

Health Workforce Projections: Respiratory Therapists

KEY FINDINGS

Between 2012 and 2025:

- The respiratory therapist supply is projected to grow by 70 percent.
- The demand for respiratory therapists is projected to grow by 20 percent.

This fact sheet presents the national supply of and demand for respiratory therapists for 2012 through 2025 using HRSA’s Health Workforce Simulation Model (HWSM).¹ While the nuances of modeling supply and demand differ for individual health professions, the basic framework remains the same. The HWSM assumes that demand equals supply in the base year. For supply modeling, the major components (beyond common labor-market factors such as unemployment) include characteristics of the existing workforce in a given occupation, new entrants to the workforce (e.g., newly trained workers), and workforce decisions (e.g., retirement and hours worked patterns). For demand modeling, the major components include population demographics, health care use patterns (including the influence of the Affordable Care Act health care coverage), and demand for health care providers (translated into Full-Time Equivalents). Over the period studied, the model assumes that current national patterns of labor supplied and services demanded remain unchanged within each demographic group.² These projections do not account for the geographical distribution of providers which may impact access to care in certain communities.

BACKGROUND

Respiratory therapists care for patients with disorders affecting the cardiopulmonary system such as cardiovascular disease, pneumonia, and chronic respiratory disease (e.g., asthma or emphysema). They also provide emergency care to patients suffering from trauma, heart attacks, drowning, or shock. Respiratory therapists conduct a variety of patient evaluation and education activities. Those working in home care settings teach patients and their families to use ventilators and other life-support systems. In a hospital setting they perform a myriad of duties such as managing ventilators and artificial airway devices, testing patients’ breathing capacity, and providing breathing treatments.

An associate’s degree is the minimum educational requirement, with employers often preferring that applicants possessing a bachelor’s degree or master’s degree from a post-graduate program. Many colleges and universities, vocational–technical institutes, and the Armed Forces offer education and training programs which award an associate’s or bachelor’s degree. All programs have clinical components that allow therapists to earn course credit and gain supervised experience treating patients.

¹ This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person’s demographic and socioeconomic characteristics, health-related behavior, and health risk factors that affect their health care utilization patterns. For more information on data and methods, please see [BHW HRSA Health Workforce Supply and Demand](#).

² Ono T, Lafortune G, Schoenstein M. “Health workforce planning in OECD countries: a review of 26 projection models from 18 countries.” *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013:8-11.

Respiratory therapists are licensed in all states except Alaska. Although varying by state, licensure requirements in most states include completing a state or professional certification exam.

FINDINGS

Analysis of the American Community Survey data suggests that in 2012 there were approximately 104,100 active respiratory therapists in the U.S. The majority of respiratory therapists are employed in hospitals. Other employment settings include nursing care facilities and home care.

The supply of respiratory therapists is projected to increase by 70 percent between 2012 and 2025 (Exhibit 1). Demand for respiratory therapists is projected to grow by 20 percent. It is projected that supply will exceed demand in 2025, suggesting that the U.S. will have more than adequate numbers of respiratory therapists to meet future demand.

Exhibit 1. Estimated Supply and Demand for Respiratory Therapists in the U.S., 2012 – 2025

	Respiratory Therapists
<i>Supply</i>	
Estimated supply, 2012	104,100
Total supply growth, 2012-2025:	73,100 (70%)
New entrants	105,510
Changing work patterns (e.g., part time to full time hours)	(5,720)
Attrition (e.g., retirements, mortality)	(26,690)
Projected supply, 2025	177,200
<i>Demand</i>	
Estimated demand, 2012	104,100
Total demand growth, 2012-2025:	21,200 (20%)
Changing demographics impact	19,500
ACA insurance coverage impact	1,700
Projected demand, 2025	125,300
Adequacy of supply, 2025	
Projected supply (minus) projected demand	51,900

Future growth of the nation’s elderly population, which is accounted for in the HWSM, will likely lead to increased incidence of respiratory conditions that can permanently damage the lungs or restrict lung function. This growing disease burden will lead to an increased demand for respiratory therapy services and treatments, primarily in hospital and nursing home settings.

[About the National Center for Health Workforce Analysis](#)

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