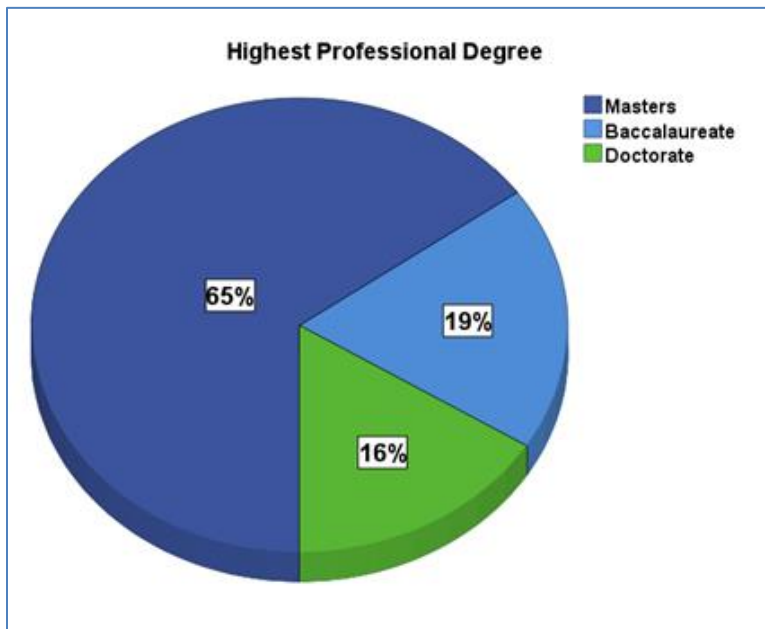
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Masters: 65%  
 Baccalaureate: 19%

**Education Debt**  
 With Debt: 46%  
 Under Age 40 w/ Debt: 66%  
 Median Debt: \$70k-\$80k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly two out of every three OTs hold a Master's degree as their highest professional degree.

Nearly half of all OTs carry education debt, including 66% of those OTs who are under the age of 40. For those with education debt, the median outstanding balance is between \$70,000 and \$80,000.

Education Debt				
Amount Carried	All OTs		OTs Under 40	
	#	%	#	%
<b>None</b>	2,293	54%	825	34%
<b>\$20,000 or Less</b>	258	6%	173	7%
<b>\$20,001-\$40,000</b>	267	6%	201	8%
<b>\$40,001-\$60,000</b>	295	7%	239	10%
<b>\$60,001-\$80,000</b>	214	5%	181	8%
<b>\$80,001-\$100,000</b>	203	5%	172	7%
<b>\$100,001-\$120,000</b>	211	5%	181	8%
<b>More than \$120,000</b>	486	12%	423	18%
<b>Total</b>	<b>4,226</b>	<b>100%</b>	<b>2,394</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specializations

Pediatrics:	25%
Physical Rehabilitation:	24%
Gerontology:	19%

### Top Certifications:

Lymphedema Therapist:	3%
Cert. Hand Therapist:	3%
School Systems:	1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Specializations		
Area	#	% of Workforce
<b>Pediatrics</b>	1,243	25%
<b>Physical Rehabilitation</b>	1,202	24%
<b>Gerontology</b>	952	19%
<b>Neurorehabilitation</b>	854	17%
<b>Sensory Processing</b>	745	15%
<b>Acute Care</b>	718	14%
<b>School Systems</b>	691	14%
<b>Home Health</b>	673	13%
<b>Developmental Disabilities</b>	638	13%
<b>Early Intervention</b>	445	9%
<b>Hand Therapy</b>	370	7%
<b>Feeding, Eating, Swallowing</b>	349	7%
<b>Mental Health</b>	308	6%
<b>Environmental Modification</b>	304	6%
<b>Low Vision</b>	154	3%
<b>Driving and Community Mobility</b>	56	1%
<b>Industrial/Workplace</b>	50	1%
<b>Other</b>	263	5%
<b>At Least One Specialization</b>	<b>3,766</b>	<b>75%</b>

Source: Va. Healthcare Workforce Data Center

*One-quarter of Virginia's OT workforce has a specialization in pediatrics. In total, 75% of all OTs have at least one specialization.*

## Certifications

Proficiency Area	#	% of Workforce
<b>Certified Lymphedema Therapist</b>	170	3%
<b>Certified Hand Therapist (CHT)</b>	136	3%
<b>School Systems</b>	65	1%
<b>Dementia Care Specialist</b>	60	1%
<b>Pediatrics (BCP)</b>	50	1%
<b>Physical Rehabilitation (BCPR)</b>	30	1%
<b>Other</b>	411	8%
<b>At Least One Certification</b>	<b>815</b>	<b>16%</b>

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 16% hold at least one certification, including 3% who have a certification as a Certified Lymphedema Therapist. In addition, 3% also have a certification as a Certified Hand Therapist (CHT).*

## At a Glance:

### Employment

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

### Positions Held

1 Full-Time: 60%  
 2 or More Positions: 20%

### Weekly Hours:

40 to 49: 47%  
 60 or More: 2%  
 Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in an Occupational Therapy-Related Capacity	4,524	96%
Employed, NOT in an Occupational Therapy-Related Capacity	74	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	11	<1%
Voluntarily Unemployed	97	2%
Retired	30	1%
<b>Total</b>	<b>4,737</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 96% are currently employed in the profession, 60% hold one full-time job, and 47% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	138	3%
One Part-Time Position	793	17%
Two Part-Time Positions	281	6%
One Full-Time Position	2,818	60%
One Full-Time Position & One Part-Time Position	491	11%
Two Full-Time Positions	2	0%
More than Two Positions	147	3%
<b>Total</b>	<b>4,670</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	138	3%
1 to 9 Hours	155	3%
10 to 19 Hours	244	5%
20 to 29 Hours	415	9%
30 to 39 Hours	1,237	27%
40 to 49 Hours	2,169	47%
50 to 59 Hours	191	4%
60 to 69 Hours	39	1%
70 to 79 Hours	18	0%
80 or More Hours	18	0%
<b>Total</b>	<b>4,624</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	20	1%
\$30,000 or Less	260	7%
\$30,001-\$40,000	142	4%
\$40,001-\$50,000	154	4%
\$50,001-\$60,000	260	7%
\$60,001-\$70,000	476	13%
\$70,001-\$80,000	724	19%
\$80,001-\$90,000	715	19%
\$90,001-\$100,000	461	12%
\$100,001-\$110,000	330	9%
\$110,001-\$120,000	134	4%
More than \$120,000	141	4%
<b>Total</b>	<b>3,816</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$70k-\$80k

**Benefits**  
Health Insurance: 57%  
Retirement: 64%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,693	58%
Somewhat Satisfied	1,685	36%
Somewhat Dissatisfied	208	5%
Very Dissatisfied	48	1%
<b>Total</b>	<b>4,635</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical OT earns between \$70,000 and \$80,000 per year. In addition, 76% of OTs receive at least one employer-sponsored benefit, including 57% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,903	64%	70%
Retirement	2,882	64%	69%
Health Insurance	2,600	57%	63%
Dental Insurance	2,486	55%	60%
Paid Sick Leave	2,068	46%	49%
Group Life Insurance	1,533	34%	37%
Signing/Retention Bonus	390	9%	10%
<b>At Least One Benefit</b>	<b>3,432</b>	<b>76%</b>	<b>82%</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?	47	1%
Experience Voluntary Unemployment?	303	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	138	3%
Work Two or More Positions at the Same Time?	1,082	21%
Switch Employers or Practices?	485	10%
Experience At Least One?	<b>1,688</b>	<b>34%</b>

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 1% experienced involuntary unemployment in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	85	2%	109	8%
Less than 6 Months	232	5%	169	13%
6 Months to 1 Year	444	10%	203	16%
1 to 2 Years	1,239	27%	332	26%
3 to 5 Years	1,064	23%	229	18%
6 to 10 Years	621	14%	126	10%
More than 10 Years	866	19%	119	9%
Subtotal	<b>4,551</b>	<b>100%</b>	<b>1,287</b>	<b>100%</b>
Did Not Have Location	109		3,715	
Item Missing	373		31	
Total	<b>5,033</b>		<b>5,033</b>	

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 48% receive a salary at their primary work location, while 40% receive an hourly wage.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Turnover & Tenure**

Switched Jobs: 10%  
New Location: 23%  
Over 2 Years: 56%  
Over 2 Yrs., 2<sup>nd</sup> Location: 37%

**Employment Type**

Salary/Commission: 48%  
Hourly Wage: 40%

Source: Va. Healthcare Workforce Data Center

*Among all OTs, 56% have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,553	48%
Hourly Wage	1,299	40%
By Contract	295	9%
Business/Practice Income	69	2%
Unpaid	14	0%
Subtotal	<b>3,230</b>	<b>100%</b>

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 2.3% and a high of 3.5%. The unemployment rate from December 2024 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	29%
Top 3 Regions:	72%
Lowest Region:	1%

### Locations

2 or More (Past Year):	28%
2 or More (Now*):	26%

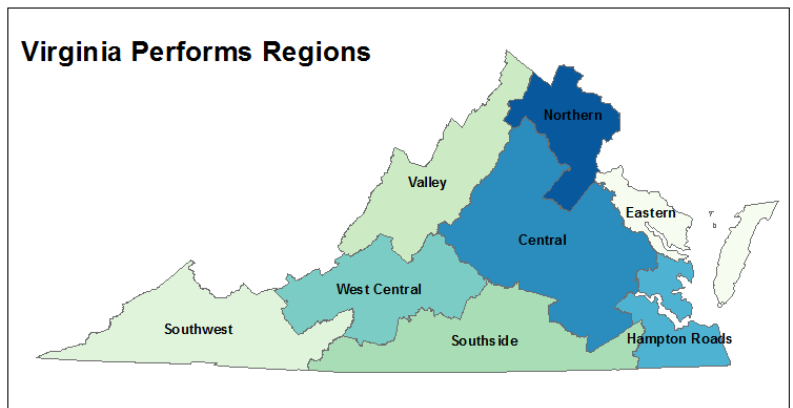
Source: Va. Healthcare Workforce Data Center

More than seven out of every ten OTs work in Northern Virginia, Central Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,184	26%	289	22%
Eastern	65	1%	20	2%
Hampton Roads	774	17%	180	14%
Northern	1,331	29%	359	27%
Southside	134	3%	38	3%
Southwest	174	4%	57	4%
Valley	347	8%	106	8%
West Central	460	10%	155	12%
Virginia Border State/D.C.	43	1%	29	2%
Other U.S. State	59	1%	76	6%
Outside of the U.S.	0	0%	2	0%
<b>Total</b>	<b>4,571</b>	<b>100%</b>	<b>1,311</b>	<b>100%</b>
Item Missing	354		9	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While 26% of OTs currently have multiple work locations, 28% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	81	2%	138	3%
1	3,231	70%	3,300	71%
2	841	18%	788	17%
3	325	7%	316	7%
4	75	2%	37	1%
5	23	1%	17	0%
6 or More	48	1%	27	1%
<b>Total</b>	<b>4,623</b>	<b>100%</b>	<b>4,623</b>	<b>100%</b>

\*At the time of survey completion: 2024 (continual renewal cycle).

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	2,230	51%	859	69%
<b>Non-Profit</b>	1,370	31%	280	23%
<b>State/Local Government</b>	708	16%	96	8%
<b>Veterans Administration</b>	64	1%	1	0%
<b>U.S. Military</b>	10	0%	0	0%
<b>Other Federal Government</b>	19	0%	7	1%
<b>Total</b>	<b>4,401</b>	<b>100%</b>	<b>1,243</b>	<b>100%</b>
<b>Did Not Have Location</b>	109		3,715	
<b>Item Missing</b>	524		74	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

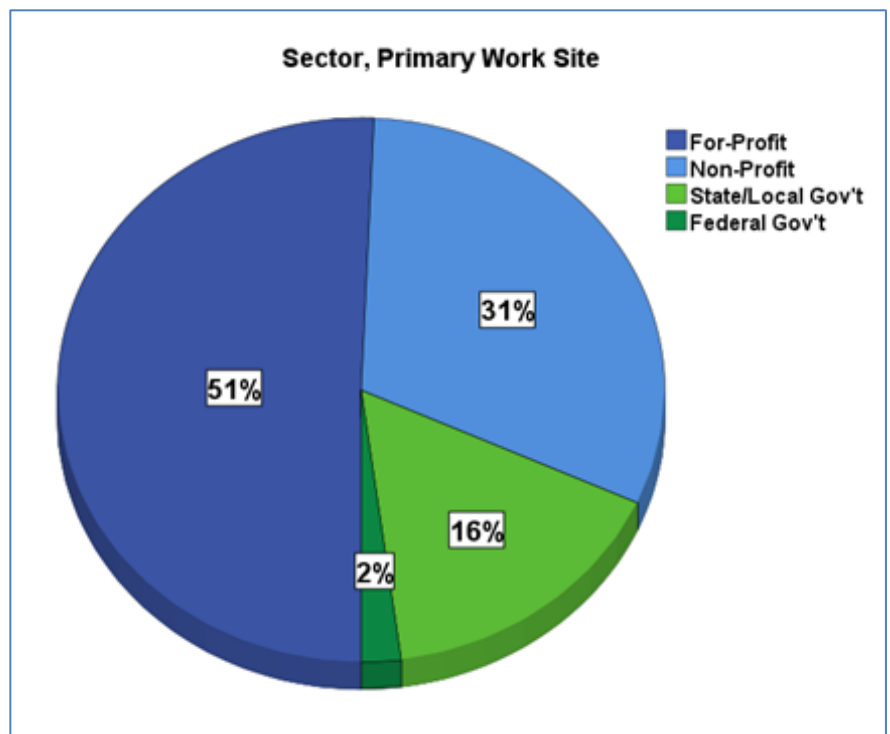
For-Profit:	51%
Federal:	2%

**Top Establishments**

Hospital, Inpatient:	16%
K-12 School System:	14%
Home Health Care:	11%

Source: Va. Healthcare Workforce Data Center

More than half of all OTs work in the for-profit sector, while 31% work in the non-profit sector.



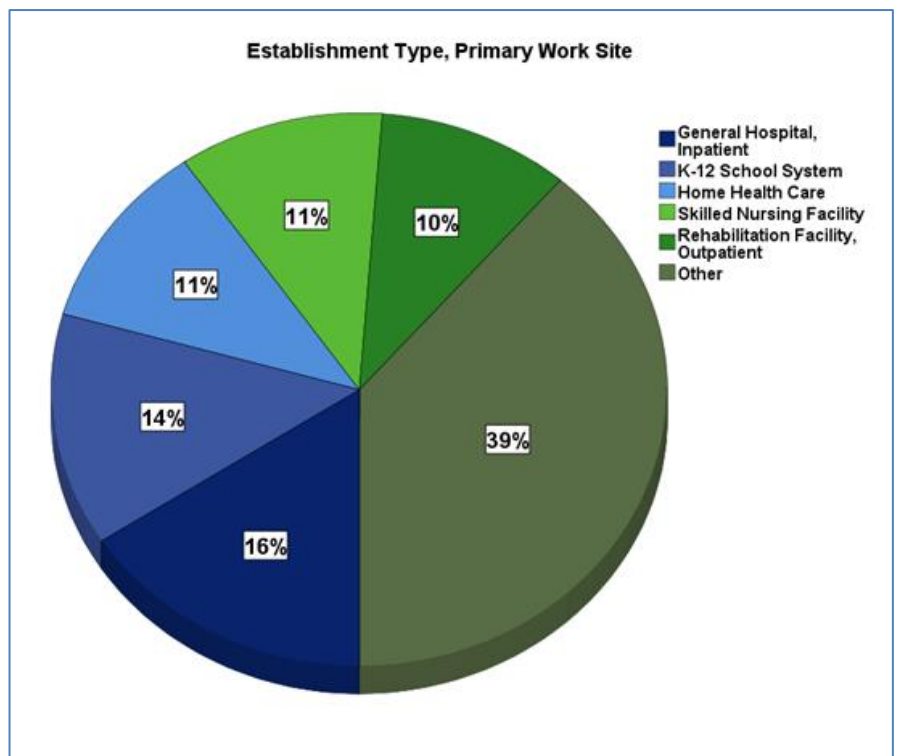
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	688	16%	155	13%
K-12 School System	593	14%	43	4%
Home Health Care	478	11%	210	17%
Skilled Nursing Facility	471	11%	231	19%
Rehabilitation Facility, Outpatient Clinic	441	10%	65	5%
Private Practice, Group	316	7%	98	8%
Rehabilitation Facility, Residential/Inpatient	303	7%	84	7%
General Hospital, Outpatient Department	200	5%	35	3%
Assisted Living or Continuing Care Facility	179	4%	59	5%
Private Practice, Solo	148	3%	38	3%
Academic Institution	128	3%	61	5%
Mental Health, Inpatient	58	1%	6	0%
PACE Center	22	1%	2	0%
Other	329	8%	115	10%
<b>Total</b>	<b>4,354</b>	<b>100%</b>	<b>1,202</b>	<b>100%</b>
Did Not Have a Location	109		3,715	

*Among all OTs, 16% work in the inpatient department of a general hospital, while another 14% work in a K-12 school system.*

Source: Va. Healthcare Workforce Data Center

*Among those OTs who also have a secondary work location, 19% work in a skilled nursing facility, and another 17% work in a home health care establishment.*



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	33%
Chinese:	17%
Arabic:	16%

### Means of Communication

Virtual Translation:	72%
Onsite Translation:	39%
Other Staff Member:	28%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,760	33%
Chinese	880	17%
Arabic	874	16%
French	868	16%
Korean	852	16%
Vietnamese	836	16%
Hindi	832	16%
Tagalog/Filipino	788	15%
Urdu	701	13%
Persian	672	13%
Amharic, Somali, or Other Afro-Asiatic Languages	642	12%
Pashto	577	11%
Others	464	9%
<b>At Least One Language</b>	<b>2,011</b>	<b>38%</b>

Source: Va. Healthcare Workforce Data Center

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

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	1,448	72%
Onsite Translation Service	786	39%
Other Staff Member is Proficient	559	28%
Respondent is Proficient	201	10%
Other	88	4%

