



CONTRACT LABOR

MARKET RATE ANALYSIS

HEALTHCARE
Q1 2025
RESULTS

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INTRODUCTION AND OVERVIEW



In today's evolving healthcare labor market, many hospitals and healthcare organizations are making meaningful progress in reducing their dependence on contract labor and stabilizing their core workforce. Yet even as utilization declines in some areas, contingent labor remains a necessary and strategic resource for addressing critical gaps, supporting patient care, and navigating ongoing workforce challenges. In this environment, understanding prevailing market rates and trends remains essential for effective workforce planning and budgeting.

At Adaptive Workforce Solutions, we're committed to helping healthcare organizations make informed staffing decisions with clarity and confidence. Our quarterly labor market reports provide valuable insight into national and regional bill rate trends, legislative and regulatory developments, and key workforce dynamics shaping healthcare labor strategies.

In this Q1 2025 Healthcare Labor Market Report, we'll share the latest rate benchmarks across clinical specialties, highlight recent legislative updates influencing healthcare labor costs, and explore emerging issues impacting workforce management. Whether organizations are actively engaging contingent labor or simply monitoring the market, this report is designed to provide timely intelligence and perspective to support strategic workforce planning in today's competitive healthcare environment.

NATIONAL BILL RATE ANALYSIS

In this section we show the national average bill rates observed in the fourth quarter by job category and specialty. The bill rates were compiled using job postings sourced from our vendor management software (VMS), market and supplier surveys, and online contract labor job posting aggregated from hospitals around the country. **Please note that the rates shown and discussed in this report are from the fourth quarter and may not reflect current rates. Also note that the low, high, and average bill rates shown in the tables that follow represent averages calculated from the collected bill rate data rather than the actual minimum, maximum, and average rates.**



NATIONAL SPECIALTIES PHYSICIANS

Contract Labor
Market Rate Analysis
Q1 2025 Results

Physician bill rates remained relatively stable overall from Q4 2024 to Q1 2025, with most specialties seeing only minor fluctuations. Anesthesiology, Critical Care Medicine, and Hospitalist roles experienced modest increases in average rates, while Emergency Medicine and Psychiatry saw slight decreases. Radiology remained the highest-billing specialty, with little change quarter-over-quarter.

2025 Q1 NATIONAL PHYSICIAN BILL RATES			
Physicians	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia	\$394	\$505	\$450
Critical Care Medicine	\$374	\$419	\$397
Emergency Medicine	\$307	\$392	\$350
General Surgery	\$325	\$377	\$351
Hospitalist	\$230	\$302	\$266
Internal Medicine	\$205	\$269	\$237
OB/GYN	\$245	\$315	\$280
Psychiatry	\$264	\$350	\$307
Radiology	\$435	\$525	\$480



NATIONAL SPECIALTIES ADVANCED PRACTICE

NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, CERTIFIED REGISTERED NURSE ANESTHETISTS & CERTIFIED NURSE-MIDWIVES

Advanced Practice bill rates in Q1 2025 held mostly steady compared to Q4 2024, though some specialties showed incremental increases. Notably, CRNA rates remained the highest within this category, climbing modestly in both low and high ranges. Pediatrics, Psychiatry, and Inpatient Hospitalist roles saw slight increases in average rates, while other specialties, including Primary Care and Neonatology, were relatively flat.

2025 Q1 NATIONAL ADVANCED PRACTICE BILL RATES			
Advanced Practice	All Inclusive Bill Rates		
	Low	High	Average
Cardiothoracic/Vascular Surgery	\$174	\$218	\$196
Critical Care	\$159	\$195	\$177
CRNA (Certified Registered Nurse Anesthetist)	\$293	\$349	\$321
Emergency	\$174	\$243	\$208
General Surgery	\$202	\$248	\$225
Inpatient Hospitalist	\$159	\$193	\$176
Neonatology	\$155	\$175	\$165
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$140	\$175	\$158
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$144	\$163	\$154
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

NATIONAL SPECIALTIES NURSING

Contract Labor
Market Rate Analysis
Q1 2025 Results

National nursing bill rates held mostly steady or declined modestly from Q4 2024 to Q1 2025. While a few specialties — such as Cath Lab, CVICU, and NICU — saw slight increases in average rates, most nursing roles either remained flat or experienced minor rate decreases. Lower-acuity roles like CNA, MA, and LPN were particularly stable, while high-volume specialties such as Med Surg, Telemetry, and ICU saw small downward adjustments, reflecting easing demand pressures in some regions.

2025 Q1 NATIONAL NURSING BILL RATES			
Nursing	All Inclusive Bill Rates		
	Low	High	Average
Case Manager	\$82	\$108	\$95
Cath Lab	\$93	\$123	\$108
Clinics	\$75	\$99	\$87
CNA	\$37	\$53	\$45
CVICU	\$93	\$117	\$105
Dialysis	\$79	\$102	\$91
ER	\$82	\$111	\$95
Home Care	\$78	\$98	\$88
ICU	\$86	\$113	\$98
L&D	\$86	\$112	\$99
Long Term Care	\$73	\$93	\$82
LPN	\$52	\$70	\$62
MA	\$37	\$50	\$44
Med Surg	\$77	\$103	\$91
Med Surg/Tele	\$79	\$106	\$92
NICU	\$88	\$113	\$100
ONC	\$84	\$110	\$96
OR	\$85	\$115	\$99
Ortho	\$77	\$103	\$90
PACU	\$83	\$107	\$95
Peds	\$82	\$106	\$94
Psych	\$78	\$101	\$90
Radiology	\$85	\$112	\$99
Tele	\$80	\$107	\$93

NATIONAL SPECIALTIES ALLIED HEALTH

Allied health bill rates experienced mixed movement between quarters. Some technical roles like CT Tech and MRI Tech posted small increases in average rates, while others, including Anesthesia Tech, saw a slight decrease. Pharmacist and IR Tech roles remained among the highest billed, with average rates continuing to rise modestly.

2025 Q1 NATIONAL ALLIED BILL RATES			
Allied	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia Tech	\$49	\$55	\$52
Cath Lab Tech	\$93	\$120	\$118
CT Tech	\$89	\$119	\$114
Echo Tech	\$86	\$113	\$99
General X-Ray	\$80	\$108	\$96
IR Tech	\$92	\$119	\$107
Medical Lab Tech	\$72	\$101	\$87
MRI Tech	\$85	\$113	\$100
Nuclear Medicine Tech	\$88	\$113	\$103
OR Tech	\$69	\$98	\$84
Pharmacist	\$92	\$119	\$104
Pharmacist Tech	\$53	\$74	\$63
Phlebotomist	\$49	\$66	\$58
Radiology Tech	\$82	\$109	\$96
Sterile Processing Tech	\$54	\$74	\$64
Ultrasound Tech	\$88	\$117	\$102

NATIONAL SPECIALTIES

THERAPY

Therapy rates were remarkably stable quarter-over-quarter, with only slight increases in a few disciplines. Occupational Therapists, Physical Therapists, and Speech Therapists maintained the highest average rates within this category. Assistant roles (PTA, OTA) saw negligible change, holding to prior quarter levels.