Source: Va. Healthcare Workforce Data Center

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

## At a Glance: (Primary Locations)

### A Typical OTs Time

Patient Care: 80%-89%  
Administration: 1%-9%

### Roles

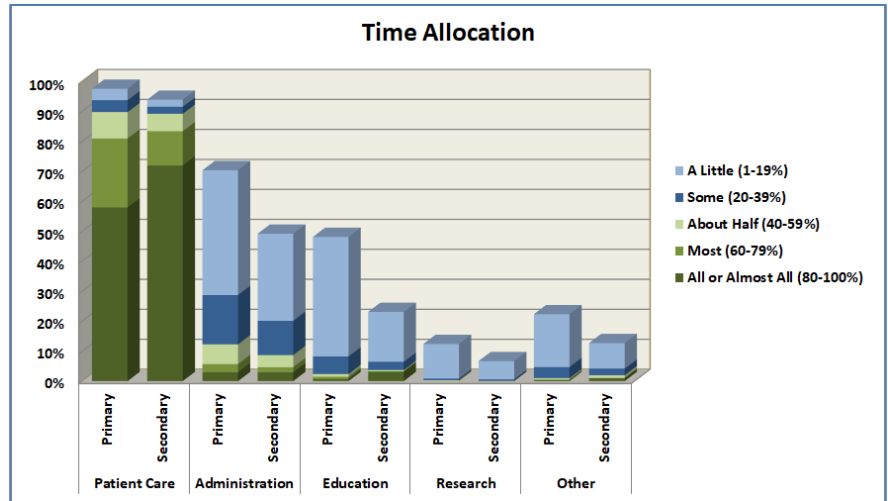
Patient Care: 81%  
Administrative: 6%  
Education: 1%

### Patient Care OTs

Median Admin Time: 1%-9%  
Avg. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*OTs spend most of their time performing patient care activities. In fact, 81% of all OTs 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>	58%	72%	3%	3%	1%	3%	0%	0%	0%	1%
<b>Most (60-79%)</b>	23%	11%	3%	2%	1%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	9%	6%	7%	4%	1%	0%	0%	0%	1%	1%
<b>Some (20-39%)</b>	4%	2%	16%	11%	6%	3%	1%	0%	4%	2%
<b>A Little (1-19%)</b>	4%	2%	42%	29%	40%	17%	12%	6%	18%	9%
<b>None (0%)</b>	2%	6%	30%	51%	52%	77%	88%	93%	78%	87%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All OTs		OTs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	200	5%	-	-
<b>50 to 54</b>	237	6%	9	1%
<b>55 to 59</b>	531	13%	61	6%
<b>60 to 64</b>	1,189	30%	263	27%
<b>65 to 69</b>	1,354	34%	446	46%
<b>70 to 74</b>	279	7%	113	12%
<b>75 to 79</b>	62	2%	33	3%
<b>80 or Over</b>	30	1%	9	1%
<b>I Do Not Intend to Retire</b>	135	3%	34	4%
<b>Total</b>	<b>4,016</b>	<b>100%</b>	<b>968</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All OTs**

Under 65:	54%
Under 60:	24%

**OTs 50 and Over**

Under 65:	34%
Under 60:	7%

**Time Until Retirement**

Within 2 Years:	4%
Within 10 Years:	15%
Half the Workforce:	By 2054

Source: Va. Healthcare Workforce Data Center

*More than half of all OTs expect to retire by the age of 65. For those OTs who are age 50 and over, 34% still expect to retire by the age of 65.*

*Within the next two years, 14% of OTs expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.*

**Future Plans**

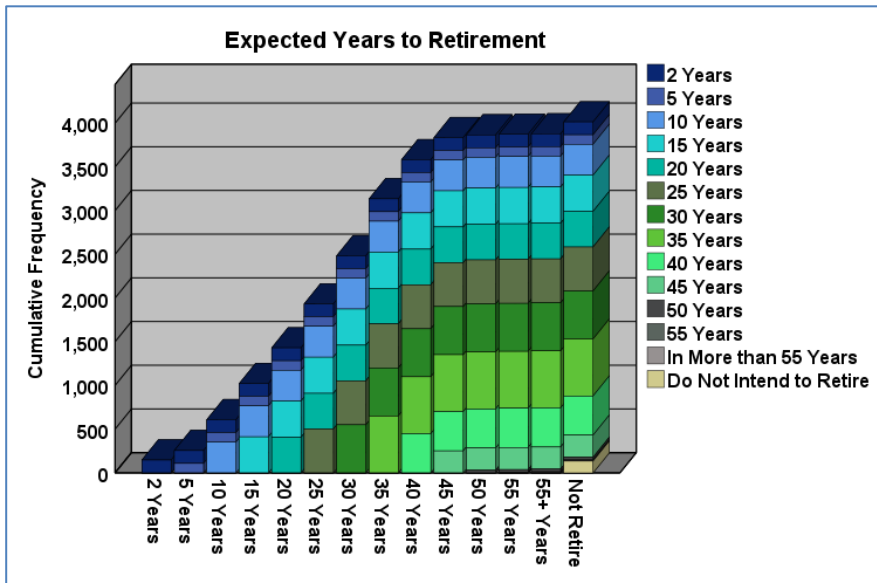
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	121	2%
<b>Leave Virginia</b>	187	4%
<b>Decrease Patient Care Hours</b>	579	12%
<b>Decrease Teaching Hours</b>	22	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	478	9%
<b>Increase Teaching Hours</b>	387	8%
<b>Pursue Additional Education</b>	726	14%
<b>Return to the Workforce</b>	32	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for OTs. While only 4% of OTs expect to retire in the next two years, 15% expect to retire within the next decade. More than half of the current workforce expect to retire by 2054.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	147	4%	4%
5 Years	109	3%	6%
10 Years	353	9%	15%
15 Years	414	10%	25%
20 Years	407	10%	36%
25 Years	504	13%	48%
30 Years	550	14%	62%
35 Years	651	16%	78%
40 Years	448	11%	89%
45 Years	253	6%	96%
50 Years	30	1%	96%
55 Years	8	0%	96%
In More than 55 Years	5	0%	97%
Do Not Intend to Retire	135	3%	100%
<b>Total</b>	<b>4,016</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 every five years by 2039. Retirement will peak at 16% of the current workforce in 2059 before declining to under 10% of the current workforce again around 2069.

## At a Glance:

### FTEs

Total: 4,020  
 FTEs/1,000 Residents<sup>2</sup>: 0.461  
 Average: 0.82

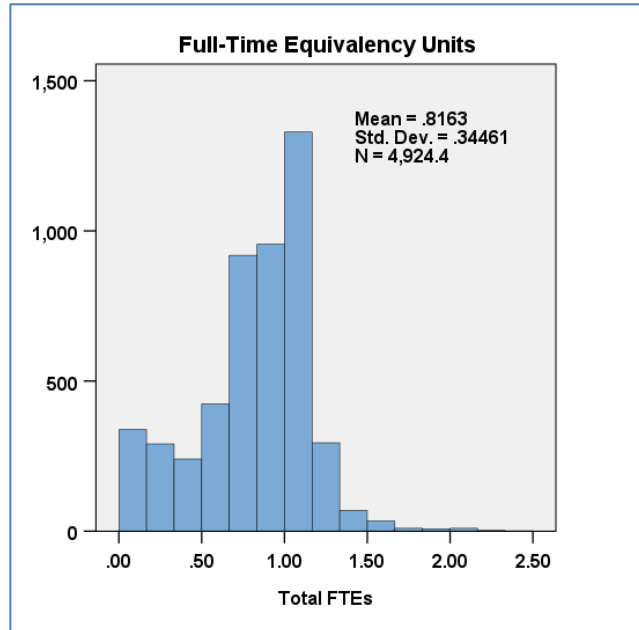
### Age & Gender Effect

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

*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:

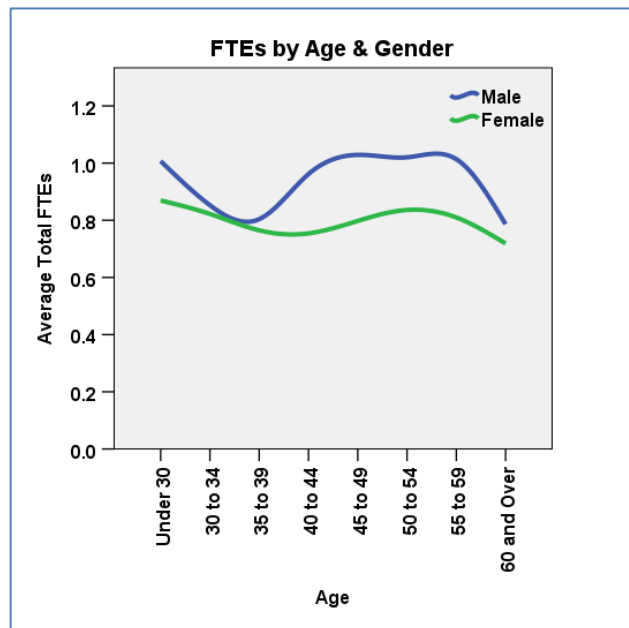


Source: Va. Healthcare Workforce Data Center

The typical OT provided 0.89 FTEs in 2024, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.88	0.95
30 to 34	0.84	0.94
35 to 39	0.73	0.83
40 to 44	0.79	0.89
45 to 49	0.81	0.83
50 to 54	0.85	0.84
55 to 59	0.84	0.86
60 and Over	0.75	0.83
<b>Gender</b>		
Male	0.92	1.01
Female	0.81	0.88

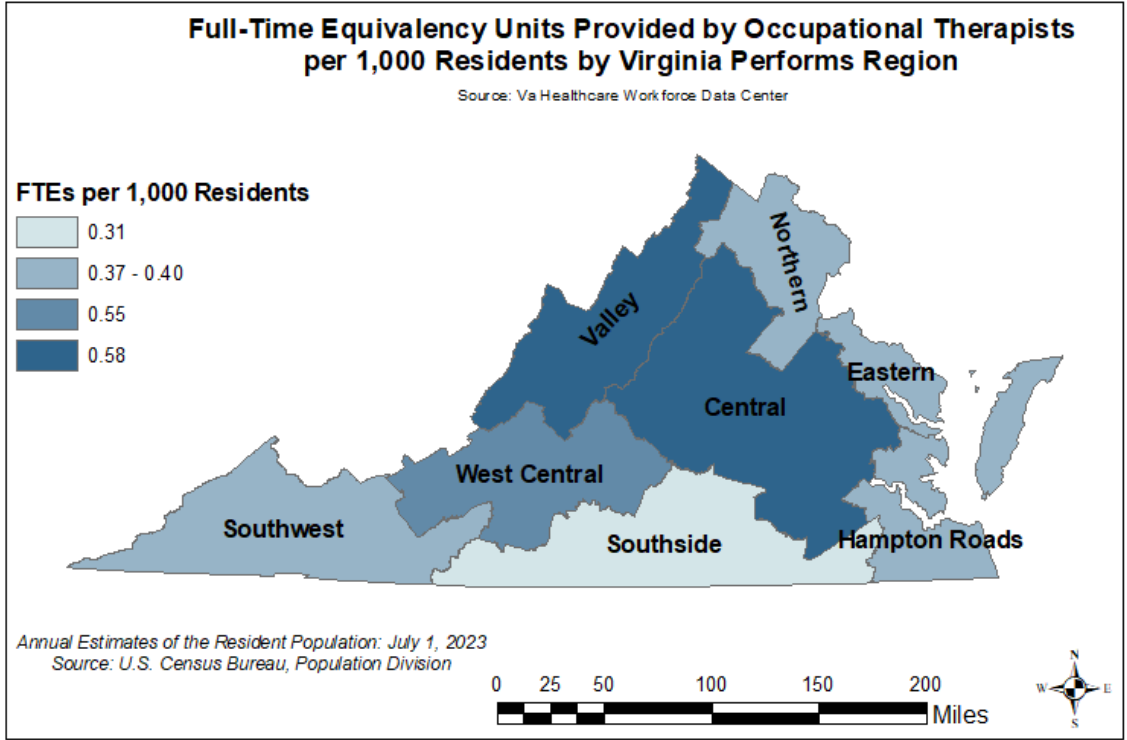
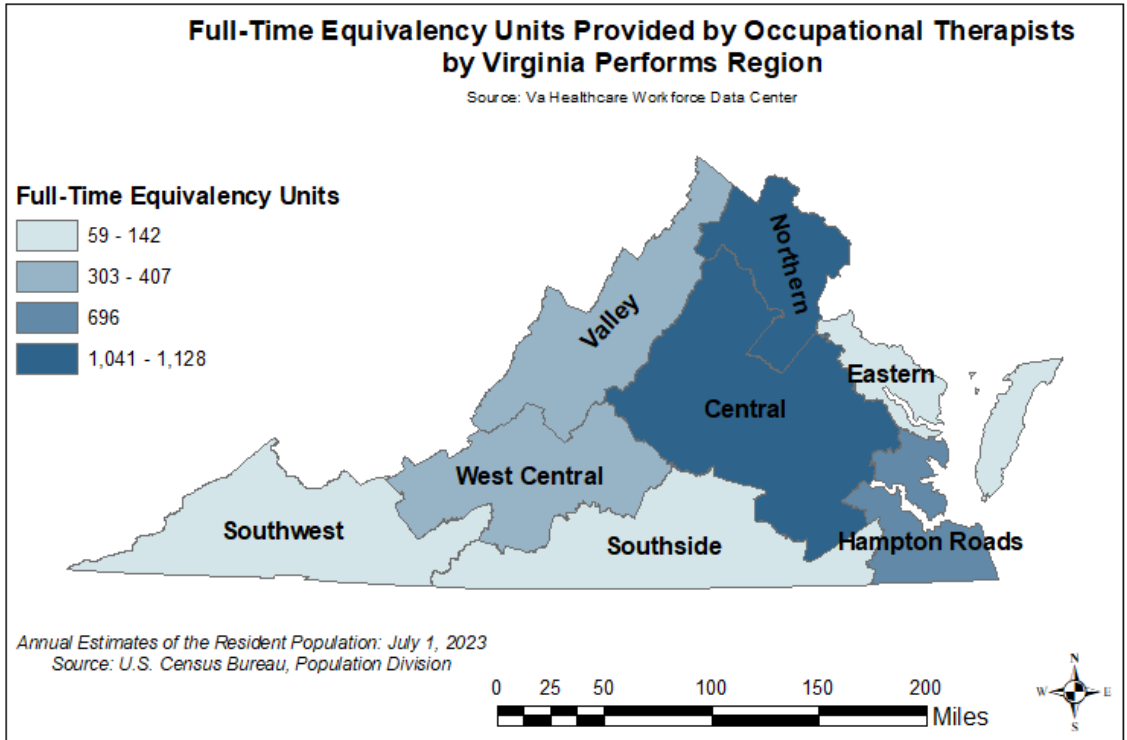
Source: Va. Healthcare Workforce Data Center

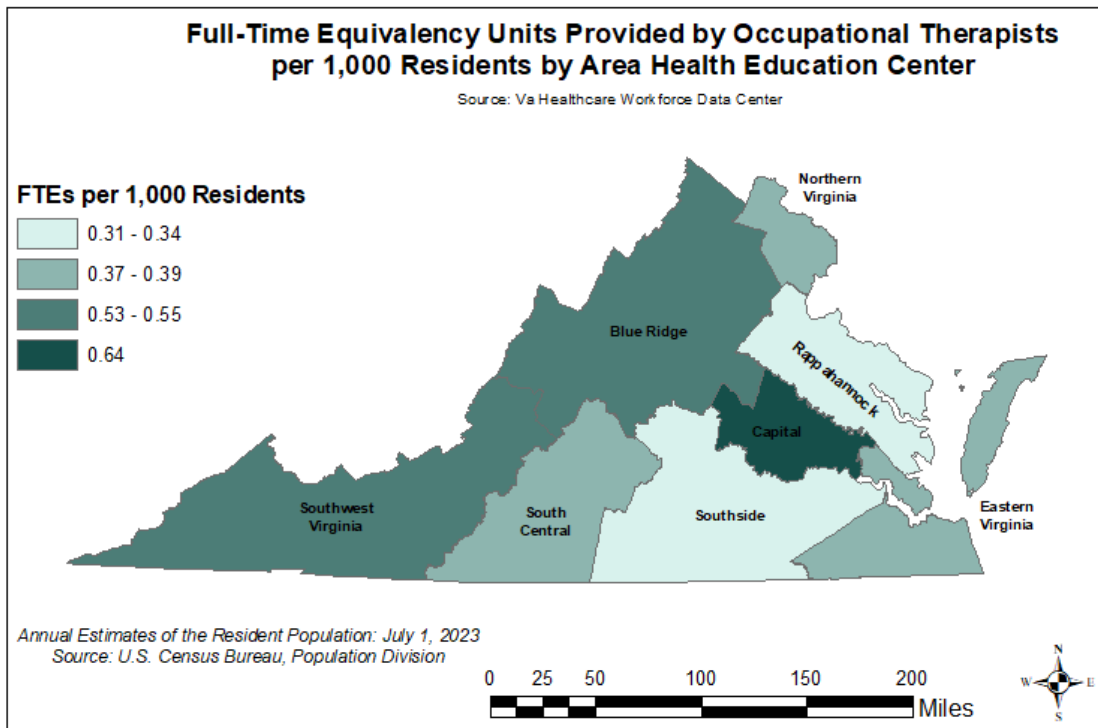
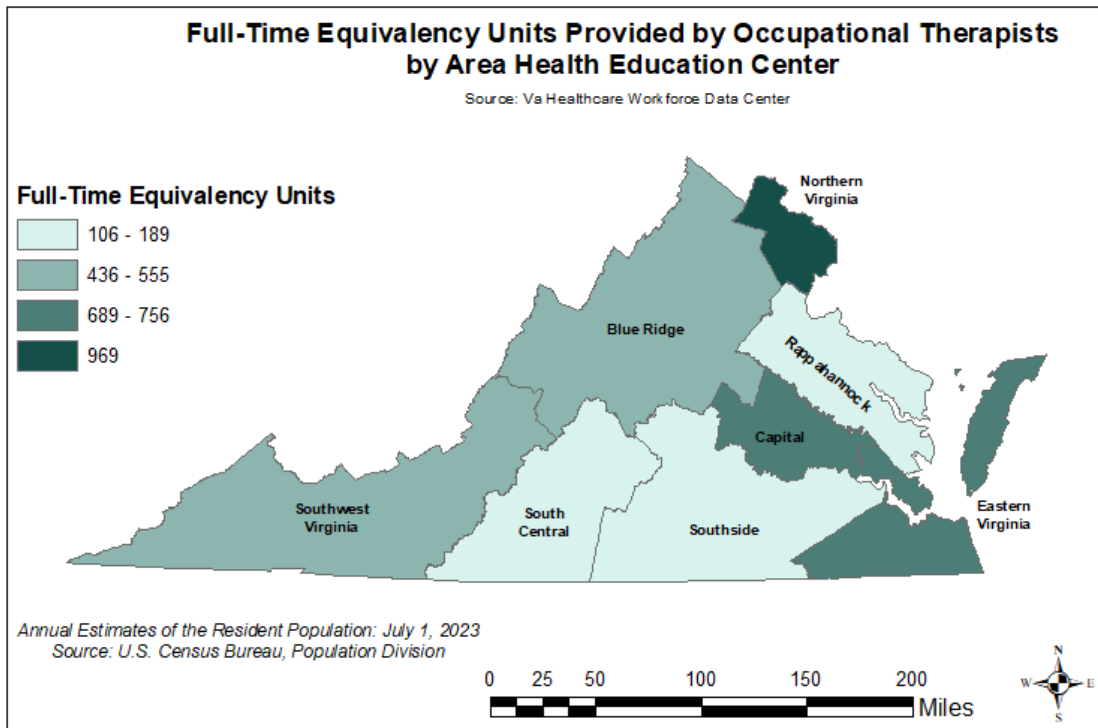


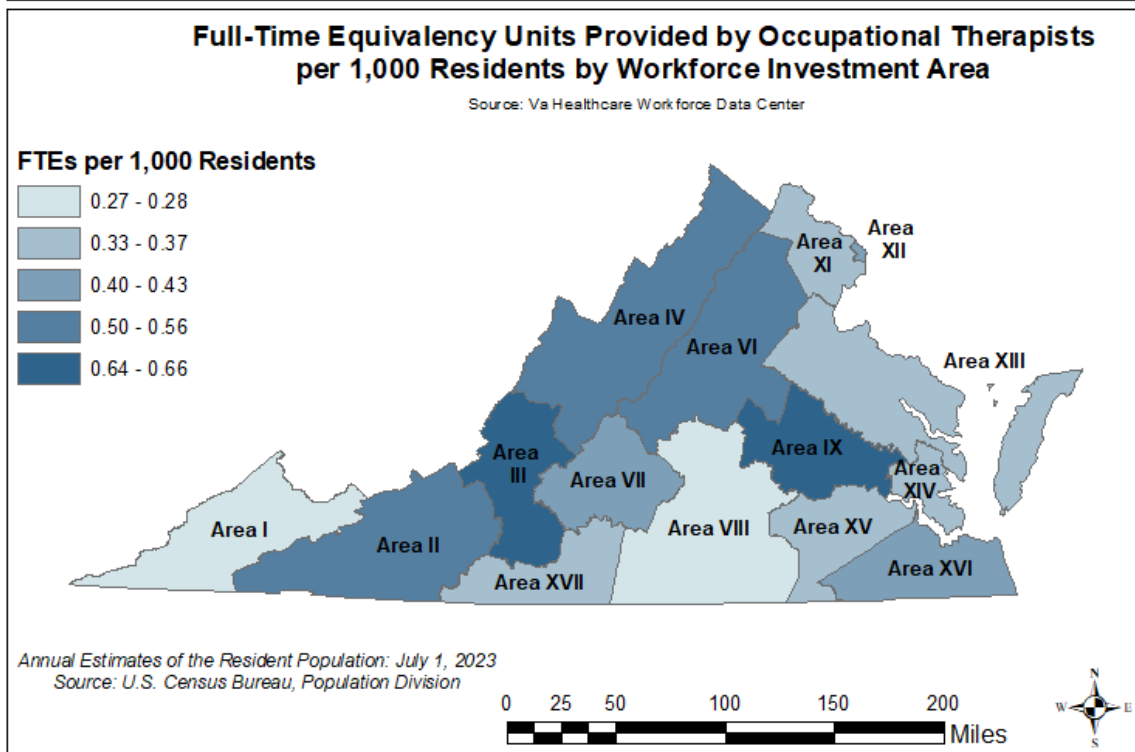
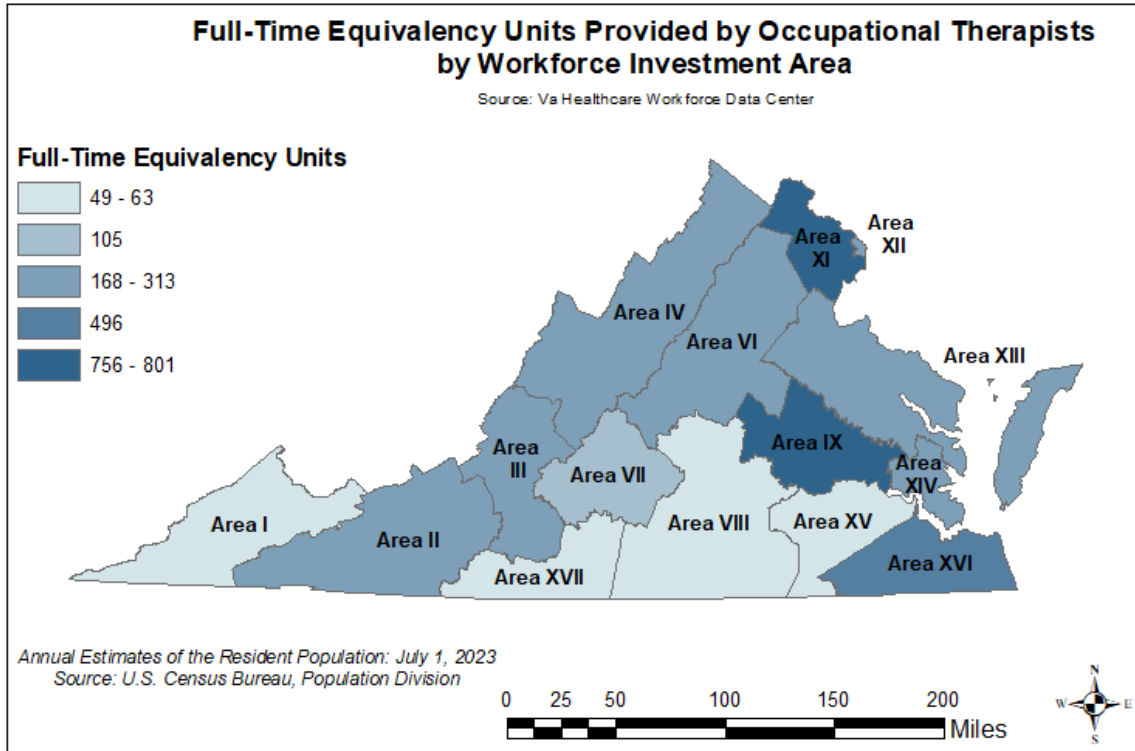
Source: Va. Healthcare Workforce Data Center

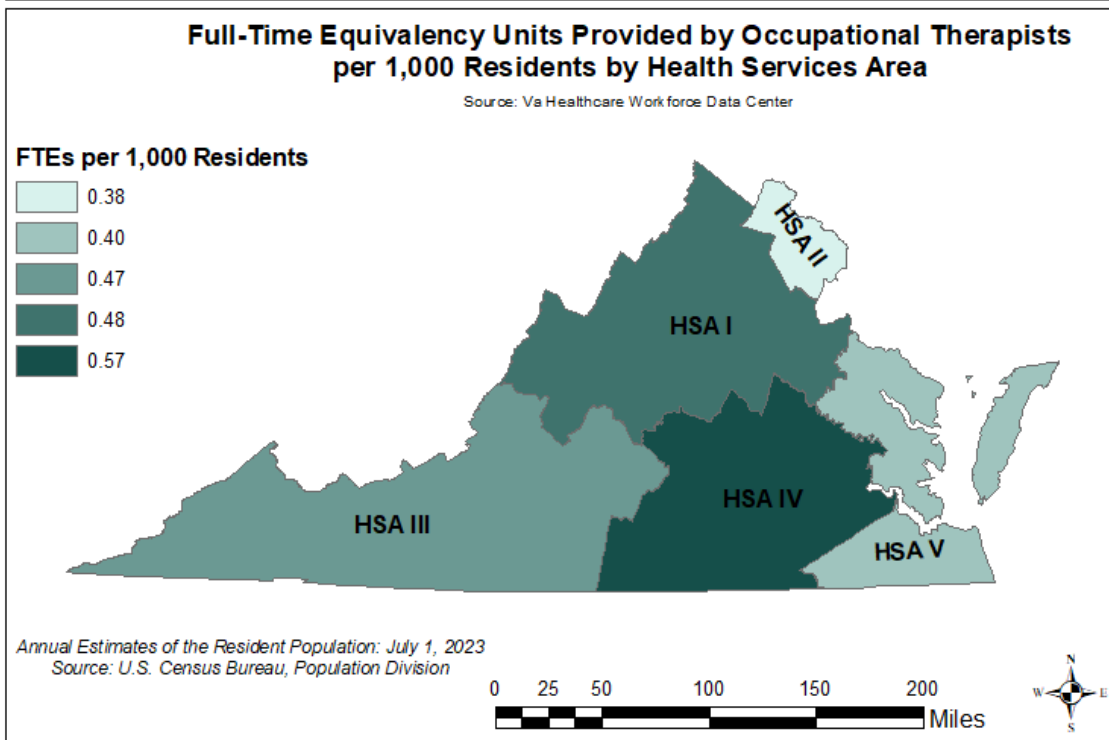
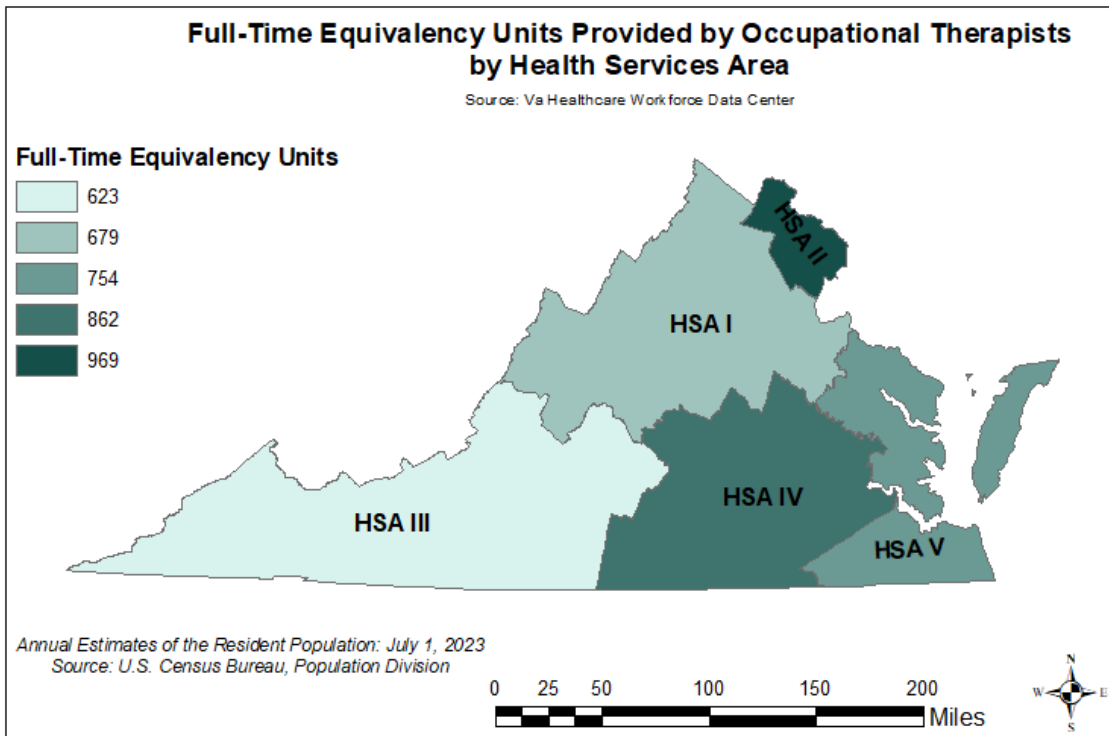
<sup>2</sup> Number of residents in 2023 was used as the denominator.

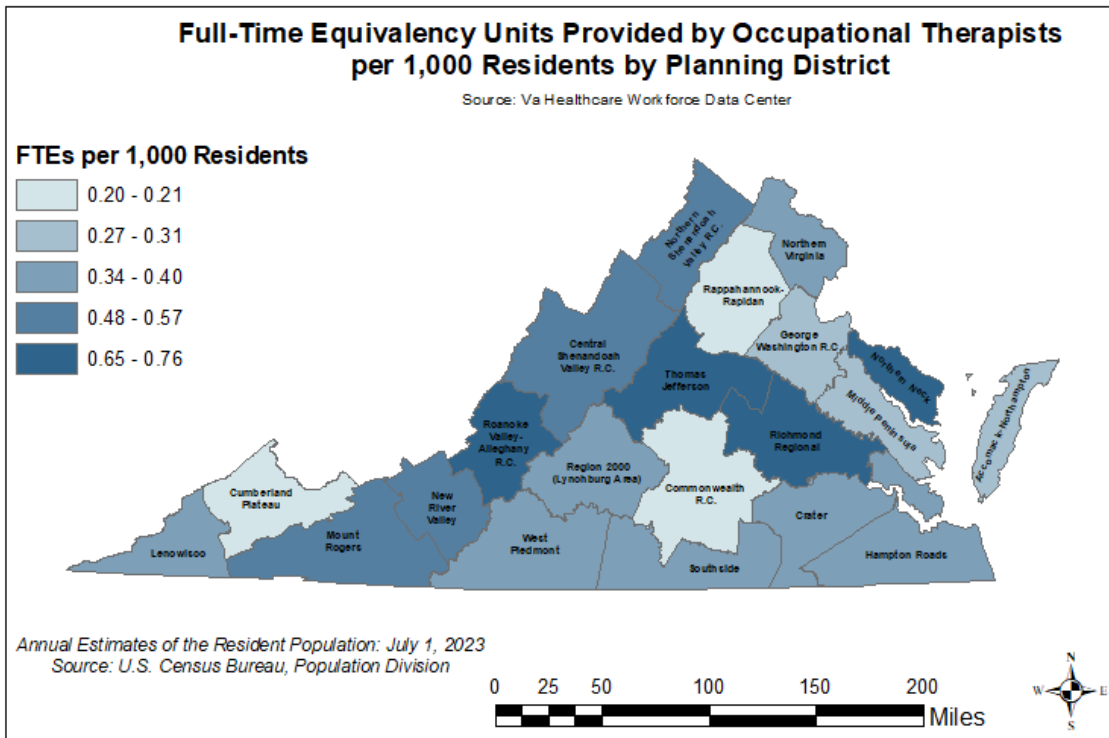
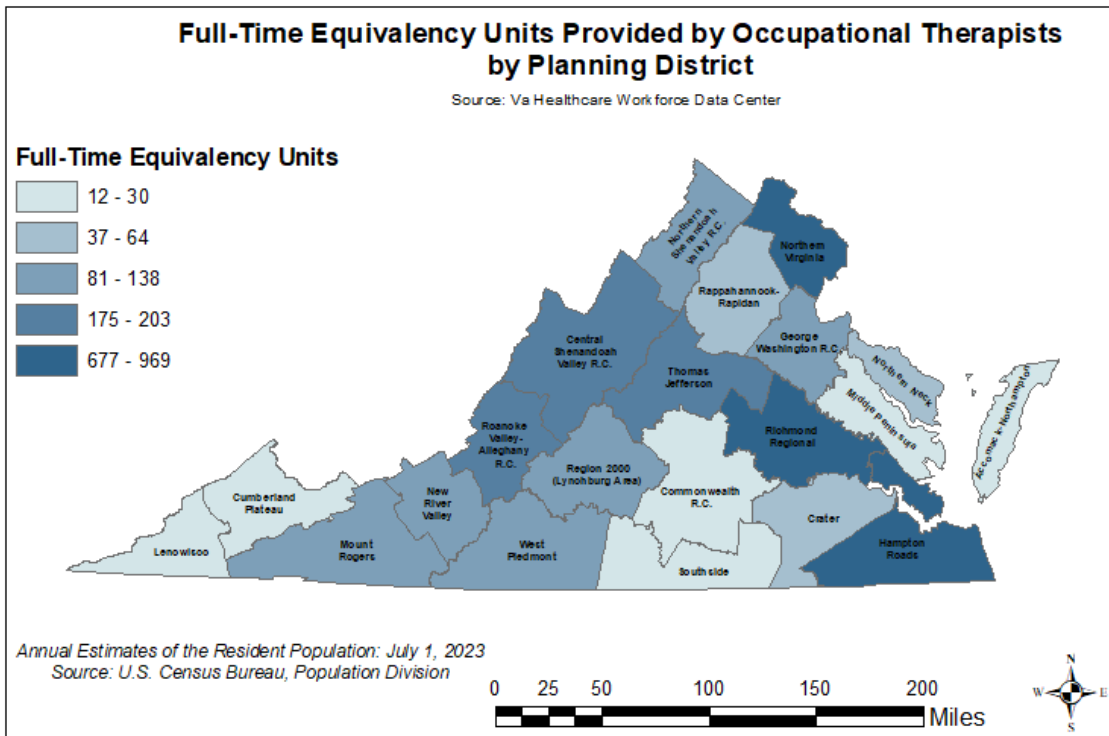
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











## Appendices

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,919	81.81%	1.222	1.005	1.927
<b>Metro, 250,000 to 1 Million</b>	408	83.82%	1.193	0.981	1.881
<b>Metro, 250,000 or Less</b>	564	80.14%	1.248	1.026	1.967
<b>Urban, Pop. 20,000+, Metro Adj.</b>	56	82.14%	1.217	1.001	1.919
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	143	78.32%	1.277	1.049	2.013
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	71	73.24%	1.365	1.122	2.152
<b>Rural, Metro Adj.</b>	102	67.65%	1.478	1.215	2.330
<b>Rural, Non-Adj.</b>	33	75.76%	1.320	1.085	2.081
<b>Virginia Border State/D.C.</b>	659	61.00%	1.639	1.347	2.584
<b>Other U.S. State</b>	963	56.39%	1.773	1.458	2.796

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	1,139	47.50%	2.105	1.881	2.796
<b>30 to 34</b>	1,167	72.07%	1.388	1.239	1.843
<b>35 to 39</b>	876	80.48%	1.243	1.110	1.650
<b>40 to 44</b>	637	85.40%	1.171	1.046	1.555
<b>45 to 49</b>	550	91.09%	1.098	0.981	1.458
<b>50 to 54</b>	510	87.84%	1.138	1.017	1.512
<b>55 to 59</b>	422	91.00%	1.099	0.982	1.459
<b>60 and Over</b>	617	75.69%	1.321	1.180	1.754

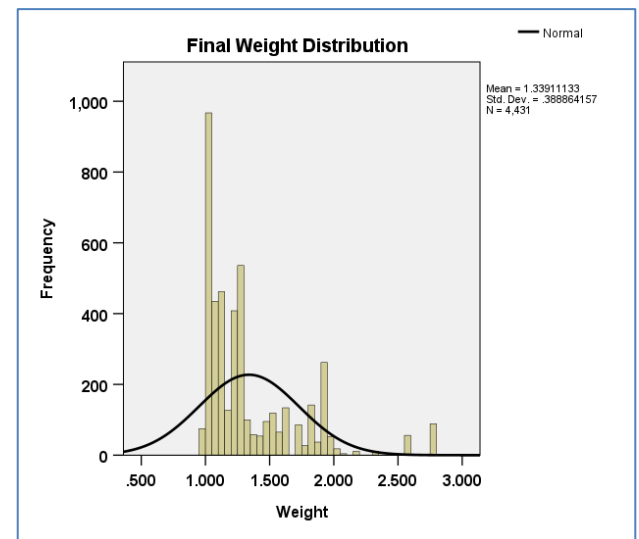
Source: Va. Healthcare Workforce Data Center