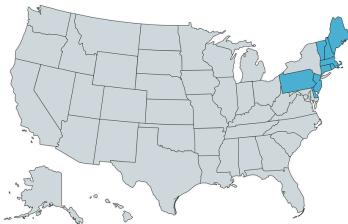
2025 Q1 NATIONAL THERAPY BILL RATES			
Therapy	All Inclusive Bill Rates		
	Low	High	Average
Occupational Therapist	\$74	\$97	\$85
OT Assistant	\$55	\$72	\$64
Physical Therapist	\$73	\$101	\$86
PT Assistant	\$55	\$73	\$64
Respiratory Therapist	\$71	\$99	\$85
Speech Therapist	\$74	\$99	\$86



REGIONAL Q1 BILL RATES

NORTHEASTERN REGION

*NEW YORK EXCLUDED



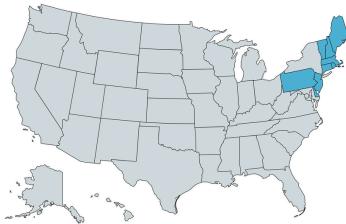
2025 Q1 NORTHEASTERN PHYSICIAN BILL RATES			
Physicians	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia	\$396	\$506	\$451
Critical Care Medicine	\$375	\$421	\$398
Emergency Medicine	\$315	\$379	\$347
General Surgery	\$326	\$378	\$352
Hospitalist	\$231	\$303	\$267
Internal Medicine	\$209	\$259	\$234
OB/GYN	\$245	\$315	\$280
Psychiatry	\$265	\$349	\$307
Radiology	\$436	\$526	\$481



REGIONAL Q1 BILL RATES

NORTHEASTERN REGION

*NEW YORK EXCLUDED



2025 Q1 NORTHEASTERN ADVANCED PRACTICE BILL RATES

All Inclusive Bill Rates

Advanced Practice	Low	High	Average
Cardiothoracic/Vascular Surgery	\$174	\$217	\$195
Critical Care	\$160	\$195	\$177
CRNA (Certified Registered Nurse Anesthetist)	\$293	\$350	\$322
Emergency	\$174	\$244	\$209
General Surgery	\$205	\$249	\$227
Inpatient Hospitalist	\$161	\$195	\$178
Neonatology	\$156	\$174	\$165
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$140	\$175	\$158
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$143	\$163	\$153
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 NORTHEASTERN THERAPY BILL RATES

All Inclusive Bill Rates

Therapy	Low	High	Average
Occupational Therapist	\$73	\$94	\$83
OT Assistant	\$54	\$70	\$62
Physical Therapist	\$72	\$98	\$85
PT Assistant	\$54	\$71	\$63
Respiratory Therapist	\$71	\$94	\$82
Speech Therapist	\$71	\$94	\$82

REGIONAL Q1 BILL RATES

NORTHEASTERN REGION

*NEW YORK EXCLUDED



2025 Q1 NORTHEASTERN NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$81	\$107	\$94
Cath Lab	\$94	\$123	\$109
Clinics	\$71	\$95	\$83
CNA	\$37	\$52	\$44
CVICU	\$94	\$113	\$104
Dialysis	\$79	\$100	\$89
ER	\$81	\$111	\$95
Home Care	\$76	\$94	\$86
ICU	\$88	\$112	\$95
L&D	\$86	\$111	\$99
Long Term Care	\$72	\$88	\$76
LPN	\$49	\$68	\$60
MA	\$38	\$49	\$44
Med Surg	\$73	\$103	\$87
Med Surg/Tele	\$79	\$106	\$93
NICU	\$86	\$109	\$98
ONC	\$85	\$110	\$97
OR	\$86	\$115	\$100
Ortho	\$78	\$100	\$89
PACU	\$84	\$105	\$95
Peds	\$82	\$102	\$92
Psych	\$77	\$99	\$88
Radiology	\$84	\$107	\$96
Tele	\$80	\$105	\$92

REGIONAL Q1 BILL RATES

NORTHEASTERN REGION

*NEW YORK EXCLUDED



2025 Q1 NORTHEASTERN ALLIED BILL RATES			
Allied	All Inclusive Bill Rates		
	Low	High	Average
Cath Lab Tech	\$91	\$116	\$103
CT Tech	\$91	\$116	\$104
Echo Tech	\$85	\$109	\$97
General X-Ray	\$78	\$103	\$91
IR Tech	\$91	\$117	\$104
Medical Lab Tech	\$74	\$101	\$88
MRI Tech	\$87	\$112	\$100
Nuclear Medicine Tech	\$86	\$110	\$98
OR Tech	\$70	\$98	\$84
Pharmacist	\$86	\$111	\$99
Pharmacist Tech	\$52	\$72	\$62
Phlebotomist	\$47	\$64	\$56
Radiology Tech	\$82	\$104	\$93
Sterile Processing Tech	\$55	\$72	\$64
Ultrasound Tech	\$83	\$111	\$97

NORTHEASTERN REGION CONCLUSION

*NEW YORK EXCLUDED

In the Northeast, bill rates across all modalities held mostly steady from Q4 2024 to Q1 2025, with slight fluctuations depending on role and specialty. Physician rates were largely stable, with modest increases in Anesthesiology, Hospitalist, and OB/GYN, while Emergency Medicine and Psychiatry saw small declines. Advanced practice rates remained consistent, with minor upward movement in CRNA and General Surgery roles. Nursing rates in the region generally trended flat to slightly down, with a few isolated increases in Cath Lab, CVICU, and PACU. Allied health roles showed mixed movement, with technical specialties like CT Tech and MRI Tech seeing slight increases, while other roles remained stable or dipped slightly. Therapy rates were notably flat across the board, reflecting continued rate stabilization in this modality.