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: 0.748733**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

---

# *Virginia's Occupational Therapy Assistant Workforce: 2024*

---

Healthcare Workforce Data Center

February 2025

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/>

*More than 1,500 Occupational Therapy Assistants 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***

**Arne W. Owens, MS**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# Virginia Occupational Therapy Advisory Board

## ***Members***

Raziuddin Ali, MD  
*Midlothian*

Caroline Barnes, OT  
*Glen Allen*

Bobby Blair, OT  
*Charlottesville*

Dennis Lites  
*Suffolk*

Leah Savelyev, OT  
*Roanoke*

## ***Executive Director***

William L. Harp, MD

## Contents

---

<b>At a Glance</b> .....	<b>1</b>
<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The OTA Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Credentials</b> .....	<b>9</b>
<b>Current Employment Situation</b> .....	<b>10</b>
<b>Employment Quality</b> .....	<b>11</b>
<b>2024 Labor Market</b> .....	<b>12</b>
<b>Work Site Distribution</b> .....	<b>13</b>
<b>Establishment Type</b> .....	<b>14</b>
<b>Languages</b> .....	<b>16</b>
<b>Time Allocation</b> .....	<b>17</b>
<b>Retirement &amp; Future Plans</b> .....	<b>18</b>
<b>Full-Time Equivalency Units</b> .....	<b>20</b>
<b>Maps</b> .....	<b>21</b>
Virginia Performs Regions .....	21
Area Health Education Center Regions .....	22
Workforce Investment Areas .....	23
Health Services Areas .....	24
Planning Districts.....	25
<b>Appendices</b> .....	<b>26</b>
Weights .....	26

## The Occupational Therapy Assistant Workforce At a Glance:

### The Workforce

Registrants:	2,019
Virginia's Workforce:	1,847
FTEs:	1,332

### Background

Rural Childhood:	48%
HS Degree in VA:	64%
Prof. Degree in VA:	71%

### Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	59%
Satisfied?:	94%

### Survey Response Rate

All Registrants:	76%
Renewing Practitioners:	94%

### Education

Associate:	95%
Baccalaureate:	5%

### Job Turnover

Switched Jobs:	11%
Employed Over 2 Yrs.:	52%

### Demographics

% Female:	91%
Diversity Index:	37%
Median Age:	38

### Finances

Median Income:	\$50k-\$55k
Health Insurance:	52%
Under 40 w/ Ed. Debt:	55%

### Time Allocation

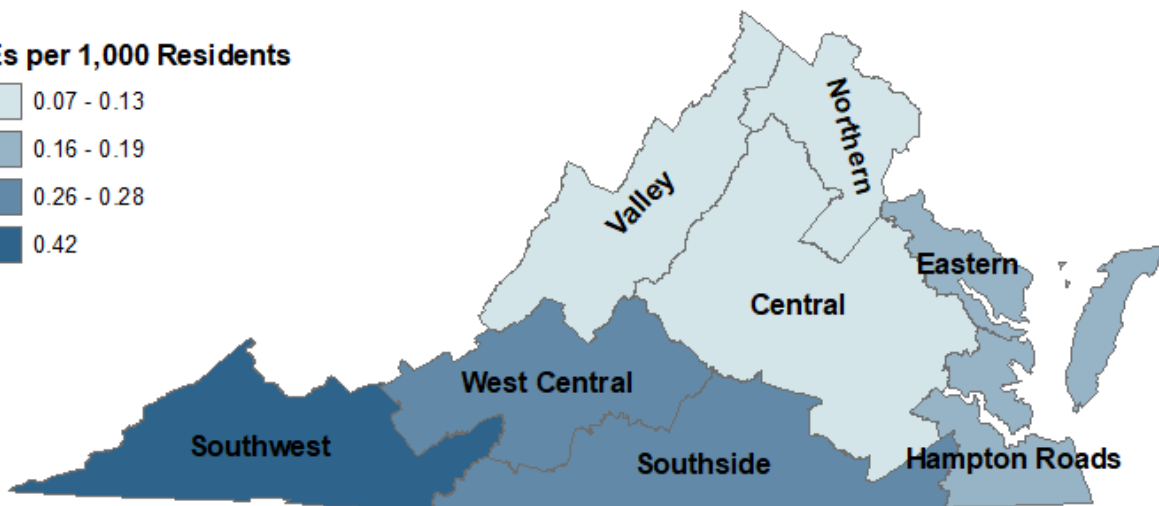
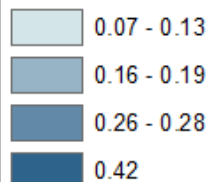
Patient Care:	90%-99%
Patient Care Role:	86%
Admin. Role:	4%

Source: Va. Healthcare Workforce Data Center

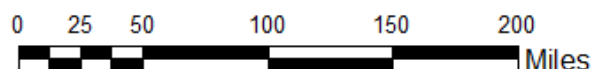
## Full-Time Equivalency Units Provided by Occupational Therapy Assistants per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents



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



## Results in Brief

---

This report contains the results of the 2024 Occupational Therapy Assistant (OTA) workforce survey. In total, 1,528 OTAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place on even-numbered years during the birth month of each OTA. These survey respondents represent 76% of the 2,019 OTAs who are registered in the state and 94% of renewing practitioners.

The HWDC estimates that 1,847 OTAs participated in Virginia's workforce during the survey period, which is defined as those OTAs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an OTA at some point in the future. This workforce provided 1,332 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than nine out of every ten OTAs are female, including 93% of those OTAs who are under the age of 40. In addition, the median age of the overall OTA workforce is 38. In a random encounter between two OTAs, there is a 37% chance that they would be of different races or ethnicities, a measure known as the diversity index. The diversity index among those OTAs who are under the age of 40 is also 37%. For Virginia's overall population, the comparable diversity index is 60%. Nearly half of all OTAs grew up in a rural area, and 32% of OTAs who grew up in a rural area currently work in a non-metro area of the state. In total, 20% of all OTAs currently work in a non-metro area of Virginia.

Among all OTAs, 91% are currently employed in the profession, 59% hold one full-time job, and 35% work between 40 and 49 hours per week. More than two out of every three OTAs work in the for-profit sector, while another 17% work in the non-profit sector. With respect to establishment types, 37% of OTAs work in skilled nursing facilities, while another 12% work in home health care establishments. The median annual income for OTAs is between \$50,000 and \$55,000, and 74% receive this income as an hourly wage. In addition, 74% of all OTAs receive at least one employer-sponsored benefit, including 52% who have access to health insurance. More than nine out of every ten OTAs indicated that they are satisfied with their current work situation, including 58% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2014 Occupational Therapy Assistant workforce. The number of registered OTAs has increased by 59% (2,019 vs. 1,270). In addition, the size of Virginia's OTA workforce has increased by 64% (1,847 vs. 1,125), and the number of FTEs provided by this workforce has increased by 48% (1,332 vs. 898). Virginia's renewing OTAs are more likely to respond to this survey (94% vs. 83%).

The percentage of OTAs who are female has increased (91% vs. 89%), while the median age of this workforce has declined (38 vs. 42). The diversity index of Virginia's OTAs has increased (37% vs. 29%), and an identical trend has also occurred among OTAs who are under the age of 40 (37% vs. 29%). OTAs are less likely to have grown up in a rural area (48% vs. 50%), and OTAs who grew up in a rural area are also less likely to be employed in a non-metro area of Virginia (32% vs. 38%). In total, the percentage of all OTAs who work in a non-metro area of the state has fallen (20% vs. 26%).

OTAs are more likely to carry education debt (45% vs. 42%), and the median outstanding balance among OTAs with education debt has increased (\$20k-\$25k vs. \$12k-\$15k). At the same time, the median annual income of this workforce has increased as well (\$50k-\$55k vs. \$45k-\$50k), and OTAs are relatively more likely to receive this income as a salary (18% vs. 13%) than as an hourly wage (74% vs. 77%). Meanwhile, OTAs are less likely to receive at least one employer-sponsored benefit (74% vs. 77%), including those OTAs who have access to health insurance (52% vs. 56%).

OTAs are less likely to be employed in the profession (91% vs. 97%), hold one full-time job (59% vs. 63%), or work between 40 and 49 hours per week (35% vs. 40%). OTAs are relatively more likely to work in the non-profit sector (17% vs. 15%) than in the for-profit sector (69% vs. 70%). The percentage of OTAs who indicated that they are satisfied with their current work situation has declined (94% vs. 97%). Furthermore, there was a larger decline among those OTAs who indicated that they are "very satisfied" (58% vs. 73%).

**A Closer Look:**

Registrants		
Status	#	%
Renewing Practitioners	1,621	80%
New Registrants	108	5%
Non-Renewals	290	14%
<b>All Registrations</b>	<b>2,019</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing OTAs, 94% submitted a survey. These represent 76% of the 2,019 OTAs who held a registration at some point in 2024.*

**Definitions**

- 1. The Survey Period:** The survey was conducted throughout 2024.
- 2. Target Population:** All OTAs who held a Virginia registration at some point in 2024.
- 3. Survey Population:** The survey was available to OTAs who renewed their registrations online. It was not available to those who did not renew, including all OTAs newly registered in 2024.

**Response Rates**

Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	118	205	64%
30 to 34	102	314	76%
35 to 39	83	243	75%
40 to 44	33	176	84%
45 to 49	50	159	76%
50 to 54	28	158	85%
55 to 59	27	148	85%
60 and Over	50	125	71%
<b>Total</b>	<b>491</b>	<b>1,528</b>	<b>76%</b>
<b>New Registrants</b>			
Registered in Past Year	108	0	0%
<b>Metro Status</b>			
Non-Metro	71	310	81%
Metro	264	1,039	80%
Not in Virginia	156	179	53%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

Completed Surveys	<b>1,528</b>
Response Rate, All Registrants	<b>76%</b>
Response Rate, Renewals	<b>94%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Registered OTAs

Number:	2,019
New:	5%
Not Renewed:	14%

Response Rates

All Registrants:	76%
Renewing Practitioners:	94%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

2024 OTA Workforce: 1,847  
 FTEs: 1,332

### Utilization Ratios

Registrants in VA Workforce: 91%  
 Registrants per FTE: 1.52  
 Workers per FTE: 1.39

Source: Va. Healthcare Workforce Data Center

## Definitions

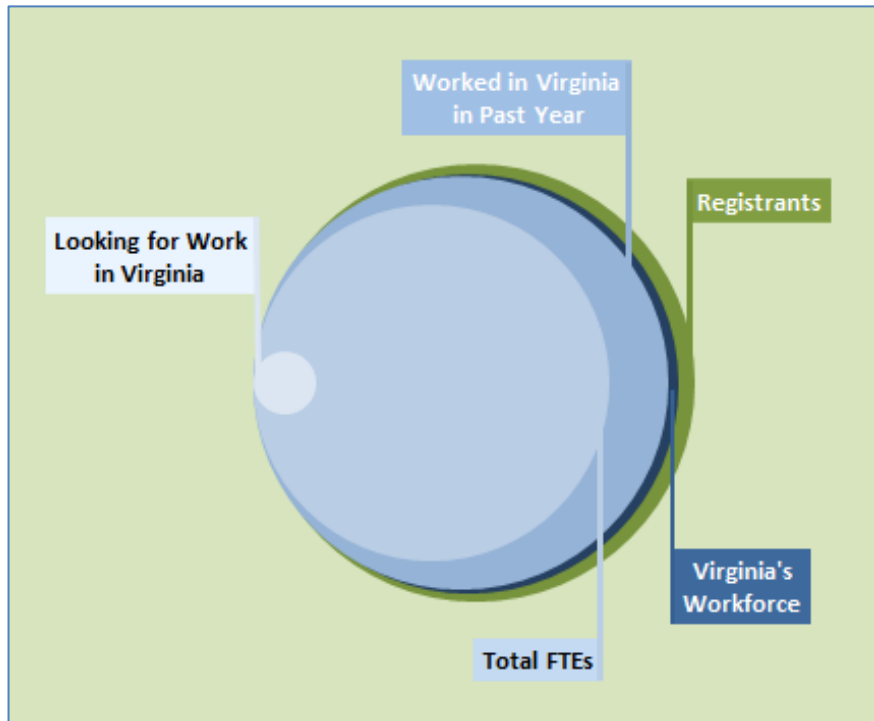
- 1. Virginia’s Workforce:** A registrant with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Status	#	%
Worked in Virginia in Past Year	1,806	98%
Looking for Work in Virginia	41	2%
Virginia's Workforce	1,847	100%
Total FTEs	1,332	
Registrants	2,019	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	16	6%	255	94%	271	16%
<b>30 to 34</b>	18	5%	343	95%	362	22%
<b>35 to 39</b>	27	10%	253	91%	279	17%
<b>40 to 44</b>	23	14%	143	86%	166	10%
<b>45 to 49</b>	17	10%	152	90%	169	10%
<b>50 to 54</b>	16	11%	125	89%	141	8%
<b>55 to 59</b>	23	16%	118	84%	141	8%
<b>60 and Over</b>	15	11%	124	89%	139	8%
<b>Total</b>	<b>156</b>	<b>9%</b>	<b>1,513</b>	<b>91%</b>	<b>1,669</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	OTAs		OTAs Under 40	
	%	#	%	#	%
<b>White</b>	59%	1,362	79%	738	79%
<b>Black</b>	19%	196	11%	92	10%
<b>Asian</b>	7%	44	3%	30	3%
<b>Other Race</b>	0%	13	1%	4	0%
<b>Two or More Races</b>	3%	49	3%	32	3%
<b>Hispanic</b>	11%	67	4%	42	4%
<b>Total</b>	<b>100%</b>	<b>1,731</b>	<b>100%</b>	<b>939</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, 2023.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 91%  
% Under 40 Female: 93%

**Age**

Median Age: 38  
% Under 40: 55%  
% 55 and Over: 17%

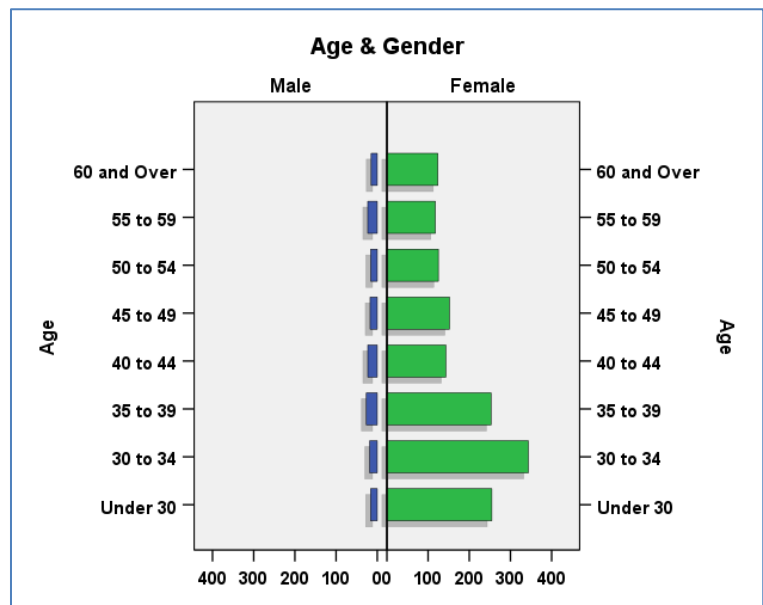
**Diversity**

Diversity Index: 37%  
Under 40 Div. Index: 37%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two OTAs, there is a 37% 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%.*

*Among all OTAs, 55% are under the age of 40, and 93% of OTAs who are under the age of 40 are female. In addition, the diversity index among OTAs who are under the age of 40 is 37%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 11%  
 Rural Childhood: 48%

### Virginia Background

HS in Virginia: 64%  
 Professional Edu. in VA: 71%  
 HS/Prof. Edu. in VA: 76%

### Location Choice

% Rural to Non-Metro: 32%  
 % Urban/Suburban to Non-Metro: 8%

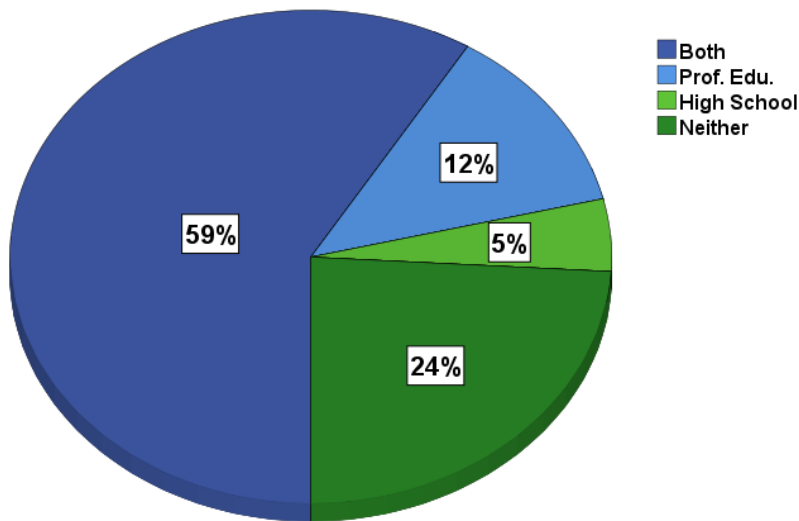
Source: Va. Healthcare Workforce Data Center

## 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+	30%	56%	14%
2	Metro, 250,000 to 1 Million	60%	31%	9%
3	Metro, 250,000 or Less	67%	27%	7%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	77%	11%	12%
6	Urban, Pop. 5,000-19,999, Metro Adjacent	68%	26%	6%
7	Urban, Pop. 5,000-19,999, Non-Adjacent	90%	10%	0%
8	Rural, Metro Adjacent	81%	11%	8%
9	Rural, Non-Adjacent	70%	22%	8%
<b>Overall</b>		<b>48%</b>	<b>41%</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all OTAs grew up in a self-described rural area, and 32% of OTAs who grew up in a rural area currently work in a non-metro county. In total, 20% of all OTAs work in a non-metro county of the state.

## Top Ten States for Occupational Therapy Assistant Recruitment

Rank	All Occupational Therapy Assistants			
	High School	#	Professional School	#
1	Virginia	1,093	Virginia	1,215
2	Pennsylvania	77	Minnesota	61
3	New York	73	Pennsylvania	60
4	West Virginia	54	New York	53
5	North Carolina	46	North Carolina	44
6	Outside U.S./Canada	40	West Virginia	35
7	Florida	34	Florida	33
8	Ohio	31	Texas	23
9	Maryland	27	Maryland	22
10	California	27	California	19

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 64% received their high school degree in Virginia, and 71% received their initial professional degree in the state.