REGIONAL Q1 BILL RATES

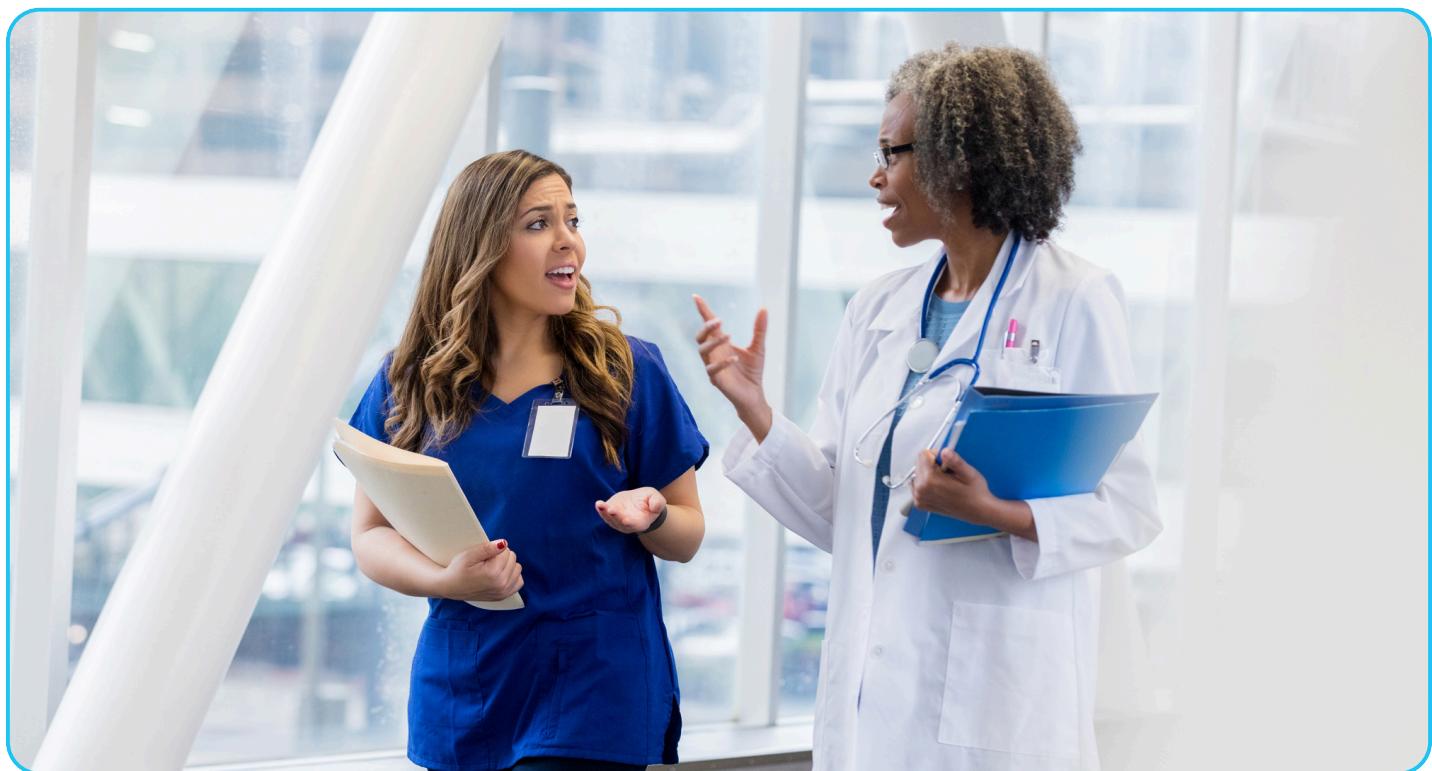
NEW YORK STATE



2025 Q1 NEW YORK PHYSICIAN BILL RATES

All Inclusive Bill Rates

Physicians	Low	High	Average
Anesthesia	\$396	\$506	\$451
Critical Care Medicine	\$376	\$417	\$397
Emergency Medicine	\$304	\$399	\$352
General Surgery	\$325	\$378	\$352
Hospitalist	\$231	\$302	\$266
Internal Medicine	\$204	\$276	\$240
OB/GYN	\$245	\$316	\$281
Psychiatry	\$266	\$352	\$309
Radiology	\$437	\$522	\$480



REGIONAL Q1 BILL RATES

NEW YORK STATE



2025 Q1 NEW YORK ADVANCED PRACTICE BILL RATES			
	All Inclusive Bill Rates		
Advanced Practice	Low	High	Average
Cardiothoracic/Vascular Surgery	\$175	\$218	\$197
Critical Care	\$161	\$196	\$179
CRNA (Certified Registered Nurse Anesthetist)	\$293	\$353	\$323
Emergency	\$174	\$244	\$209
General Surgery	\$205	\$251	\$228
Inpatient Hospitalist	\$162	\$198	\$180
Neonatology	\$157	\$177	\$167
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$142	\$175	\$158
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$146	\$163	\$155
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 NEW YORK THERAPY BILL RATES			
	All Inclusive Bill Rates		
Therapy	Low	High	Average
Occupational Therapist	\$81	\$102	\$91
OT Assistant	\$59	\$76	\$69
Physical Therapist	\$77	\$103	\$89
PT Assistant	\$57	\$76	\$68
Respiratory Therapist	\$78	\$104	\$91
Speech Therapist	\$79	\$104	\$92

REGIONAL Q1 BILL RATES

NEW YORK STATE



2025 Q1 NEW YORK NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$88	\$112	\$100
Cath Lab	\$97	\$133	\$117
Clinics	\$80	\$100	\$90
CNA	\$39	\$54	\$47
CVICU	\$102	\$125	\$113
Dialysis	\$81	\$111	\$97
ER	\$89	\$119	\$104
Home Care	\$83	\$101	\$92
ICU	\$94	\$120	\$107
L&D	\$93	\$118	\$105
Long Term Care	\$79	\$95	\$87
LPN	\$53	\$73	\$59
MA	\$38	\$53	\$46
Med Surg	\$81	\$111	\$92
Med Surg/Tele	\$85	\$111	\$98
NICU	\$95	\$121	\$108
ONC	\$90	\$117	\$104
OR	\$90	\$123	\$106
Ortho	\$84	\$111	\$98
PACU	\$91	\$118	\$105
Peds	\$88	\$113	\$101
Psych	\$82	\$104	\$93
Radiology	\$90	\$117	\$105
Tele	\$85	\$113	\$99

REGIONAL Q1 BILL RATES

NEW YORK STATE



2025 Q1 NEW YORK ALLIED BILL RATES

Allied	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia Tech	\$49	\$55	\$52
Cath Lab Tech	\$100	\$128	\$124
CT Tech	\$95	\$120	\$115
Echo Tech	\$90	\$113	\$102
General X-Ray	\$85	\$109	\$103
IR Tech	\$97	\$120	\$112
Medical Lab Tech	\$79	\$105	\$92
MRI Tech	\$89	\$112	\$104
Nuclear Medicine Tech	\$94	\$116	\$112
OR Tech	\$74	\$101	\$89
Pharmacist	\$96	\$120	\$108
Pharmacist Tech	\$54	\$73	\$63
Phlebotomist	\$52	\$69	\$61
Radiology Tech	\$88	\$110	\$102
Sterile Processing Tech	\$56	\$76	\$66
Ultrasound Tech	\$88	\$114	\$102

NEW YORK STATE CONCLUSION

In New York State, bill rates remained largely stable from Q4 2024 to Q1 2025 across all healthcare staffing modalities, with modest increases and decreases in select roles. Physician rates showed minor upward movement in Anesthesiology, Hospitalist, and OB/GYN specialties, while Emergency Medicine and Psychiatry held steady. Advanced practice rates rose slightly in high-demand roles such as CRNA and General Surgery, though most remained flat. Nursing rates were mixed: while a few roles like ICU, CVICU, and Ortho saw small increases, others—including MA, Long Term Care, and Psych—dipped slightly or remained unchanged. Allied health rates were generally flat, though some high demand roles saw modest increases. Therapy rates edged upward for Occupational, Physical, and Respiratory Therapists, reinforcing the broader trend of stability with modest growth in some specialties.