Rank	Registered in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	316	Virginia	328
2	Pennsylvania	21	Minnesota	44
3	Outside U.S./Canada	18	North Carolina	20
4	North Carolina	16	Pennsylvania	20
5	Florida	14	Florida	16
6	West Virginia	14	Texas	8
7	New York	12	West Virginia	8
8	California	12	California	8
9	Maryland	10	New York	8
10	South Carolina	6	Oklahoma	5

Source: Va. Healthcare Workforce Data Center

Among OTAs who were registered in the past five years, 63% received their high school degree in Virginia, and 66% received their initial professional degree in the state.

Nearly one out of every ten registered OTAs did not participate in Virginia's workforce in the past year. Among these OTAs, 89% worked at some point in the past year, including 79% who currently work as OTAs.

### At a Glance:

#### Not in VA Workforce

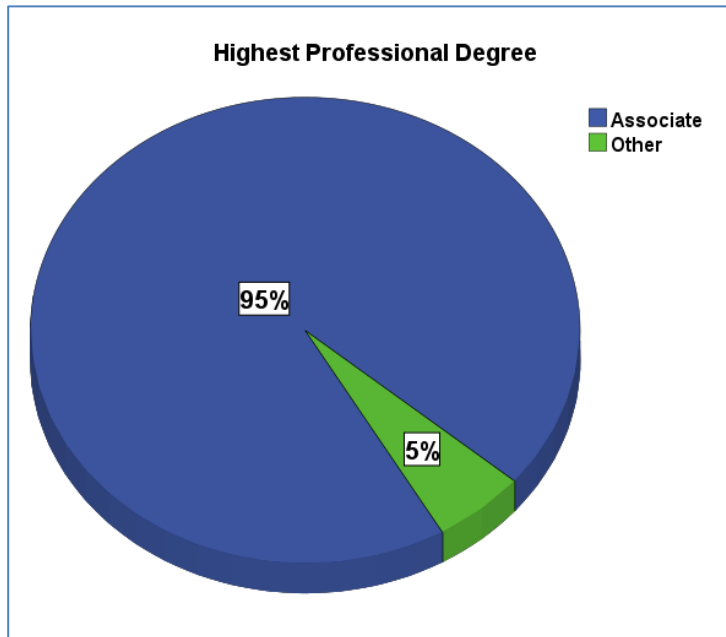
Total:	171
% of Registrants:	8%
Federal/Military:	5%
VA Border State/DC:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,605	95%
Baccalaureate Degree	87	5%
Master's Degree	6	0%
Doctoral Degree	0	0%
<b>Total</b>	<b>1,697</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Associate: 95%  
 Baccalaureate: 5%

**Education Debt**  
 With Debt: 45%  
 Under Age 40 w/ Debt: 55%  
 Median Debt: \$20k-\$25k

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 95% hold an associate degree as their highest professional degree.

Close to half of all OTAs carry education debt, including 55% of those OTAs who are under the age of 40. For those with education debt, the median outstanding balance is between \$20,000 and \$25,000.

Education Debt				
Amount Carried	All OTAs		OTAs Under 40	
	#	%	#	%
None	815	55%	357	44%
\$2,000 or Less	33	2%	23	3%
\$2,001-\$4,000	27	2%	12	1%
\$4,001-\$6,000	25	2%	19	2%
\$6,001-\$8,000	22	1%	12	1%
\$8,001-\$10,000	26	2%	14	2%
\$10,001-\$12,000	33	2%	17	2%
\$12,001-\$15,000	42	3%	28	3%
\$15,001-\$20,000	68	5%	47	6%
\$20,001-\$25,000	64	4%	46	6%
More than \$25,000	317	22%	229	28%
<b>Total</b>	<b>1,472</b>	<b>100%</b>	<b>806</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Specialties

Gerontology:	25%
Physical Rehabilitation:	24%
Home Health:	20%

### Top Certifications

Dementia Care:	3%
School Systems:	2%
Lymphedema Therapist:	2%

Source: Va. Healthcare Workforce Data Center

*Two-thirds of all OTAs have at least one specialization, including 25% who have a specialization in gerontology.*

## A Closer Look:

Specializations		
Area	#	% of Workforce
Gerontology	467	25%
Physical Rehabilitation	435	24%
Home Health	367	20%
Pediatrics	278	15%
Acute Care	264	14%
Neurorehabilitation	224	12%
School Systems	204	11%
Developmental Disabilities	185	10%
Sensory Processing	170	9%
Environmental Modification	167	9%
Mental Health	126	7%
Feeding, Eating, Swallowing	115	6%
Hand Therapy	95	5%
Early Intervention	93	5%
Low Vision	72	4%
Driving and Community Mobility	10	1%
Industrial/Workplace	6	0%
Other	97	5%
<b>At Least One Specialization</b>	<b>1,238</b>	<b>67%</b>

Source: Va. Healthcare Workforce Data Center

## Certifications

Proficiency Area	#	% of Workforce
Dementia Care Specialist	49	3%
School Systems	38	2%
Certified Lymphedema Therapist	32	2%
Environmental Modification (SCAEM)	6	0%
Feeding, Eating, Swallowing (SCAFES)	5	0%
Low Vision (SCALV)	4	0%
Driving and Community Mobility (SCADCM)	1	0%
Other	100	5%
<b>At Least One Certification</b>	<b>210</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*More than one out of every ten OTAs hold at least one certification, including 3% who have been certified as Dementia Care Specialists.*

## At a Glance:

### Employment

Employed in Profession: 91%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 59%  
 2 or More Positions: 20%

### Weekly Hours:

40 to 49: 35%  
 60 or More: 1%  
 Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	4	< 1%
Employed in an Occupational Therapy-Related Capacity	1,573	91%
Employed, NOT in an Occupational Therapy-Related Capacity	87	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	9	1%
Voluntarily Unemployed	50	3%
Retired	1	< 1%
<b>Total</b>	<b>1,725</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all OTAs, 91% are currently employed in the profession, 59% hold one full-time job, and 35% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	60	4%
One Part-Time Position	301	18%
Two Part-Time Positions	101	6%
One Full-Time Position	1,006	59%
One Full-Time Position & One Part-Time Position	188	11%
Two Full-Time Positions	2	0%
More than Two Positions	50	3%
<b>Total</b>	<b>1,708</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	60	4%
1 to 9 Hours	75	4%
10 to 19 Hours	86	5%
20 to 29 Hours	174	10%
30 to 39 Hours	629	38%
40 to 49 Hours	586	35%
50 to 59 Hours	40	2%
60 to 69 Hours	7	0%
70 to 79 Hours	4	0%
80 or More Hours	14	1%
<b>Total</b>	<b>1,675</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	14	1%
\$30,000 or Less	189	14%
\$30,001-\$35,000	59	5%
\$35,001-\$40,000	85	6%
\$40,001-\$45,000	71	5%
\$45,001-\$50,000	110	8%
\$50,001-\$55,000	160	12%
\$55,001-\$60,000	157	12%
\$60,001-\$65,000	151	11%
\$65,001-\$70,000	121	9%
\$70,001-\$75,000	79	6%
\$75,001-\$80,000	58	4%
More than \$80,000	65	5%
<b>Total</b>	<b>1,318</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	974	58%
Somewhat Satisfied	616	37%
Somewhat Dissatisfied	78	5%
Very Dissatisfied	22	1%
<b>Total</b>	<b>1,690</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$50k-\$55k

**Benefits**  
Health Insurance: 52%  
Retirement: 51%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

*The typical OTA earns between \$50,000 and \$55,000 per year. In addition, 74% of all OTAs receive at least one employer-sponsored benefit, including 52% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	975	62%	63%
Health Insurance	816	52%	54%
Retirement	796	51%	50%
Dental Insurance	788	50%	51%
Paid Sick Leave	683	43%	43%
Group Life Insurance	437	28%	27%
Signing/Retention Bonus	82	5%	6%
<b>At Least One Benefit</b>	<b>1,168</b>	<b>74%</b>	<b>75%</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?	28	2%
Experience Voluntary Unemployment?	133	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	92	5%
Work Two or More Positions at the Same Time?	424	23%
Switch Employers or Practices?	203	11%
<b>Experience At Least One?</b>	<b>705</b>	<b>38%</b>

Source: Va. Healthcare Workforce Data Center

*Over the past year, 2% of Virginia's OTAs have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	40	2%	48	10%
Less than 6 Months	130	8%	79	17%
6 Months to 1 Year	180	11%	87	18%
1 to 2 Years	436	27%	115	24%
3 to 5 Years	360	22%	83	17%
6 to 10 Years	251	15%	39	8%
More than 10 Years	237	15%	26	5%
<b>Subtotal</b>	<b>1,634</b>	<b>100%</b>	<b>477</b>	<b>100%</b>
Did Not Have Location	62		1,354	
Item Missing	150		15	
<b>Total</b>	<b>1,847</b>		<b>1,847</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly three-quarters of Virginia's OTAs received an hourly wage at their primary work location, while another 18% either received a salary or worked on commission.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 5%

**Turnover & Tenure**

Switched Jobs: 11%  
New Location: 29%  
Over 2 Years: 52%  
Over 2 Yrs., 2<sup>nd</sup> Location: 31%

**Employment Type**

Hourly Wage: 74%  
Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

*Among all OTAs, 52% have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	198	18%
Hourly Wage	829	74%
By Contract	93	8%
Business/Practice Income	1	0%
Unpaid	4	0%
<b>Subtotal</b>	<b>1,125</b>	<b>100%</b>

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 2.3% and a high of 3.5%. The unemployment rate from December 2024 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	24%
Top 3 Regions:	58%
Lowest Region:	2%

### Locations

2 or More (Past Year):	29%
2 or More (Now*):	26%

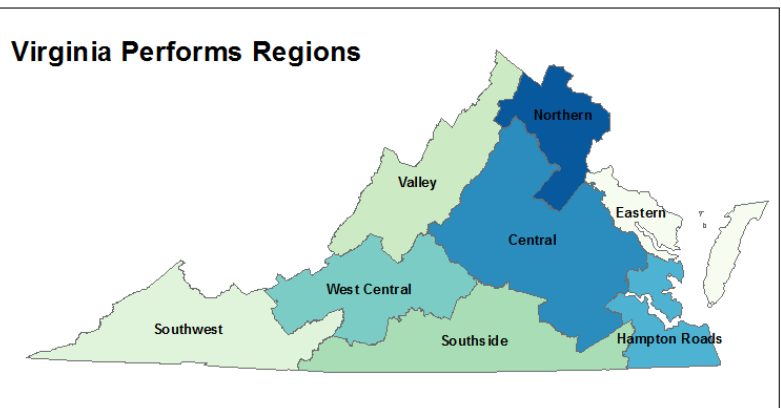
Source: Va. Healthcare Workforce Data Center

Nearly three out of every five OTAs work in Hampton Roads, Central Virginia, or West Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	287	18%	74	15%
Eastern	30	2%	10	2%
Hampton Roads	398	24%	105	21%
Northern	253	15%	85	17%
Southside	123	8%	30	6%
Southwest	204	12%	54	11%
Valley	68	4%	32	7%
West Central	259	16%	80	16%
Virginia Border State/D.C.	6	0%	1	0%
Other U.S. State	10	1%	19	4%
Outside of the U.S.	2	0%	0	0%
<b>Total</b>	<b>1,640</b>	<b>100%</b>	<b>490</b>	<b>100%</b>
Item Missing	144		2	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	41	3%	61	4%
1	1,134	68%	1,169	70%
2	313	19%	280	17%
3	138	8%	131	8%
4	19	1%	6	0%
5	5	0%	5	0%
6 or More	12	1%	9	1%
<b>Total</b>	<b>1,662</b>	<b>100%</b>	<b>1,662</b>	<b>100%</b>

While 26% of OTAs currently have multiple work locations, 29% have had multiple work locations over the past year.

\*At the time of survey completion: 2024 (on the birth month of each respondent).

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,064	69%	339	76%
<b>Non-Profit</b>	267	17%	65	15%
<b>State/Local Government</b>	196	13%	34	8%
<b>Veterans Administration</b>	9	1%	0	0%
<b>U.S. Military</b>	7	0%	1	0%
<b>Other Federal Gov't</b>	7	0%	5	1%
<b>Total</b>	<b>1,550</b>	<b>100%</b>	<b>444</b>	<b>100%</b>
<b>Did Not Have Location</b>	62		1,354	
<b>Item Missing</b>	234		48	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

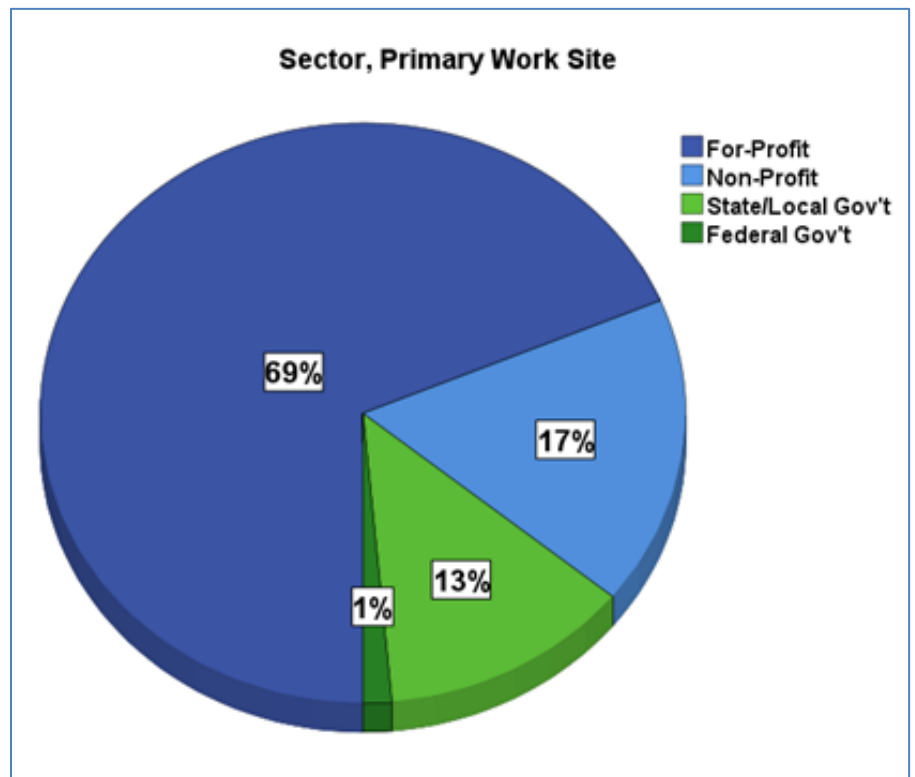
For-Profit:	69%
Federal:	1%

**Top Establishments**

Skilled Nursing Facility:	37%
Home Health Care:	12%
Assisted Living/ Continuing Care:	8%

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 86% work in the private sector, including 69% who work at a for-profit establishment.



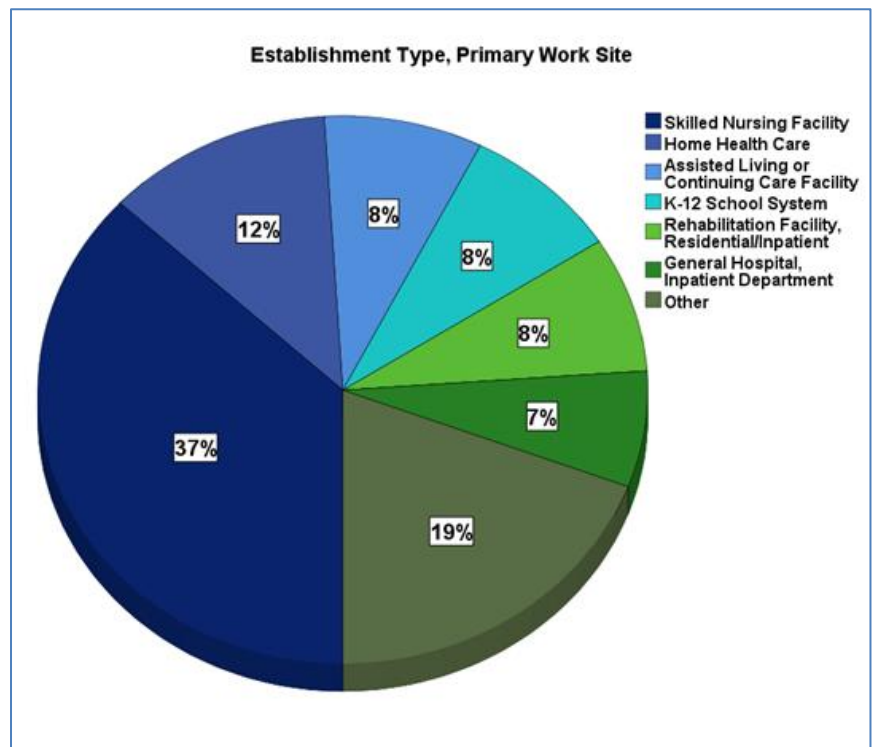
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	564	37%	167	38%
Home Health Care	184	12%	85	19%
Assisted Living or Continuing Care Facility	129	8%	46	11%
K-12 School System	129	8%	22	5%
Rehabilitation Facility, Residential/Inpatient	122	8%	33	8%
General Hospital, Inpatient Department	104	7%	30	7%
Rehabilitation Facility, Outpatient Clinic	76	5%	8	2%
Private Practice, Group	59	4%	10	2%
Private Practice, Solo	34	2%	3	1%
Academic Institution	31	2%	3	1%
General Hospital, Outpatient Department	8	1%	0	0%
Other	86	6%	29	7%
<b>Total</b>	<b>1,526</b>	<b>100%</b>	<b>436</b>	<b>100%</b>

*As their primary work location, 37% of all OTAs work in a skilled nursing facility, while another 12% work in a home health care establishment.*

Source: Va. Healthcare Workforce Data Center

*Among those OTAs who also have a secondary work location, 38% work in a skilled nursing facility, and another 19% work in a home health care establishment.*



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	8%
Korean:	2%
French:	2%

### Means of Communication

Virtual Translation:	53%
Other Staff Member:	43%
Onsite Translation:	21%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	427	8%
Korean	121	2%
French	120	2%
Chinese	119	2%
Tagalog/Filipino	117	2%
Arabic	115	2%
Vietnamese	109	2%
Hindi	104	2%
Persian	76	1%
Urdu	76	1%
Amharic, Somali, or Other Afro-Asiatic Languages	72	1%
Pashto	66	1%
Others	70	1%
<b>At Least One Language</b>	<b>474</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten OTAs are employed at a primary work location that offers Spanish language services for patients.