REGIONAL Q1 BILL RATES

SOUTHERN REGION



2025 Q1 SOUTHERN PHYSICIAN BILL RATES			
Physicians	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia	\$391	\$503	\$447
Critical Care Medicine	\$371	\$416	\$394
Emergency Medicine	\$319	\$386	\$353
General Surgery	\$321	\$371	\$346
Hospitalist	\$226	\$301	\$264
Internal Medicine	\$188	\$241	\$214
OB/GYN	\$244	\$314	\$279
Psychiatry	\$263	\$346	\$304
Radiology	\$433	\$520	\$477



REGIONAL Q1 BILL RATES

SOUTHERN REGION



2025 Q1 SOUTHERN ADVANCED PRACTICE BILL RATES			
Advanced Practice	All Inclusive Bill Rates		
	Low	High	Average
Cardiothoracic/Vascular Surgery	\$175	\$220	\$198
Critical Care	\$158	\$191	\$174
CRNA (Certified Registered Nurse Anesthetist)	\$290	\$342	\$316
Emergency	\$174	\$244	\$209
General Surgery	\$201	\$246	\$224
Inpatient Hospitalist	\$157	\$190	\$174
Neonatology	\$153	\$173	\$163
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$138	\$175	\$157
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$140	\$163	\$152
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 SOUTHERN THERAPY BILL RATES			
Therapy	All Inclusive Bill Rates		
	Low	High	Average
Occupational Therapist	\$68	\$89	\$78
OT Assistant	\$51	\$67	\$59
Physical Therapist	\$68	\$93	\$81
PT Assistant	\$52	\$68	\$60
Respiratory Therapist	\$64	\$90	\$77
Speech Therapist	\$68	\$93	\$81

REGIONAL Q1 BILL RATES

SOUTHERN REGION



2025 Q1 SOUTHERN NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$76	\$101	\$89
Cath Lab	\$87	\$117	\$102
Clinics	\$69	\$88	\$79
CNA	\$32	\$45	\$39
CVICU	\$82	\$109	\$95
Dialysis	\$72	\$93	\$83
ER	\$74	\$102	\$88
Home Care	\$77	\$92	\$84
ICU	\$78	\$103	\$89
L&D	\$79	\$98	\$90
Long Term Care	\$67	\$87	\$78
LPN	\$47	\$63	\$63
MA	\$31	\$43	\$37
Med Surg	\$69	\$93	\$80
Med Surg/Tele	\$70	\$96	\$83
NICU	\$80	\$100	\$90
ONC	\$76	\$98	\$85
OR	\$78	\$106	\$91
Ortho	\$70	\$93	\$81
PACU	\$73	\$92	\$82
Peds	\$74	\$95	\$85
Psych	\$73	\$91	\$82
Radiology	\$81	\$102	\$92
Tele	\$73	\$100	\$87

REGIONAL Q1 BILL RATES

SOUTHERN REGION



2025 Q1 SOUTHERN ALLIED BILL RATES

Allied	All Inclusive Bill Rates		
	Low	High	Average
Cath Lab Tech	\$83	\$110	\$97
CT Tech	\$82	\$109	\$96
Echo Tech	\$78	\$102	\$90
General X-Ray	\$70	\$98	\$85
IR Tech	\$81	\$110	\$96
Medical Lab Tech	\$64	\$96	\$80
MRI Tech	\$77	\$102	\$90
Nuclear Medicine Tech	\$80	\$103	\$92
OR Tech	\$61	\$90	\$76
Pharmacist	\$86	\$110	\$99
Pharmacist Tech	\$49	\$69	\$59
Phlebotomist	\$44	\$61	\$53
Radiology Tech	\$74	\$99	\$87
Sterile Processing Tech	\$51	\$68	\$59
Ultrasound Tech	\$83	\$108	\$95

SOUTHERN REGION CONCLUSION

In the Southern region, bill rates across most modalities remained steady with only modest quarter-over-quarter movement. Physician rates showed minimal fluctuation, with small increases in Hospitalist, OB/GYN, and General Surgery specialties, while Emergency Medicine and Psychiatry dipped slightly. Advanced practice roles followed a similar trend, with CRNA and General Surgery maintaining the highest rates, while specialties such as Pediatrics and Women's Health held stable. Nursing rates were mostly flat, with minor increases in ICU and CVICU, and slight rate compression in roles like MA, CNA, and LPN. Allied health rates showed mild upward movement in diagnostic and imaging tech roles, including MRI, CT, and IR Tech, while support roles such as Anesthesia Tech and Sterile Processing Tech saw little change. Therapy bill rates remained virtually unchanged across all disciplines, continuing the trend of rate stabilization seen throughout the region.

REGIONAL Q1 BILL RATES

MIDWEST REGION



2025 Q1 MIDWEST PHYSICIAN BILL RATES			
Physicians	All Inclusive Bill Rates		
	Low	High	Average
Anesthesia	\$394	\$504	\$449
Critical Care Medicine	\$374	\$419	\$397
Emergency Medicine	\$296	\$383	\$339
General Surgery	\$324	\$376	\$350
Hospitalist	\$229	\$304	\$267
Internal Medicine	\$201	\$268	\$234
OB/GYN	\$244	\$314	\$279
Psychiatry	\$264	\$348	\$306
Radiology	\$434	\$524	\$479



REGIONAL Q1 BILL RATES

MIDWEST REGION



2025 Q1 MIDWEST ADVANCED PRACTICE BILL RATES

All Inclusive Bill Rates

Advanced Practice	Low	High	Average
Cardiothoracic/Vascular Surgery	\$174	\$217	\$195
Critical Care	\$159	\$194	\$176
CRNA (Certified Registered Nurse Anesthetist)	\$292	\$347	\$319
Emergency	\$175	\$238	\$206
General Surgery	\$190	\$240	\$215
Inpatient Hospitalist	\$159	\$192	\$175
Neonatology	\$154	\$173	\$164
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$139	\$174	\$157
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$142	\$163	\$153
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 MIDWEST THERAPY BILL RATES

All Inclusive Bill Rates

Therapy	Low	High	Average
Occupational Therapist	\$71	\$96	\$83
OT Assistant	\$53	\$72	\$63
Physical Therapist	\$67	\$99	\$82
PT Assistant	\$52	\$74	\$64
Respiratory Therapist	\$68	\$98	\$83
Speech Therapist	\$71	\$98	\$84

REGIONAL Q1 BILL RATES

MIDWEST REGION



2025 Q1 MIDWEST NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$75	\$98	\$87
Cath Lab	\$84	\$112	\$99
Clinics	\$73	\$97	\$86
CNA	\$36	\$52	\$45
CVICU	\$89	\$115	\$103
Dialysis	\$76	\$101	\$90
ER	\$79	\$104	\$91
Home Care	\$73	\$91	\$82
ICU	\$79	\$105	\$92
L&D	\$83	\$109	\$95
Long Term Care	\$69	\$88	\$79
LPN	\$52	\$67	\$61
MA	\$35	\$51	\$44
Med Surg	\$75	\$101	\$88
Med Surg/Tele	\$77	\$103	\$90
NICU	\$83	\$111	\$97
ONC	\$81	\$106	\$94
OR	\$81	\$110	\$94
Ortho	\$74	\$103	\$88
PACU	\$79	\$108	\$93
Peds	\$76	\$100	\$89
Psych	\$77	\$102	\$90
Radiology	\$80	\$113	\$97
Tele	\$78	\$104	\$91

REGIONAL Q1 BILL RATES

MIDWEST REGION



2025 Q1 MIDWEST ALLIED BILL RATES			
Allied	All Inclusive Bill Rates		
	Low	High	Average
Cath Lab Tech	\$91	\$119	\$105
CT Tech	\$86	\$119	\$102
Echo Tech	\$86	\$115	\$100
General X-Ray	\$80	\$109	\$95
IR Tech	\$91	\$124	\$108
Medical Lab Tech	\$67	\$102	\$85
MRI Tech	\$81	\$113	\$97
Nuclear Medicine Tech	\$88	\$114	\$100
OR Tech	\$68	\$100	\$84
Pharmacist	\$91	\$127	\$109
Pharmacist Tech	\$54	\$75	\$64
Phlebotomist	\$47	\$63	\$55
Radiology Tech	\$78	\$107	\$93
Sterile Processing Tech	\$55	\$75	\$65
Ultrasound Tech	\$92	\$124	\$108

MIDWEST REGION CONCLUSION

In the Midwest, bill rates across all modalities remained relatively stable, with only minor quarter-over-quarter shifts. Physician rates saw slight increases in Hospitalist and OB/GYN specialties, while Emergency Medicine and Psychiatry dipped modestly. Advanced practice rates followed a similar pattern, with CRNA rates continuing to lead the modality and modest increases observed in General Surgery and Emergency roles. Most other specialties, including Neonatology and Primary Care, held steady. Nursing rates remained flat across the board, with slight gains in ICU, CVICU, and L&D offset by small declines in lower-acuity roles like CNA, MA, and LPN. Allied health rates rose modestly in imaging and diagnostic roles such as CT, MRI, and IR Tech, while support roles like Phlebotomy and Sterile Processing remained largely unchanged. Therapy rates were also flat, with minimal movement in average rates for Physical, Occupational, and Respiratory Therapists. Overall, the Midwest exhibited a stable pricing environment with isolated growth in select high-skill technical specialties.

REGIONAL Q1 BILL RATES

WESTERN REGION

*CALIFORNIA EXCLUDED



2025 Q1 WESTERN PHYSICIAN BILL RATES			
Physicians	All Inclusive Bill Rates		
	Low	High	Average
Critical Care Medicine	\$374	\$418	\$396
Emergency Medicine	\$304	\$399	\$352
General Surgery	\$325	\$377	\$351
Hospitalist	\$230	\$301	\$265
Internal Medicine	\$214	\$286	\$250
OB/GYN	\$244	\$314	\$279
Psychiatry	\$265	\$350	\$308
Radiology	\$435	\$528	\$481



REGIONAL Q1 BILL RATES

WESTERN REGION

*CALIFORNIA EXCLUDED



2025 Q1 WESTERN ADVANCED PRACTICE BILL RATES			
	All Inclusive Bill Rates		
Advanced Practice	Low	High	Average
Cardiothoracic/Vascular Surgery	\$175	\$220	\$198
Critical Care	\$159	\$195	\$177
CRNA (Certified Registered Nurse Anesthetist)	\$293	\$350	\$322
Emergency	\$174	\$244	\$209
General Surgery	\$206	\$250	\$228
Inpatient Hospitalist	\$158	\$191	\$175
Neonatology	\$156	\$176	\$166
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$141	\$175	\$158
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$146	\$163	\$155
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 WESTERN THERAPY BILL RATES			
	All Inclusive Bill Rates		
Therapy	Low	High	Average
Occupational Therapist	\$72	\$99	\$86
OT Assistant	\$55	\$72	\$63
Physical Therapist	\$76	\$105	\$90
PT Assistant	\$57	\$74	\$65
Respiratory Therapist	\$73	\$102	\$88
Speech Therapist	\$75	\$102	\$88

REGIONAL Q1 BILL RATES

WESTERN REGION

*CALIFORNIA EXCLUDED



2025 Q1 WESTERN NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$85	\$112	\$98
Cath Lab	\$99	\$127	\$111
Clinics	\$79	\$106	\$94
CNA	\$39	\$56	\$47
CVICU	\$92	\$116	\$104
Dialysis	\$83	\$103	\$93
ER	\$83	\$111	\$93
Home Care	\$81	\$103	\$92
ICU	\$88	\$114	\$101
L&D	\$87	\$116	\$102
Long Term Care	\$76	\$99	\$83
LPN	\$53	\$73	\$63
MA	\$40	\$52	\$46
Med Surg	\$80	\$103	\$90
Med Surg/Tele	\$81	\$106	\$94
NICU	\$89	\$113	\$98
ONC	\$85	\$112	\$98
OR	\$87	\$116	\$99
Ortho	\$76	\$103	\$90
PACU	\$83	\$106	\$95
Peds	\$86	\$111	\$99
Psych	\$81	\$104	\$94
Radiology	\$90	\$113	\$101
Tele	\$82	\$105	\$94

REGIONAL Q1 BILL RATES

WESTERN REGION

*CALIFORNIA EXCLUDED



2025 Q1 WESTERN ALLIED BILL RATES

Allied	All Inclusive Bill Rates		
	Low	High	Average
Cath Lab Tech	\$97	\$123	\$109
CT Tech	\$90	\$125	\$108
Echo Tech	\$88	\$116	\$102
General X-Ray	\$82	\$111	\$97
IR Tech	\$97	\$121	\$109
Medical Lab Tech	\$73	\$102	\$89
MRI Tech	\$89	\$118	\$104
Nuclear Medicine Tech	\$90	\$121	\$105
OR Tech	\$73	\$100	\$86
Pharmacist	\$97	\$115	\$101
Pharmacist Tech	\$55	\$76	\$63
Phlebotomist	\$51	\$70	\$60
Radiology Tech	\$83	\$114	\$98
Sterile Processing Tech	\$54	\$75	\$64
Ultrasound Tech	\$92	\$126	\$109

WESTERN REGION CONCLUSION

*CALIFORNIA EXCLUDED

In the Western region, physician bill rates were largely stable from Q4 2024 to Q1 2025, with minor increases observed for Hospitalist, Internal Medicine, OB/GYN, and Radiology specialties. Advanced practice rates trended modestly higher, particularly for CRNAs and General Surgery, while Psychiatry AP rates declined slightly. Nursing rates in the region held relatively steady overall, with most specialties seeing flat to modest increases, though LPN and MA rates experienced small declines. Allied health bill rates rose slightly across several high-demand modalities, including Imaging Techs and Cath Lab Techs, while Therapy rates saw little movement quarter over quarter, maintaining their relatively lower averages compared to other modalities.

REGIONAL Q1 BILL RATES

CALIFORNIA



2025 Q1 CALIFORNIA PHYSICIAN BILL RATES

All Inclusive Bill Rates

Physicians	Low	High	Average
Anesthesia	\$396	\$506	\$451
Critical Care Medicine	\$375	\$421	\$398
Emergency Medicine	\$310	\$402	\$356
General Surgery	\$326	\$378	\$352
Hospitalist	\$230	\$301	\$266
Internal Medicine	\$214	\$286	\$250
OB/GYN	\$245	\$315	\$280
Psychiatry	\$265	\$352	\$309
Radiology	\$436	\$528	\$482



REGIONAL Q1 BILL RATES

CALIFORNIA



2025 Q1 CALIFORNIA ADVANCED PRACTICE BILL RATES

All Inclusive Bill Rates

Advanced Practice	Low	High	Average
Cardiothoracic/Vascular Surgery	\$175	\$220	\$198
Critical Care	\$161	\$197	\$179
CRNA (Certified Registered Nurse Anesthetist)	\$293	\$353	\$323
Emergency	\$174	\$244	\$209
General Surgery	\$204	\$250	\$227
Inpatient Hospitalist	\$159	\$191	\$175
Neonatology	\$156	\$176	\$166
Orthopedic Surgery	\$185	\$240	\$213
Pediatrics	\$142	\$176	\$159
Primary Care	\$159	\$186	\$172
Psychiatry	\$175	\$215	\$195
Psychologist	\$146	\$163	\$155
Urgent Care/Fast Track	\$143	\$175	\$159
Women's Health	\$141	\$175	\$158