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	250	53%
Other Staff Member is Proficient	203	43%
Onsite Translation Service	98	21%
Respondent is Proficient	58	12%
Other	20	4%

Source: Va. Healthcare Workforce Data Center

More than half of all OTAs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

## At a Glance: (Primary Locations)

### A Typical OTA's Time

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

### Roles

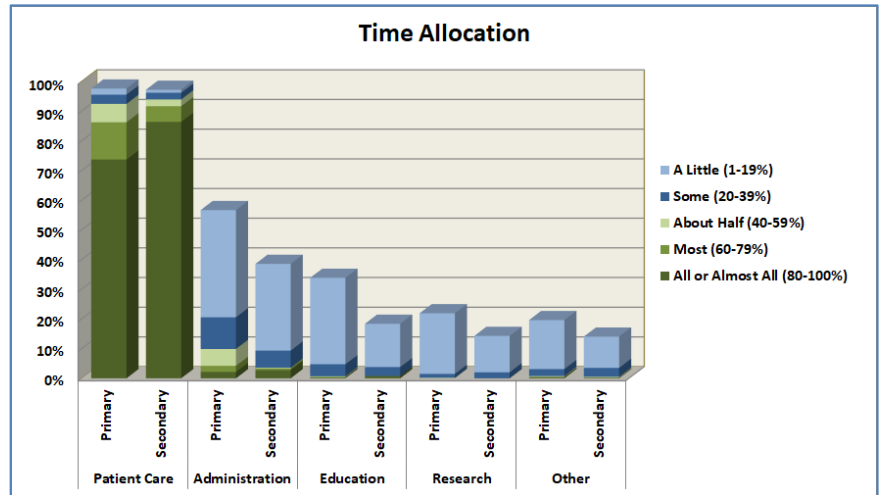
Patient Care: 86%  
Administration: 4%

### Patient Care OTAs

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*OTAs spend most of their time performing patient care activities. In fact, 86% of all OTAs 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>	74%	86%	2%	3%	0%	1%	0%	0%	0%	0%
<b>Most (60-79%)</b>	13%	5%	2%	1%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	6%	2%	6%	0%	0%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	3%	2%	11%	6%	4%	3%	1%	2%	2%	3%
<b>A Little (1-19%)</b>	2%	1%	36%	29%	29%	15%	20%	12%	17%	11%
<b>None (0%)</b>	2%	3%	43%	61%	66%	81%	78%	86%	80%	86%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All OTAs		OTAs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	100	7%	-	-
<b>50 to 54</b>	85	6%	3	1%
<b>55 to 59</b>	128	9%	19	5%
<b>60 to 64</b>	348	24%	86	24%
<b>65 to 69</b>	508	36%	160	45%
<b>70 to 74</b>	141	10%	61	17%
<b>75 to 79</b>	24	2%	13	4%
<b>80 or Over</b>	11	1%	0	0%
<b>I Do Not Intend to Retire</b>	77	5%	15	4%
<b>Total</b>	<b>1,421</b>	<b>100%</b>	<b>357</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All OTAs**

Under 65: 47%  
Under 60: 22%

**OTAs 50 and Over**

Under 65: 30%  
Under 60: 6%

**Time Until Retirement**

Within 2 Years: 4%  
Within 10 Years: 14%  
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*Nearly half of all OTAs expect to retire by the age of 65. Among those OTAs who are age 50 and over, 30% still expect to retire by the age of 65.*

*Within the next two years, 14% of OTAs expect to pursue additional OT-related educational opportunities, and 14% also expect to increase their patient care hours.*

**Future Plans**

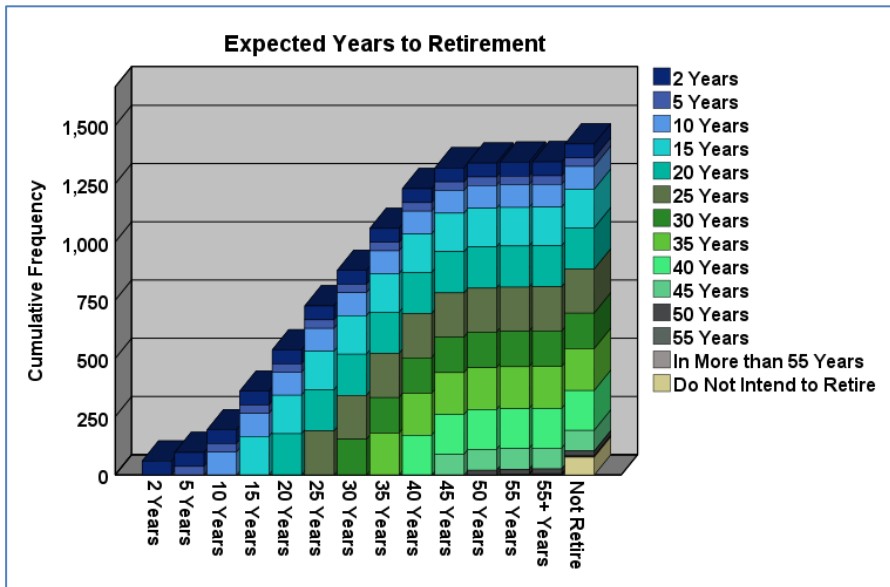
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	73	4%
<b>Leave Virginia</b>	64	3%
<b>Decrease Patient Care Hours</b>	118	6%
<b>Decrease Teaching Hours</b>	8	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	251	14%
<b>Increase Teaching Hours</b>	70	4%
<b>Pursue Education to Become OT</b>	151	8%
<b>Pursue Other OT-Related Education</b>	265	14%
<b>Return to the Workforce</b>	24	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for OTAs. While only 4% of OTAs expect to retire in the next two years, 14% expect to retire within the next decade. More than half of the current workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	60	4%	4%
5 Years	37	3%	7%
10 Years	98	7%	14%
15 Years	165	12%	25%
20 Years	177	12%	38%
25 Years	189	13%	51%
30 Years	153	11%	62%
35 Years	180	13%	75%
40 Years	171	12%	87%
45 Years	89	6%	93%
50 Years	21	1%	94%
55 Years	4	0%	95%
In More than 55 Years	1	0%	95%
Do Not Intend to Retire	77	5%	100%
<b>Total</b>	<b>1,421</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2039. Retirement will peak at 13% of the current workforce in 2049 before declining to under 10% of the current workforce again around 2069.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### FTEs

Total: 1,332  
 FTEs/1,000 Residents<sup>2</sup>: 0.153  
 Average: 0.75

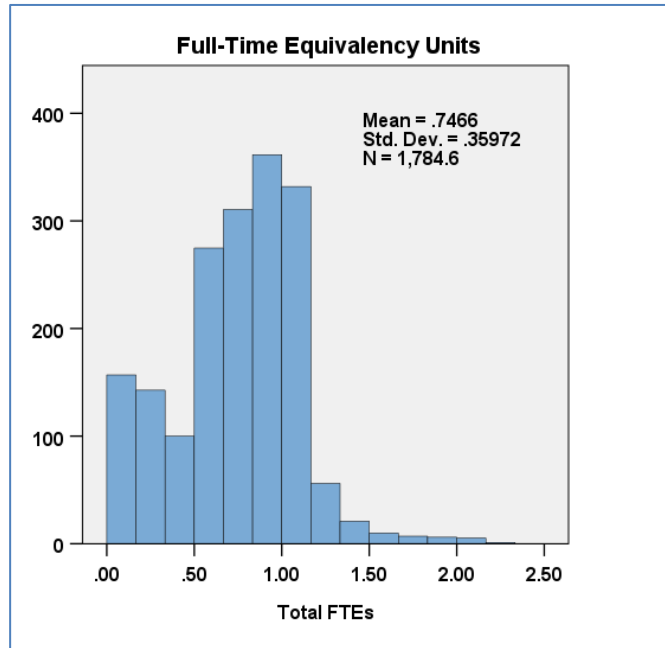
### Age & Gender Effect

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:

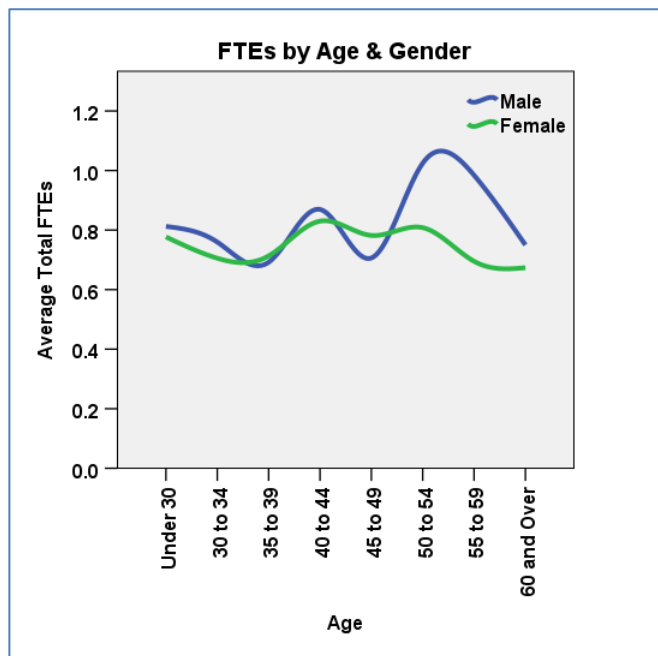


Source: Va. Healthcare Workforce Data Center

The typical OTA provided 0.80 FTEs in 2024, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.78	0.83
30 to 34	0.71	0.78
35 to 39	0.71	0.77
40 to 44	0.81	0.89
45 to 49	0.77	0.80
50 to 54	0.82	0.82
55 to 59	0.73	0.78
60 and Over	0.70	0.72
<b>Gender</b>		
Male	0.83	0.93
Female	0.74	0.82

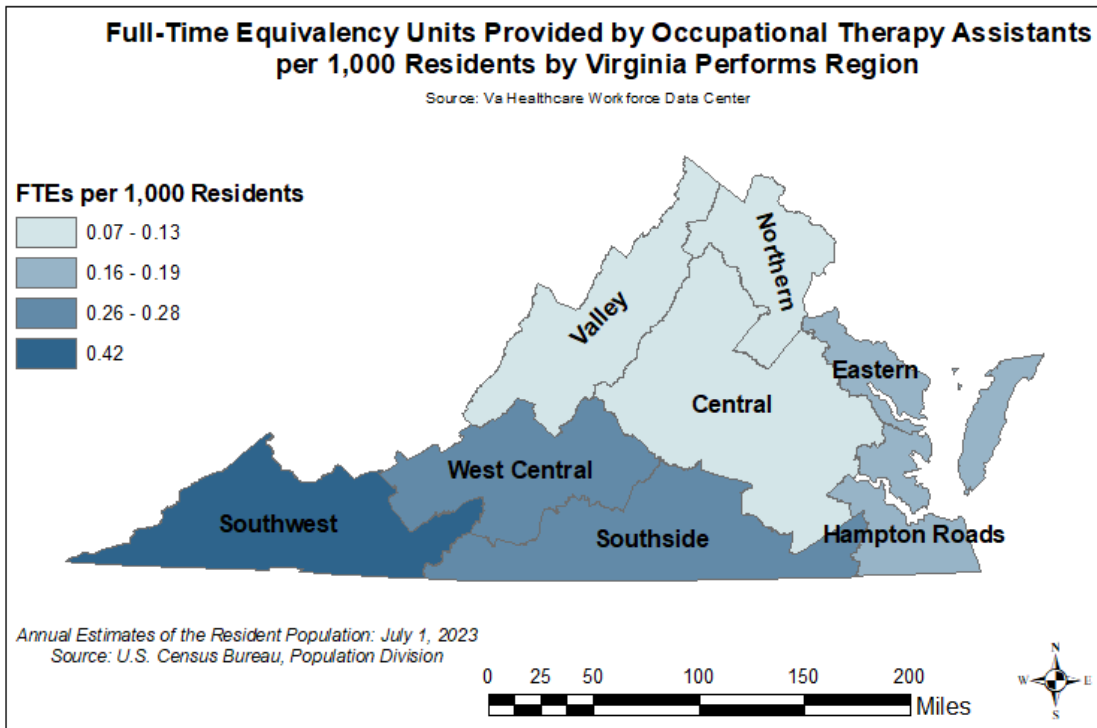
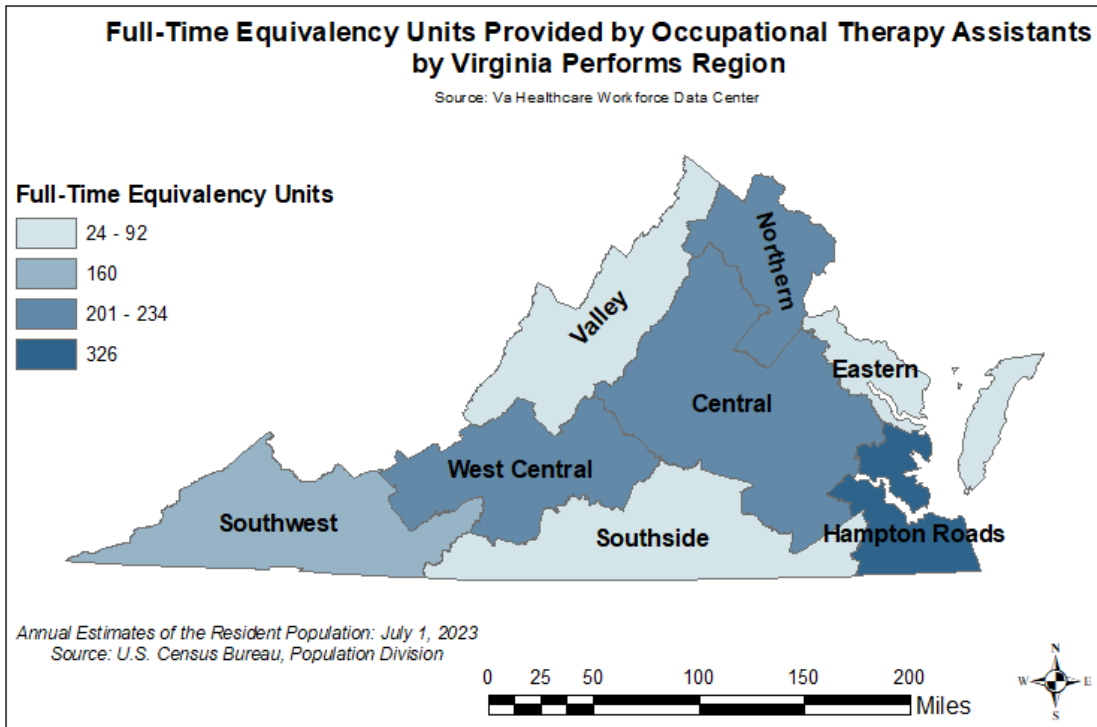
Source: Va. Healthcare Workforce Data Center

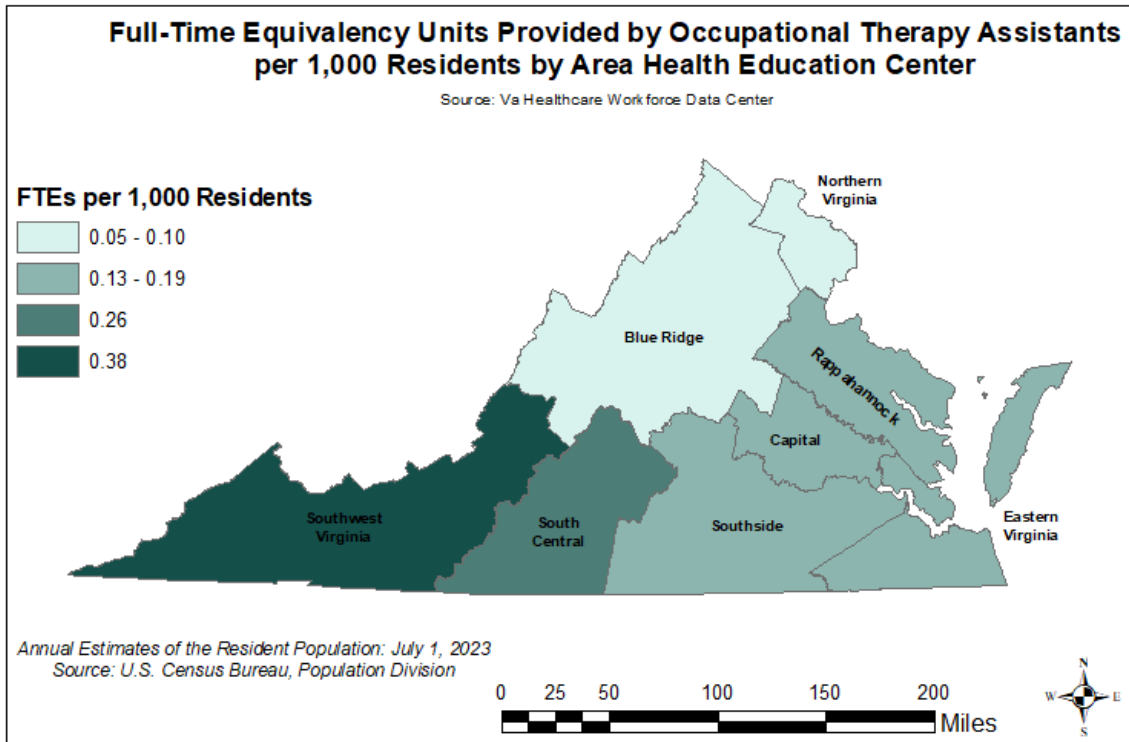
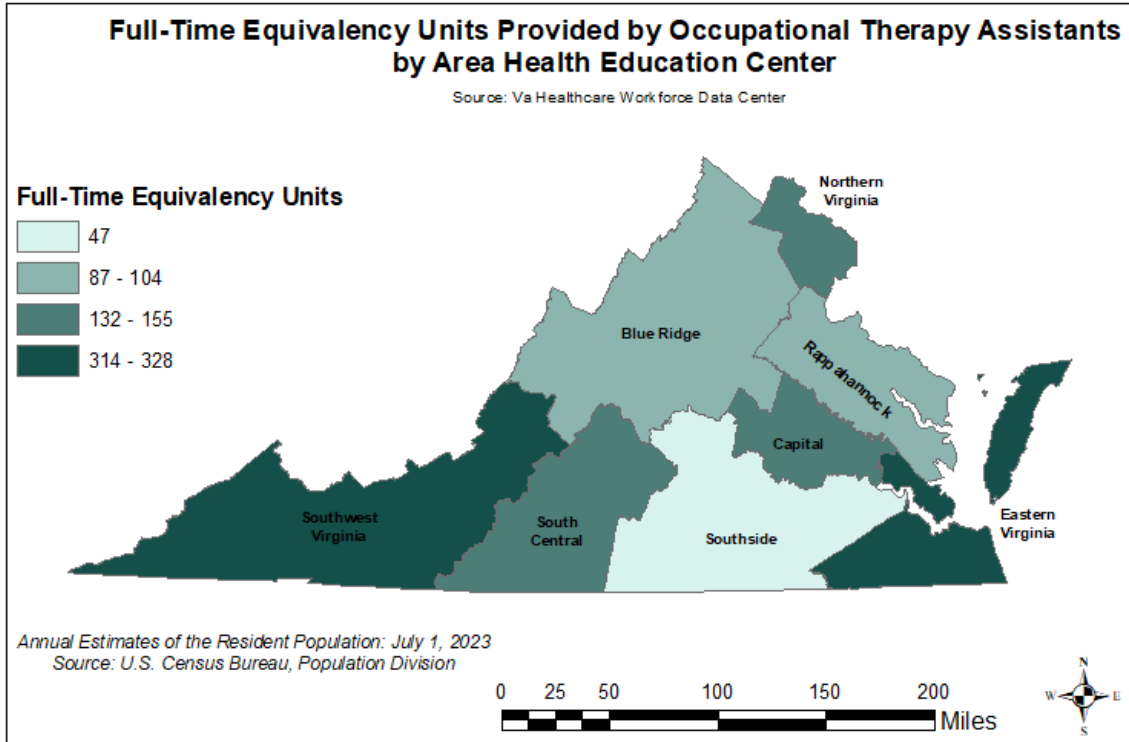