2025 Q1 CALIFORNIA THERAPY BILL RATES

All Inclusive Bill Rates

Therapy	Low	High	Average
Occupational Therapist	\$78	\$103	\$91
OT Assistant	\$58	\$75	\$68
Physical Therapist	\$77	\$106	\$92
PT Assistant	\$58	\$73	\$65
Respiratory Therapist	\$75	\$105	\$90
Speech Therapist	\$79	\$106	\$92

REGIONAL Q1 BILL RATES

CALIFORNIA



2025 Q1 CALIFORNIA NURSING BILL RATES

All Inclusive Bill Rates

Nursing	Low	High	Average
Case Manager	\$85	\$117	\$101
Cath Lab	\$100	\$128	\$113
Clinics	\$80	\$104	\$92
CNA	\$40	\$58	\$49
CVICU	\$98	\$127	\$112
Dialysis	\$84	\$107	\$94
ER	\$86	\$120	\$102
Home Care	\$81	\$104	\$92
ICU	\$92	\$123	\$105
L&D	\$92	\$123	\$108
Long Term Care	\$78	\$100	\$88
LPN	\$58	\$74	\$66
MA	\$40	\$54	\$47
Med Surg	\$81	\$107	\$94
Med Surg/Tele	\$83	\$112	\$98
NICU	\$92	\$124	\$108
ONC	\$87	\$119	\$103
OR	\$87	\$124	\$106
Ortho	\$79	\$109	\$94
PACU	\$87	\$113	\$100
Peds	\$89	\$117	\$103
Psych	\$82	\$106	\$94
Radiology	\$89	\$121	\$105
Tele	\$82	\$114	\$98

REGIONAL Q1 BILL RATES

CALIFORNIA



2025 Q1 CALIFORNIA ALLIED BILL RATES			
Allied	All Inclusive Bill Rates		
	Low	High	Average
Cath Lab Tech	\$100	\$126	\$113
CT Tech	\$91	\$124	\$107
Echo Tech	\$91	\$125	\$108
General X-Ray	\$84	\$115	\$99
IR Tech	\$97	\$122	\$109
Medical Lab Tech	\$77	\$101	\$89
MRI Tech	\$90	\$118	\$104
Nuclear Medicine Tech	\$91	\$119	\$105
OR Tech	\$71	\$101	\$86
Pharmacist	\$95	\$130	\$113
Pharmacist Tech	\$55	\$76	\$65
Phlebotomist	\$53	\$69	\$61
Radiology Tech	\$86	\$117	\$102
Sterile Processing Tech	\$56	\$79	\$67
Ultrasound Tech	\$87	\$119	\$103

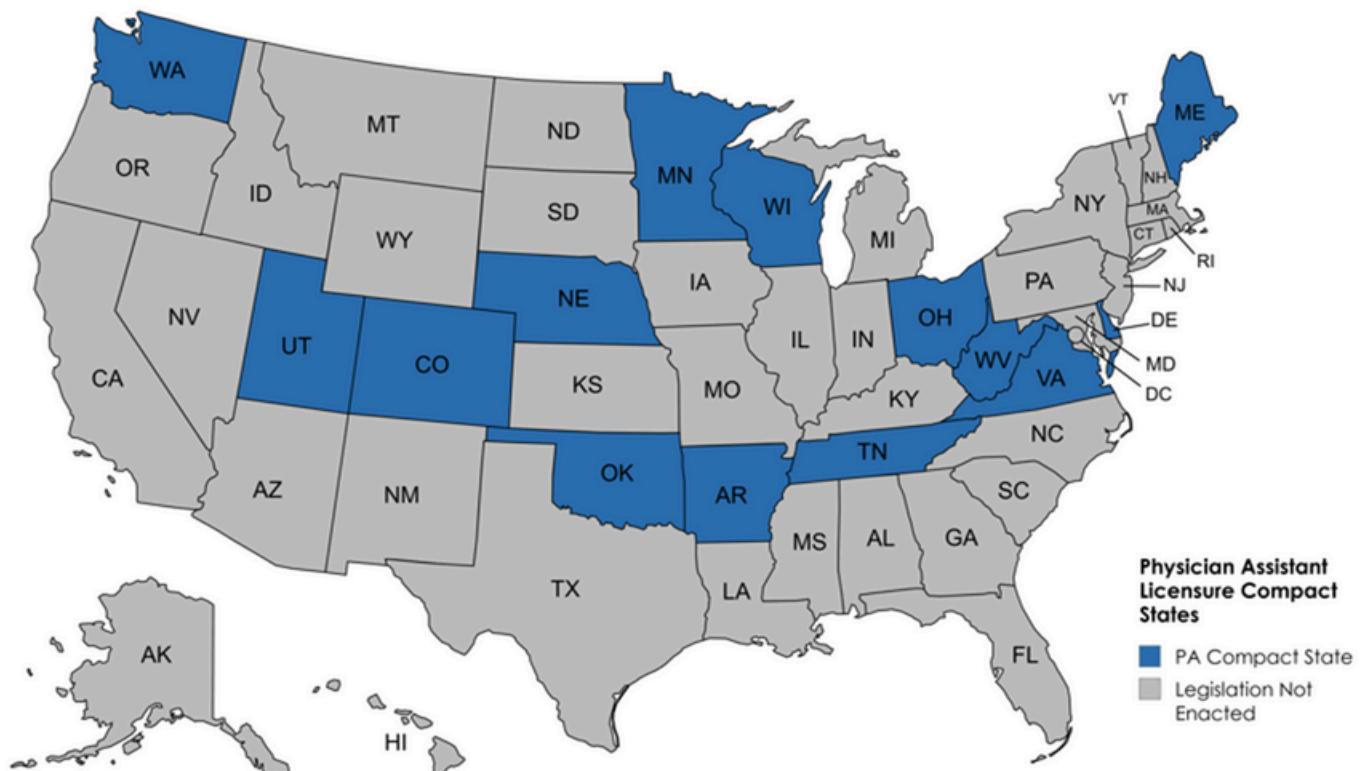
CALIFORNIA CONCLUSION

In California, average physician bill rates increased slightly from Q4 2024 to Q1 2025, with the most notable growth occurring in Hospitalist and Internal Medicine specialties. Advanced Practice rates remained elevated, particularly for CRNAs, which continued to command the highest rates among AP roles. Nursing rates were relatively stable quarter-over-quarter, with minor increases in select specialties like ICU and L&D. Allied rates also saw modest growth in a few areas, including Cath Lab Tech and CT Tech. Therapy bill rates increased slightly across most disciplines, reflecting steady demand for rehabilitation providers in the California market.

Legislation and Policy Notes

A Arkansas Becomes 14th State to Join Physician Assistant Licensure Compact

On March 18, Arkansas became the 14th state to join the Physician Assistant Licensure Compact, following passage of Senate Bill 101. This move further expands interstate practice capabilities for PAs, addressing primary care shortages and streamlining licensure processes for those seeking multi-state practice. Arkansas joins Colorado, Delaware, Maine, Minnesota, Nebraska, Ohio, Oklahoma, Tennessee, Utah, Virginia, Washington, West Virginia, and Wisconsin, with full implementation expected within 18 to 24 months.