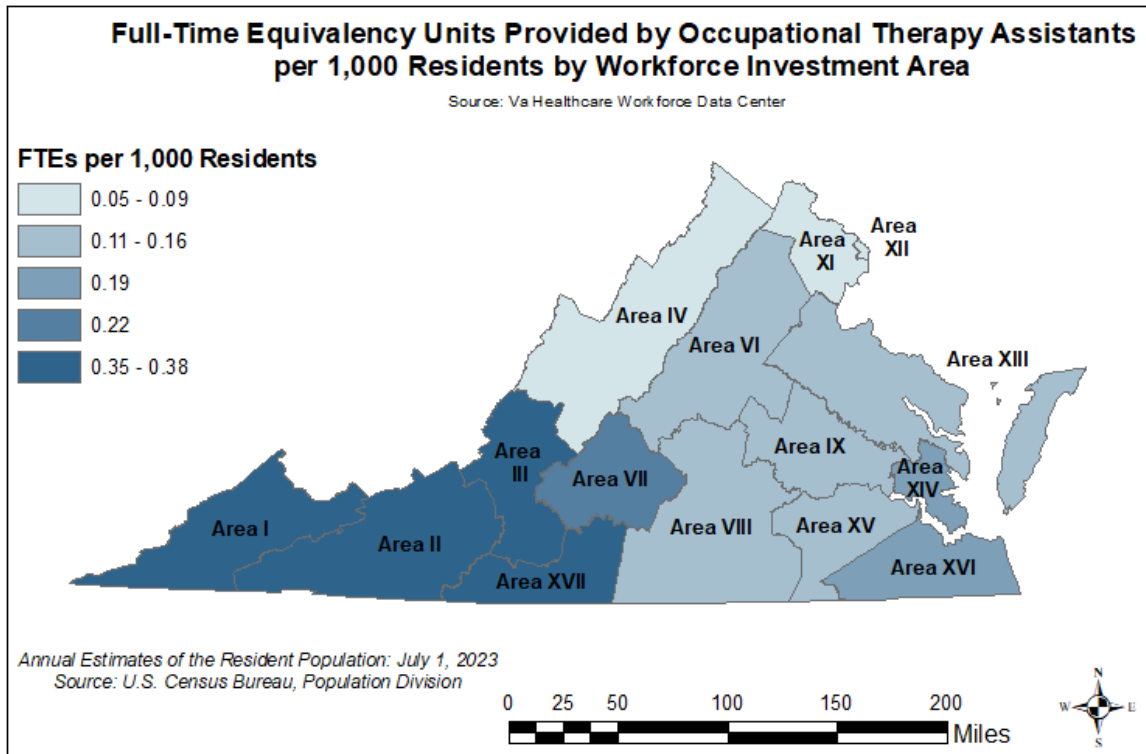
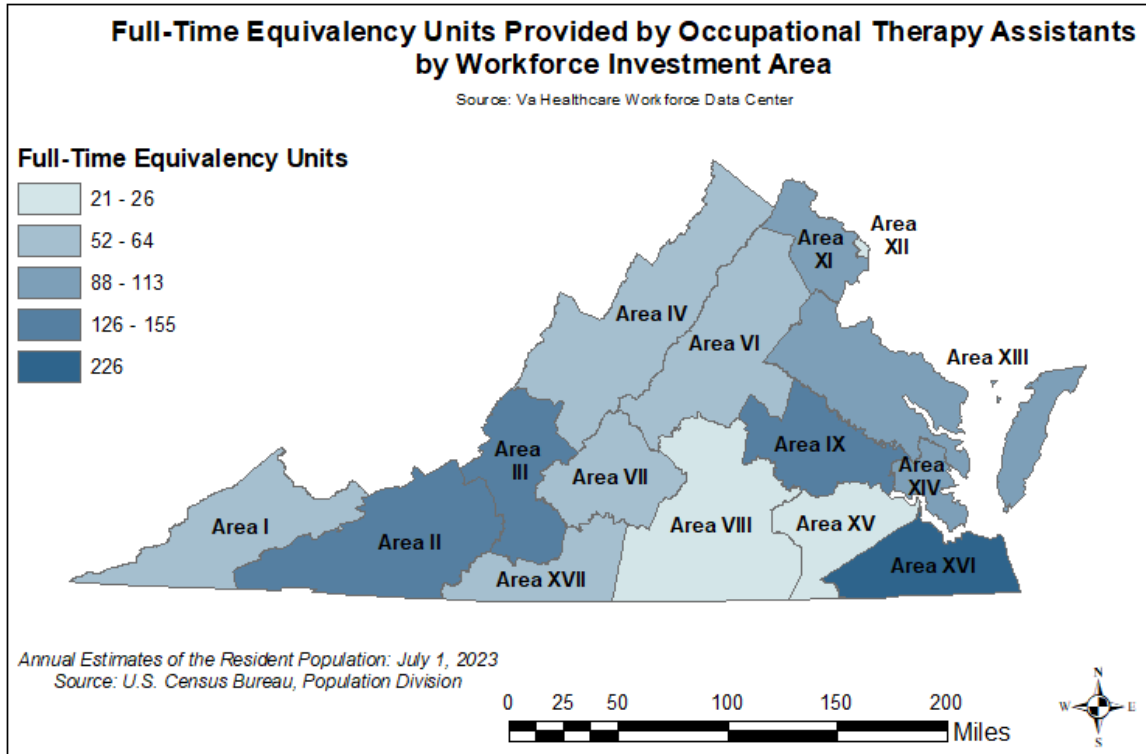
Source: Va. Healthcare Workforce Data Center

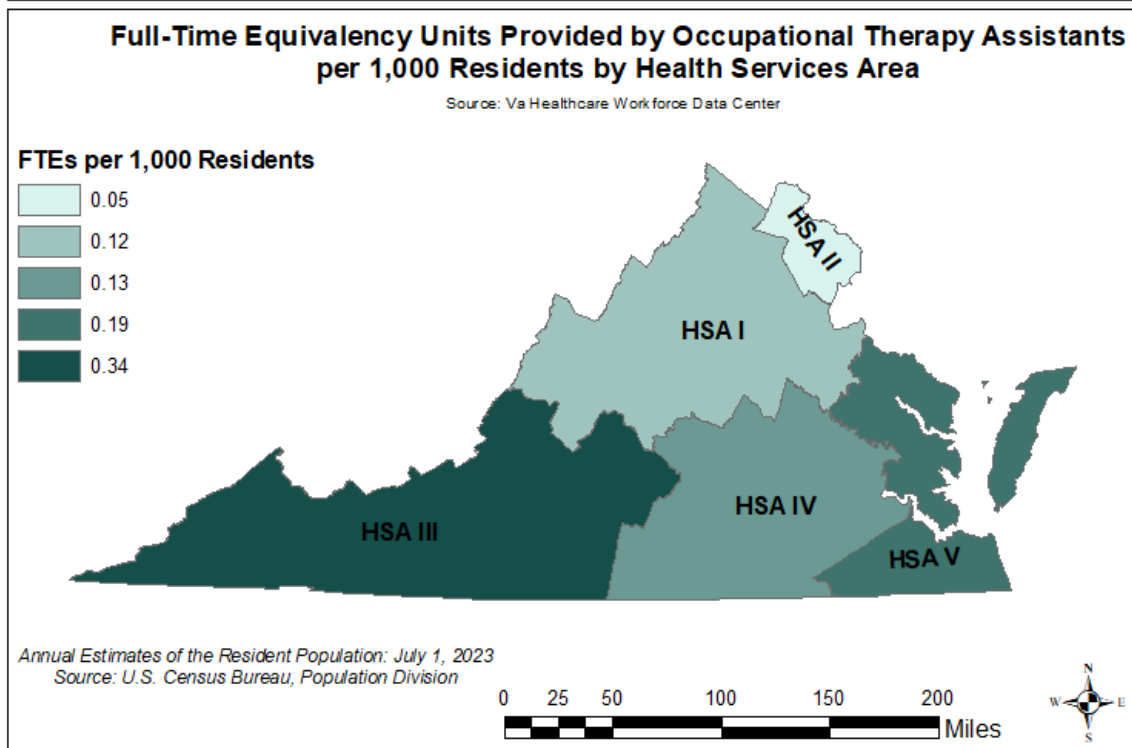
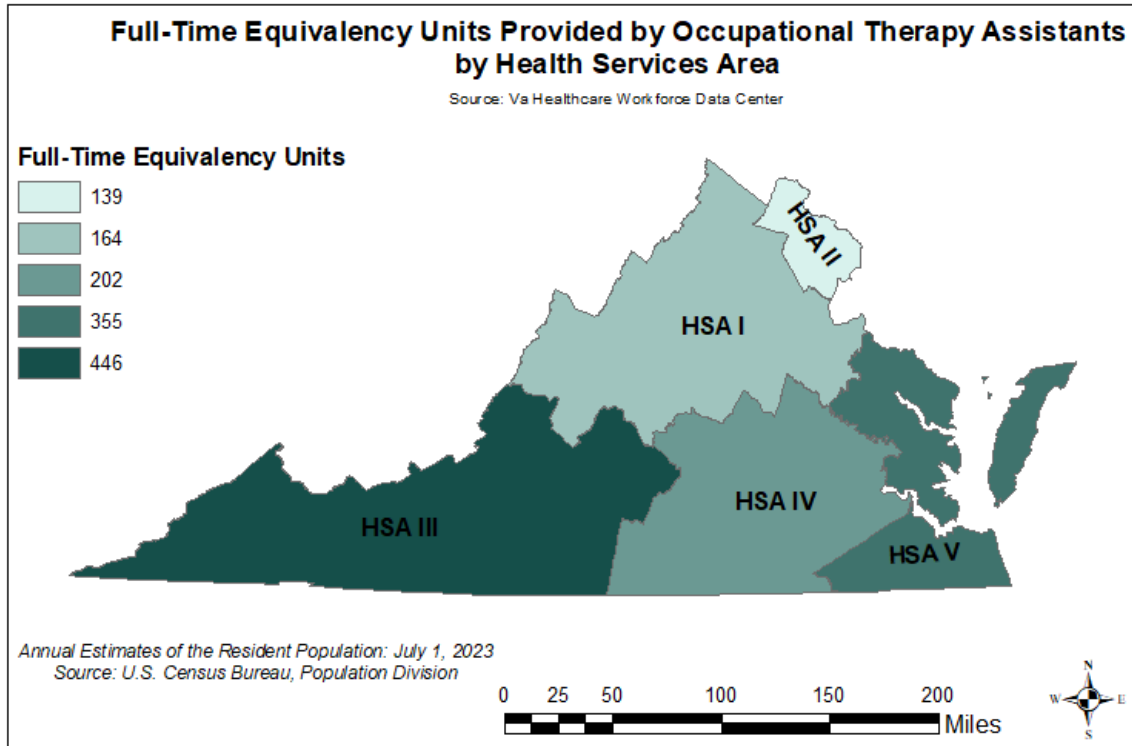
<sup>2</sup> Number of residents in 2023 was used as the denominator.

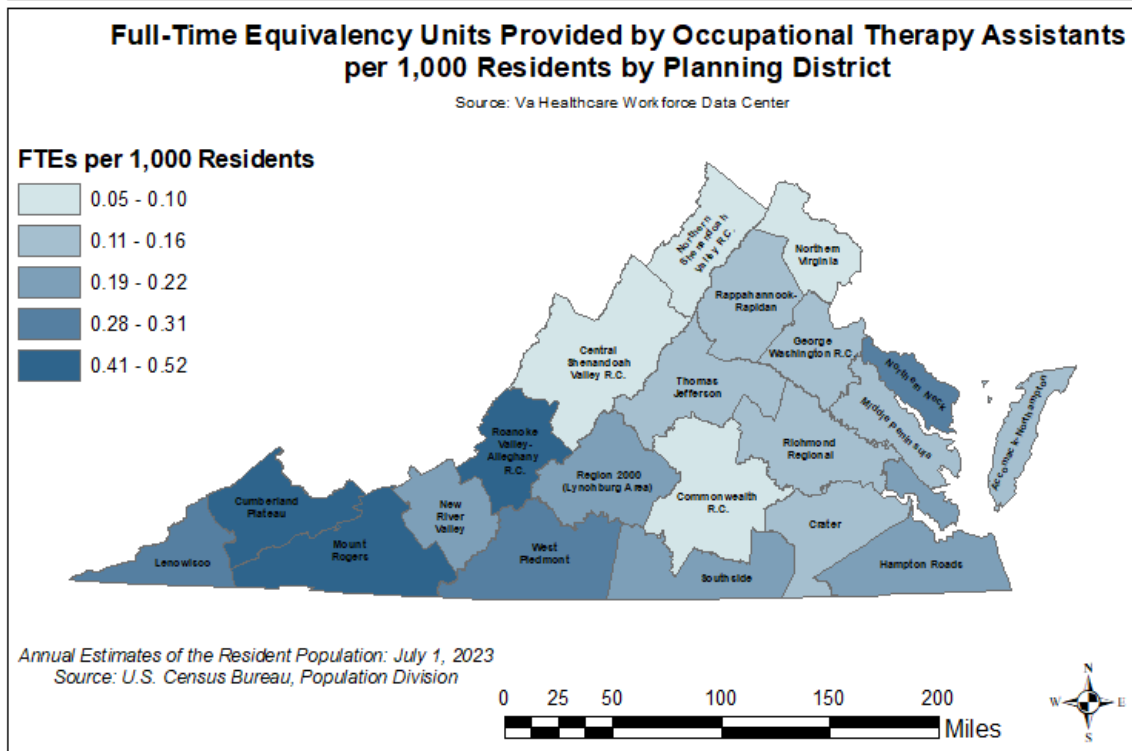
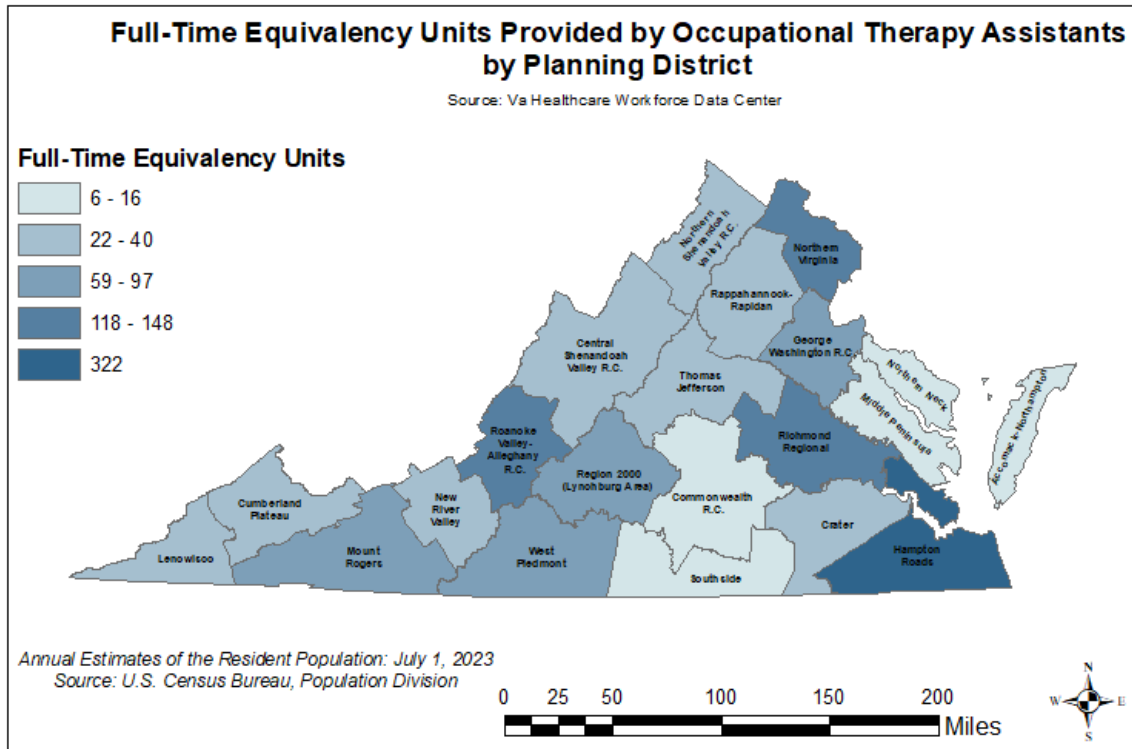
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











## Appendices

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	936	78.53%	1.273	1.135	1.519
<b>Metro, 250,000 to 1 Million</b>	266	83.83%	1.193	1.063	1.422
<b>Metro, 250,000 or Less</b>	101	80.20%	1.247	1.111	1.487
<b>Urban, Pop. 20,000+, Metro Adj.</b>	74	91.89%	1.088	0.970	1.298
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	85	81.18%	1.232	1.098	1.469
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	124	79.84%	1.253	1.116	1.494
<b>Rural, Metro Adj.</b>	43	72.09%	1.387	1.236	1.654
<b>Rural, Non-Adj.</b>	55	78.18%	1.279	1.140	1.525
<b>Virginia Border State/D.C.</b>	153	53.59%	1.866	1.662	2.225
<b>Other U.S. State</b>	182	53.30%	1.876	1.672	2.237

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	323	63.47%	1.576	1.298	2.237
<b>30 to 34</b>	416	75.48%	1.325	1.091	1.881
<b>35 to 39</b>	326	74.54%	1.342	1.105	1.905
<b>40 to 44</b>	209	84.21%	1.188	0.978	1.686
<b>45 to 49</b>	209	76.08%	1.314	1.083	1.867
<b>50 to 54</b>	186	84.95%	1.177	0.970	1.672
<b>55 to 59</b>	175	84.57%	1.182	0.974	1.679
<b>60 and Over</b>	175	71.43%	1.400	1.153	1.988