B

California Healthcare Minimum Wage Update

In 2023, California passed Senate Bill 525, a landmark law that established the nation's first statewide minimum wage specifically for healthcare workers. The law aimed to gradually increase wages for hundreds of thousands of low-paid hospital, clinic, and nursing home staff—such as nursing assistants, medical technicians, janitors, and food service workers—eventually reaching \$25 an hour. Though signed by Governor Gavin Newsom, the law quickly drew concern due to California's growing budget deficit. In early 2024, Newsom delayed the law's implementation and introduced a trigger mechanism tying wage increases to the state's fiscal performance. After negotiations and legislative revisions, the first phase of wage increases officially began in October 2024 for many facilities, with full implementation continuing through 2033 depending on the employer type.

As of April 2025, California's healthcare worker minimum wage law is in effect and being phased in as planned. Large hospital systems, clinics, and public facilities have begun raising wages based on their respective timelines, while safety-net and rural providers have a longer runway to reach the \$25 target. While the law includes inflation indexing for future wage adjustments and has attracted attention as a potential national model, it also warrants careful monitoring. Mandating increased wages could exacerbate financial pressures on hospitals and healthcare facilities already struggling with economic sustainability, potentially impacting access and quality of care.



Litigation and Regulatory Actions of Interest

Contract Labor
Market Rate Analysis
Q1 2025 Results

A Aya-Cross Country Merger Under FTC Review Amid Market Concerns

Aya Healthcare's proposed \$615 million acquisition of Cross Country Healthcare, announced in late 2024, remains under regulatory scrutiny, as the Federal Trade Commission (FTC) continues an in-depth review. The deal would combine two of the nation's largest healthcare staffing firms, significantly expanding their presence in travel nursing, allied health, and other healthcare staffing sectors. Hospital executives are closely following developments, recognizing the merger's potential to reshape labor market dynamics.

While the merger could yield benefits such as advanced technology and increased operational efficiencies, there is concern among some industry observers that reduced competition could amplify existing healthcare workforce shortages. A consolidation of this magnitude may lead to increased market power for the combined entity, potentially limiting hospitals' staffing options and intensifying staffing challenges that already strain healthcare facilities nationwide. The FTC's extended investigation underscores the complexities involved, reflecting broader concerns about balancing efficiency gains with preserving competitive market conditions.

B Judge Approves \$6.1M Deal for International Nurses in Health Carousel Class Action

A federal judge in Ohio granted final approval on March 24, 2025, to a \$6.1 million class action settlement between healthcare staffing firm Health Carousel and hundreds of international healthcare workers recruited through its Passport USA program. The lawsuit, originally filed in 2020, alleged that the company imposed unfair penalties—ranging from \$20,000 to \$35,000—on workers, primarily from the Philippines, who left before completing a mandated “commitment period” of 6,240 regular work hours. The workers claimed these liquidated damages created significant financial hardship and amounted to coercive employment practices.

Under the settlement terms, eligible workers will receive varying payouts depending on their employment status and damages paid, with amounts ranging from \$300 to \$4,290. Additionally, those no longer employed by Health Carousel will be released from any disputed debt related to early contract termination. Going forward, Health Carousel must include overtime and orientation hours in its contract calculations and may only recover actual expenses—not punitive damages—from workers who leave early. The agreement marks a significant shift in how international healthcare staffing firms may structure employment terms with foreign recruits.

DOL's Independent Contractor Rule Update: Implications for Healthcare

The U.S. Department of Labor's independent contractor rule, which went into effect on March 11, 2024, remains in force and continues to reverberate across industries that rely heavily on contingent labor — including healthcare. The rule reinstates a six-factor "economic reality" test to determine whether a worker qualifies as an employee or independent contractor under the Fair Labor Standards Act (FLSA). This broader test increases scrutiny of gig-style labor arrangements that have proliferated in sectors like nursing and long-term care, where app-based platforms have enabled rapid staffing without the obligations that come with formal employment relationships.

A recent lawsuit out of California adds further urgency to the discussion. The Party Staff, a traditional hospitality staffing agency, is suing competitors including Instawork and Qwick, accusing them of unlawfully misclassifying workers as independent contractors to undercut compliant firms. While the case targets the hospitality industry, the legal arguments have implications for healthcare staffing, where platforms like Instawork are already active. The lawsuit, combined with recent DOL enforcement actions — including a \$2.4 million back pay order against two nursing home staffing firms — signals that federal and state regulators are watching. Despite a new administration that may lean toward deregulation, the current DOL rule remains in place, and healthcare providers are advised to closely examine their staffing models to ensure alignment with federal standards.

Frontline Focus: Arizona's Statewide Nurse Transition to Practice Program



Faced with a statewide nursing shortage and mounting pressure on rural healthcare systems, Arizona's healthcare leaders mobilized a groundbreaking legislative solution. As detailed in *Nursing Administration Quarterly* (April–June 2025), the Arizona Hospital and Healthcare Association (AzHHA), in partnership with OpusVi—a healthcare workforce development platform specializing in upskilling and retaining top talent—launched a statewide Transition to Practice (TTP) program tailored to the needs of rural hospitals and critical access facilities. Funded through HB2691, the initiative supports newly licensed nurses through a 12-month, competency-based residency that includes customized clinical training, mentorship, and a robust preceptor development track. The program's phased model—Socialization, Specialization, and Professionalization—was built to bridge the academic-practice gap and increase retention, confidence, and job satisfaction for new graduate nurses. For a detailed discussion of the TTP program, please see [Nursing Administration Quarterly \(April–June 2025\)](https://doi.org/10.1097/NAQ.0000000000000678): <https://doi.org/10.1097/NAQ.0000000000000678>.

A compelling example of the program's impact can be seen at Mt. Graham Regional Medical Center (MGRMC), a 50-bed nonprofit critical access hospital in Safford, Arizona. Prior to enrolling in the AzHHA TTP program, MGRMC struggled with high turnover, overreliance on travel nurses, and staffing costs that strained its budget—including \$51,000 in traveler expenses and \$23,000 in callback costs. In collaboration with OpusVi, MGRMC implemented a fully integrated nurse residency, preceptorship, and mentorship model that significantly reduced reliance on temporary staff while improving team communication, clinical competency, and morale.

The results were transformational. Within one year, MGRMC eliminated all nurse vacancies, achieved an 83% reduction in overtime costs, and saw callback expenses drop by 75%. These savings allowed the organization to reinvest in its permanent nursing workforce and patient care improvements.

Additionally, full-time staff reported reduced burnout, thanks in part to standardized communication pathways, a mentorship structure, and real-time workforce analytics provided through OpusVi's Impact Dashboard. For more details on the case study, see OpusVi (2024): <https://opusvi.com/case-studies/mtgraham/nurse-residency-preceptor-training>.

Arizona's Transition to Practice model demonstrates how state-level investment and cross-sector collaboration can drive measurable improvements in rural nurse retention, quality of care, and cost efficiency. For healthcare leaders in other states, the initiative offers a replicable blueprint for strengthening the nursing pipeline in even the most resource-constrained settings.