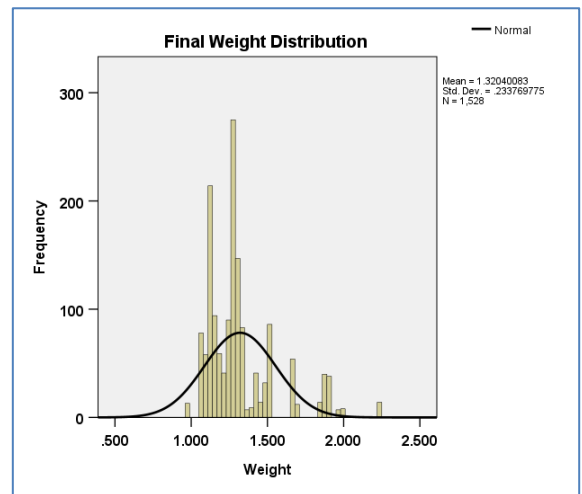
Source: Va. Healthcare Workforce Data Center

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: 0.756810**



Source: Va. Healthcare Workforce Data Center

**Board of Medicine  
Advisory Boards  
Legislative Report  
2025 General Assembly**

[HB 1649](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.  
Chief Patron: Hayes

**DEAD BILL**

**Board of Medicine; continuing education; unconscious bias and cultural competency.** Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report the number of licensees who have successfully completed such training to the Department of Health and the Virginia Neonatal Perinatal Collaborative. **This bill is identical to SB 740. This bill is nearly identical to HB1675, below.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on February 18, 2025  
03/24/2025: Governor's recommendation received by House  
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)  
**05/02/2025: Vetoed by Governor**

---

[HB 1675](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.  
Chief Patron: Hayes

**DEAD BILL**

**Board of Medicine; continuing education; unconscious bias and cultural competency.** Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report on the training to the Department of Health. This bill is a recommendation of the Joint Commission on Health Care. **This bill is substantially similar to HB1649 and SB740.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025  
03/24/2025: Governor's recommendation received by House  
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)  
**05/02/2025: Vetoed by Governor**

[HB 2269](#) - Hospitals; reports of threats or acts of violence against health care providers.  
Chief Patron: Tran

**Hospitals; reports of threats or acts of violence against health care providers.** Requires hospitals in the Commonwealth to establish a workplace violence incident reporting system to document, track, and analyze any incident of workplace violence reported. The bill requires each hospital to (i) report the data collected via the reporting system to the chief medical officer and the chief nursing officer of such hospital on, at minimum, a quarterly basis and (ii) send a report to the Department of Health on an annual basis that includes, at a minimum, the number of incidents of workplace violence voluntarily reported by an employee. The bill also requires the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, to convene a stakeholder work group for the purpose of making recommendations on the workplace violence system and policies adopted pursuant to the bill.  
**This bill is identical to SB 1260.**

Passed House: Y Passed Senate: Y  
Enrolled Bill communicated to Governor on March 11, 2025  
03/24/2025: Approved by Governor-Chapter 457 (Effective 07/01/25)

---

[HB 2489](#) - Physician assistants; Department of Health Professions to study expansion of scope of practice.  
Chief Patron: Henson

**Study; Department of Health Professions; expanding scope of practice for physician assistants; report.** Directs the Department of Health Professions to conduct a study on expansion of the scope of practice for physician assistants in the Commonwealth as a means to increase autonomy in the profession. In addition to reviewing the education and training requirements for physician assistants in the Commonwealth and the other states, the study includes an analysis of the costs and benefits to patients of increased autonomy for physician assistants. The Department is directed to submit a report with its findings and recommendations to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

Passed House: Y Passed Senate: Y  
Enrolled Bill communicated to Governor on March 11, 2025  
03/24/2025: Approved by Governor-Chapter 569 (Effective 07/01/25)

---

[SB 882](#) - Anesthesiologist assistants; establishes criteria for licensure.  
Chief Patron: Locke

**Board of Medicine; licensure of anesthesiologist assistants.** Establishes criteria for the licensure of anesthesiologist assistants and directs the Board of Medicine to adopt regulations governing the practice of anesthesiologist assistants. The bill provides that no person shall use or

assume the title “anesthesiologist assistant” or hold himself out as an anesthesiologist assistant unless such person holds a license as an anesthesiologist assistant issued by the Board. This bill is a recommendation of the Joint Commission on Health Care.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025: Approved by Governor-Chapter 507 (Effective 07/01/25)

---

[HB 1861](#) - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.

Chief Patron: Price

### **AGENCY BILL**

**Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.** Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for professions which do not currently have licensure by endorsement. **This bill is identical to SB 1438.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 553 (Effective 07/01/25)

---

[SB 826](#) - Predetermination for licensing eligibility; prior convictions.

Chief Patron: Locke

**Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions.** Prohibits the use of “good moral character” or crimes of “moral turpitude,” despite existing statutory language which was not changed by this legislation allowing such use, by a regulatory board within DPOR or DHP when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board within DPOR or DHP concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth. It appears no fee can be charged for this

determination, which will create a bifurcated licensure process and has significant legal and financial ramifications for DHP and its regulatory boards.

Legal advice has been requested regarding implementation and the requirements of this legislation.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/24/2025 Approved by Governor-Chapter 505 (Effective 07/01/25)

---

[SB 1293](#) - Autism spectrum disorder; school board employees, professional development and continuing education.

Chief Patron: Stanley

**School board employees; professional development and continuing education; optional programs; children with autism spectrum disorder.** This legislation is directed toward the Department of Education and available training for educators regarding communicating with children diagnosed with autism spectrum disorder.

An enactment clause requires boards of DHP to communicate a recommendation to licensees to complete continuing education on communicating with children diagnosed with autism spectrum disorder. **This is not a requirement, simply a communication with a recommendation.**

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 516 (Effective 07/01/25)

---

[SB 1363](#) - Health Professions, Board of; transfer of powers and duties.

Chief Patron: Pillion

Status: Acts of Assembly Chapter

**AGENCY BILL**

**Elimination of Board of Health Professions; transfer of powers and duties.** Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/21/2025: Approved by Governor-Chapter 341 (Effective 07/01/25)

**Board of Medicine – Advisory Board on Occupational Therapy**  
**Regulatory Actions**  
**As of May 6, 2025**

**In the Governor’s Office**

None.

**In the Secretary’s Office**

None.

**At DPB**

None.

**At OAG**

None.

**Recently effective/awaiting publication**

<b>VAC</b>	<b>Stage</b>	<b>Subject Matter</b>	<b>Date submitted for publication</b>	<b>Effective date</b>	<b>Notes</b>
18VAC85-80	Fast-track	Implementation of changes following 2022 periodic review of Chapter	2/27/2025	5/8/2025	Periodic review changes voted on at 2022 October Board meeting
18VAC85-80	Fast-track	Elimination of practice requirement for renewal	3/20/2025	6/5/2025	Eliminates practice requirement for licensure renewal

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

**Included in your agenda packet:**

- Draft regulatory changes to licensure requirements

**Action Needed:**

- Motion to recommend to the full Board the adoption of an exempt regulatory action to amend regulations pursuant to SB1438.

## **Part II. Requirements of Licensure as an Occupational Therapist.**

### **18VAC85-80-30. (Repealed)**

### **18VAC85-80-35. ~~Application~~ Initial licensure requirements.**

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

1. A completed application and a fee as prescribed in [18VAC85-80-26](#).
2. Verification of professional education in occupational therapy as required in [18VAC85-80-40](#).
3. Documentation of passage of the national examination as required in [18VAC85-80-50](#).
4. ~~If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.~~

### **18VAC85-80-36. Licensure by endorsement requirements.**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is substantially similar and in good standing;
2. A completed application and fee; and
3. A current report from the National Practitioner Data Bank

### **18VAC85-80-40. Educational requirements for initial licensure.**

A. An applicant who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.

B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and as required by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a score acceptable to the board. TOEFL may be waived upon evidence of English proficiency.

C. An applicant who does not meet the educational requirements as prescribed in subsection A or B of this section but who has received certification by the NBCOT as an occupational therapist or an occupational therapy assistant shall be eligible for licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

**~~18VAC85-80-60. Practice requirements.~~**

~~An applicant who has been practicing occupational therapy in another jurisdiction and has met the requirements for licensure in Virginia shall provide evidence that he has engaged in the active practice of occupational therapy as defined in 18VAC85-80-10. If the applicant has not engaged in active practice as defined in 18VAC85-80-10, he shall serve a board-approved practice of 160 hours, which is to be completed within 60 consecutive days, under the supervision of a licensed occupational therapist.~~

DRAFT

**Agenda Item: Recommendation of fast-track regulatory action**

**Included in your agenda package:**

- Draft changes to 18VAC85-80-80, governing reinstatement.

**Staff notes:** Stakeholders raised cost and barrier to practice issues with the requirement to hold national certification or pass the national examination following two years or more of a lapsed license. The included changes address the stakeholders' concerns and would ensure rapid return to practice in Virginia for those holding out of state licenses.

**Action needed:**

- Motion to recommend fast-track regulatory changes to the Board of Medicine.

**Project 8314 - Fast-Track**

**Board of Medicine**

**Expansion of options for reinstatement of lapsed occupational therapy or occupational therapy assistant license**

**18VAC85-80-72. Inactive licensure.**

A. A licensed occupational therapist or an occupational therapy assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain hours of active practice or meet the continued competency requirements of 18VAC85-80-71 and shall not be entitled to perform any act requiring a license to practice occupational therapy in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;
2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and
3. Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed six years, in which the license has been inactive.

C. An occupational therapist or occupational therapy assistant who has had an inactive license for six years or more and who has not engaged in active practice, as defined in 18VAC85-80-10, shall provide evidence of two of the following:

1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;
2. Documentation of completed continued competency hours equal to the requirement for six years;

3. Evidence of current certification by NBCOT; or

4. A passing score on the national examination obtained within two years preceding application for reinstatement.

D. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

**18VAC85-80-80. Reinstatement.**

A. An occupational therapist or an occupational therapy assistant who allows a license to lapse for a period of two years or more and chooses to resume practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed and shall pay the fee for reinstatement of licensure as prescribed in 18VAC85-80-26.

B. An occupational therapist or occupational therapy assistant who has allowed a license to lapse for two years or more but less than four years shall provide:

1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;

2. Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed;

3. evidence Evidence of current certification by NBCOT; or

4. ~~retake and pass~~ A passing score on the national examination obtained within the two years preceding application for reinstatement.

C. ~~An applicant for reinstatement shall meet the continuing competency requirements of 18VAC85-80-71 for the number of years the license has been lapsed, not to exceed six years. An~~

occupational therapist or occupational therapy assistant who has allowed a license to lapse for four years or more shall provide two of the following:

1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;
2. Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed, not to exceed six years;
3. Evidence of current certification by NBCOT; or
4. A passing score on the national examination obtained within two years preceding application for reinstatement.

D. An occupational therapist or an occupational therapy assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of the license as prescribed in 18VAC85-80-26 pursuant to § 54.1-2408.2 of the Code of Virginia.

# Orientation to the Board of Medicine & Your Advisory Board

May 2025

# Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – Janet Kelly
- DHP Director – Arne Owens
- Board of Medicine President – Randy Clements, DPM
- Board members cannot speak for the Board or anyone in the Executive Branch.

# Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

# Today's Board of Medicine

18 members  
appointed by  
the Governor

1 MD from each  
Congressional  
District

1 DO

1 DPM

1 DC

4 citizen  
members

# Today's Board

- Pure Board of Medicine – only licenses MD's
- Composite Board – licenses other professions as well
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Licensed Certified Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists, Anesthesiologist Assistants & Advanced Practice Registered Nurses

# Today's Advisory Boards

## Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
  - 3 of the profession
  - 1 physician
  - 1 citizen member

# Today's Advisory Boards

## Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meet at least once a year
- May attend 1 meeting a year electronically for good cause
- Advise the Board of Medicine on:
  - Licensing
  - Discipline
  - Regulations

# **THE BOARD'S MISSION**

- The protection of the public by
- Licensing only qualified applicants
- Disciplining for unprofessional conduct
- Promulgating regulations to implement law

# THE BOARD'S DISCIPLINARY PROCESS

Begins with a complaint or a report

```
graph TD; A[Begins with a complaint or a report] --> B[Investigated by the Enforcement Division of DHP]; B --> C[Completed investigation sent to the Board]; C --> D[Probable Cause Review];
```

Investigated by the Enforcement Division of DHP

Completed investigation sent to the Board

Probable Cause Review

# PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on violations of standard of care for physicians



If specialized review is required, retain an expert reviewer for the standard of care

# OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
  - Advisory letters
  - Confidential Consent Agreements
  - Pre-Hearing Consent Orders
  - Informal Conferences
  - Formal Hearings
  - Summary Suspensions

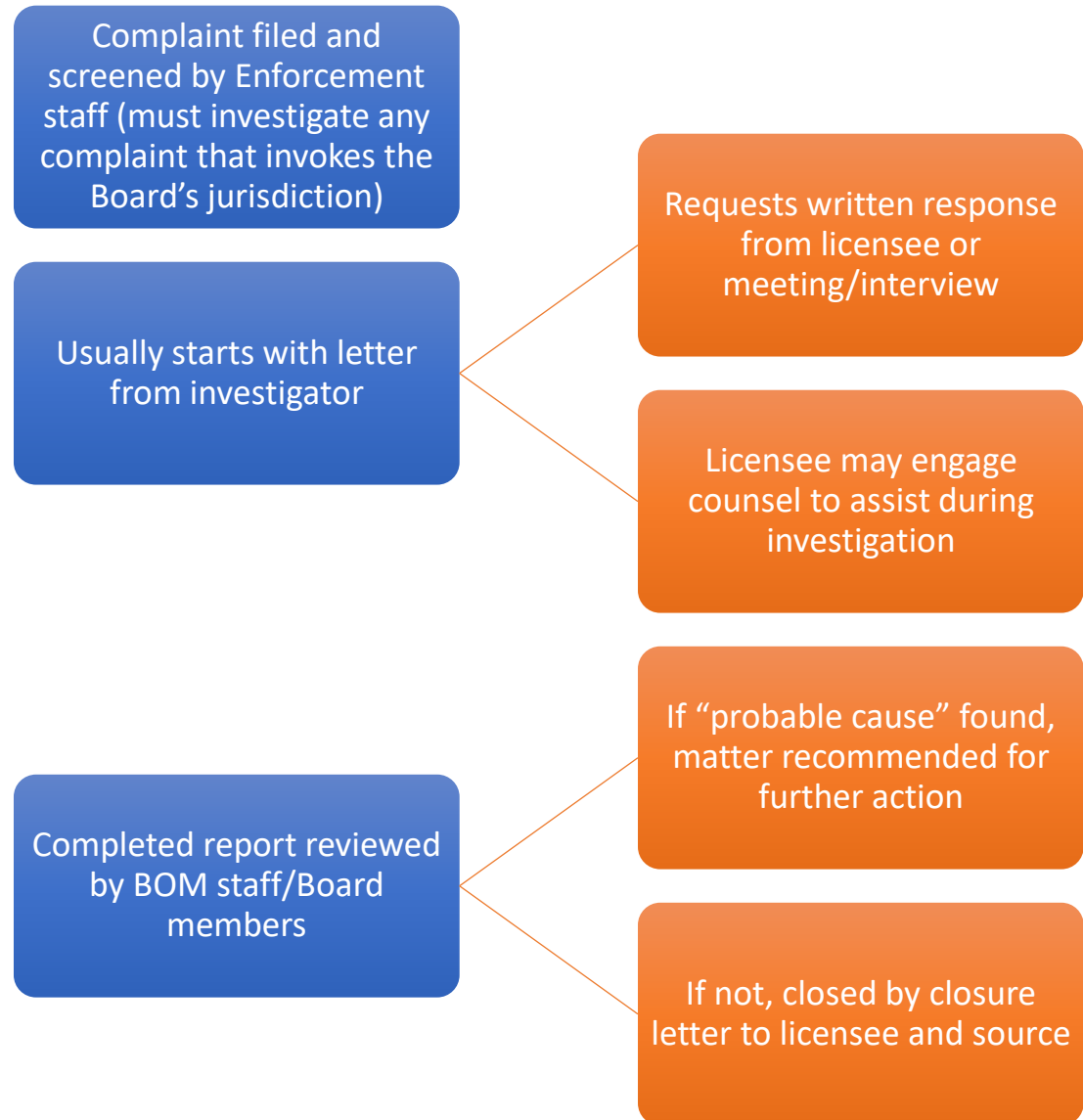
# **PRINCIPLES OF THE DISCIPLINARY PROCESS**

- Confidentiality
- Protection of the public
- Due process for respondents
- Proportionate sanctions
- Strive to be fair to all parties

# INVESTIGATIONS

- **Who Complains?**
  - The Public (e.g., patients, family members, anonymous, media)
  - Other licensees of the BOM (mandated reporters)
  - Employers
  - Healthcare institutions (e.g., hospital CEO = mandated reporter)
  - Medical malpractice insurance carriers

# COMPLAINT PROCESS



# ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

# LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

# LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

# **LAWS AND REGULATIONS TO KNOW**

---

Confidentiality

---

Communication/Termination

---

Subordinates and Disruptive Behavior

---

Sexual Boundary Violations

---

Reporting requirements

---

Continuing Medical Education

# LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

# Hearing Protocol

Virginia Board of Medicine

June 14, 2018



## Panel Members at Hearings

- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to *respondent* and *also to the public*

# Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



# Formal Hearings – You are on the record!

---



A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

# Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

# Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., " Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

# Hearings (IFC or formal)



PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED SESSION



DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

# Procedural mysteries

---

Board counsel records and enters evidence

---

Evidence must be formally admitted even though Board members received evidence prior to hearing

---

Must initial and date evidence to provide record on appeal.

# **Procedural mysteries, cont.**

---

Some cases appear old when they reach the formal hearing stage

---

Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

---

Staff and counsel will answer procedural questions in closed session – NOT open session!

# What happens in closed session?



Decision on sanction



Craft order, including findings of fact  
(refer to helpful notes you made  
during proceeding)



Review conclusions of law alleged;  
determine what stays



# What are grounds for an appeal?

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

# Helping to ensure that the Board's decisions do not get overturned

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.

A black and white photograph of a hand writing the words "Thank you" in a cursive script on a piece of lined paper. The paper is tilted, and the lines are horizontal. The hand is visible on the right side, holding a pen. The background is a dark blue gradient with a large, lighter blue circular shape on the left side.

Thank you



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

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

**July 10, 2025**