Healthcare Workforce News



Signs of Healthcare Workforce Stabilization

Despite persistent warnings about healthcare workforce shortages—including projections of up to 86,000 fewer physicians by 2036—new data suggests the sector may be entering a period of stabilization in terms of worker sentiment and retention. The 2025 Physician Sentiment Survey from The Harris Poll on behalf of athenahealth shows improved morale, with two-thirds of physicians now looking forward to work and a 22% year-over-year drop in those considering leaving weekly, largely due to the growing use of AI tools that reduce administrative burdens.

In nursing, the 2025 Nursing Leadership Insight Study from the American Organization for Nursing Leadership (AONL) reports a drop in nurse leaders citing recruitment and retention as a top concern—49% this year versus 69% in 2023. Complementing this, LinkedIn data reveals a 30.8% decline in nurses making career changes in 2024 compared to 2022. Contributing factors include job security, improved workplace conditions, better leadership support, and expanded opportunities for flexibility. Together, these findings suggest that while staffing shortages and burnout persist, healthcare organizations are beginning to gain traction in retaining their clinical workforce.

B

Ambient AI Boosts Satisfaction and Retention

Ambient AI is rapidly transforming healthcare by easing clinician workload, reducing burnout, and improving documentation. Sanford Health saw overwhelming success in a pilot with 100 clinicians, with 90% reporting improved job satisfaction and 88% noting reduced fatigue—prompting an expansion to 200 more users. Similarly, Duke University Health System deployed Abridge, an ambient listening tool for clinicians, to 5,000 providers, with Chief Health Information Officer Dr. Eric Poon calling it the most impactful technology in his 30-year career. Both systems view ambient AI not just as a tech upgrade, but as a strategic investment in clinician well-being and retention.



Beyond Guaranteed Savings

Adaptive Continues to Deliver

Over \$39 Million in Savings—and Counting!

In 2024 business case study, Adaptive Workforce Solutions detailed the successful implementation of a Guaranteed Savings Program at a leading academic medical center in Upstate New York, achieving significant initial savings. Since then, Adaptive has consistently exceeded expectations, continuing to deliver impactful results. Following the success of the initial program—which achieved a **remarkable \$39 million in guaranteed savings**—Adaptive has maintained momentum by delivering an **additional \$1.3 million in savings in February 2025 alone**, representing a substantial **19.5% reduction** in contract labor spending year-over-year.

Adaptive's proven, ongoing strategies include:

- Bill rate optimization
- Proactive workforce transitions
- Decreased reliance on temporary agency staff

Adaptive's continued success demonstrates our lasting commitment to navigating labor market challenges, providing both immediate solutions and sustained financial and operational benefits.

INTRODUCTION

Financial pressures and workforce shortages created a strain on Upstate New York teaching hospital, testing the adaptability of its management and staff. As the hospital watched its budgeting goals vanish and with the strain on its strain resources, it realized the hospital was in a position to take drastic action to reduce its utilization and spend.

CASE STUDY

HOW A GUARANTEED SAVINGS PLAN DELIVERED OVER \$39 MILLION IN LABOR SAVINGS

RESULTS

Category	Value
Estimated Bill Rate Savings	\$39,249
Estimated Contract Labor Savings	\$109,683
Total Active	118,480
Active Contracts	106,422
Estimated Bill Rate Savings	\$26,000
Estimated Bill Rate Savings	\$46,080
Estimated Bill Rate Savings	\$18,247
Estimated Bill Rate Savings	\$552,047
Total to Manage Program	\$195,000

Download the original Business Case Study Here
https://info.adaptivewfs.com/2024_bcs_gsp

DOWNLOAD NOW



Employer Of Record Model Saves Health System Over \$2.7 Million

Reducing administrative strain and agency reliance with Adaptive's EOR solution.

As healthcare systems seek alternatives to costly staffing agencies and overburdened HR departments, Employer of Record (EOR) models have emerged as a practical solution. This case study highlights how a large tribal healthcare system partnered with Adaptive Workforce Solutions to implement an EOR program—resulting in **over \$1.2 million in labor cost savings within the first year, and \$2.7 million to date.**

By transitioning a portion of its temporary clinical workforce—including nurses, physicians, and allied professionals—into Adaptive's EOR service, the health system retained full operational control while offloading administrative tasks like onboarding, payroll, tax filings, and benefits management.

Key outcomes featured in the case study:

- **\$2.7M in cost savings** from reduced hourly labor rates and agency markup elimination
- **Faster onboarding** through centralized credentialing and compliance tracking
- **Significant reduction in HR workload** related to per diem and referred staff
- **Improved flexibility** in staffing retirees, former employees, and internal float pool workers

Download the full case study to see how the savings were achieved.

Employer of Record (EOR) Service?

Adaptive's EOR service is a staffing solution where Adaptive hires staff for your hospital. Your hospital has identified staff to be referred or means Adaptive hires those individuals on paper and manages administrative tasks – from onboarding and payroll to taxes, benefits, and compliance. Your team directs the staff's daily work; Adaptive handles the administrative tasks.

For your chosen staff, Adaptive removes the administrative tasks from your HR department. We take care of issuing employment papers, onboarding, payroll, benefits, and managing your staff and healthcare regulations. Onboarding is fast and simple; date, Adaptive handles background checks, credentialing, and employee ready to work with minimal delay.

Healthcare Employers:

Hospitals using Adaptive's EOR service reduce staffing costs by 20% or more. By eliminating mark-ups, you pay lower bid rates—saving money. We can quickly onboard retirees, former employees, referrals, or 1099 contractors. Adaptive's per diem pay rates start at \$15/hour, build internal float pools, and share with your community. Contract travel nurses or bring back staff, all at a fraction of agency costs.

Adaptive handles onboarding, payroll, benefits, and compliance, workers' comp, and ensuring rapid hiring. Licenses, certifications, and labor market data. We ensure compliance with wage laws, IRS rules, and you stay protected while retaining workforce control.

Adaptive Workforce Solutions

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ABOUT ADAPTIVE WORKFORCE SOLUTIONS

For over two decades, the dynamic team of healthcare staffing experts at Adaptive Workforce Solutions has been engineering innovative strategies to assist healthcare organizations in procuring and managing contract labor. We are passionate about our work and take immense pride in our role as valued consultants and advocates for hospitals and healthcare systems we serve nationwide.

Central to Adaptive's approach to Managed Service Programs is the principle of vendor neutrality. This means all staffing vendors receive requisitions through our Vendor Management System (VMS) software simultaneously—none are given advanced access or preferential status—and rates are entirely transparent. This ensures a level playing field and fosters price competition. This unbiased methodology is a core aspect of our identity, enabling us to deliver uncompromised service, advocacy, and guaranteed cost savings to our clients.

We specialize in crafting customized solutions that streamline and automate the entire contract labor lifecycle into a single, integrated, and user-friendly web-based platform. This platform, coupled with a dedicated Adaptive Program Manager and Service Delivery Team, simplifies and manages all aspects of the program for the client, significantly expanding access to qualified temporary staff and enabling a comprehensive suite of reporting, analytics, and auditing tools. Recognizing that one size does not fit all, we also offer an extensive array of more targeted solutions.

Our Services Include:

- **Managed Service Programs**
- **Employer of Record Service**
- **In-House Program Development**
- **Emergency Staffing Services**
- **Locum Tenens Staffing**
- **Guaranteed Savings Plan**
- **Workforce Assessment**
- **1099 Compliance Audits**
- **Consulting Services**
- **International Nurse Programs**



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