

UBER FOR NURSING PART II

How Gig Nursing Platforms
Are Lobbying States to
Deregulate Healthcare

AINOW

Table of Contents

Executive Summary	2
Introduction	3
Gig Nursing Platforms	4
Background	4
Prevalence	6
A Precursor and a Competitor: Staffing Agencies	8
Corporate Finance Enters the Story	9
A Deregulation Campaign	11
State Policies	11
Beyond Legislation	15
Federal Efforts	15
A Refusal of Carveouts	17
Wisconsin: A Case Study	18
Conclusion	20
Acknowledgements	23
Appendix A: Table of State Policies	24
Appendix B: Table of Platform Investors	30
Appendix C: Primer on Gig Nursing	31

Executive Summary

A seismic shift is rocking the healthcare industry. Uber’s business model—the "gigification" of labor—and lobbying practices have made their way to healthcare staffing.¹ Backed by huge sums of venture capital and private equity funds, gig nursing platforms are promoting a political agenda that limits public oversight of healthcare facilities, weakens labor protections, and exposes patients to risks.

Since 2022, lawmakers in at least seventeen states have introduced bills to recognize gig nursing platforms as a new kind of business model, one that should be regulated differently from healthcare staffing agencies. In an additional eight states, policymakers have already carved out platform work from certain state laws. In sum, efforts that would deregulate gig nursing platforms have emerged in nearly half of all US states.

Platforms such as Clipboard Health, KARE Technologies, Nursa, and ShiftKey are using new technologically infused definitions to advance old deregulatory arguments. These platforms are trying to convince policymakers that their business model is not that of a healthcare staffing agency, and that they instead should be recognized as a “healthcare worker platform” or a “healthcare technology platform.” By renaming their businesses, gig nursing platforms are following the path of Uber, which exempted itself from regulation in dozens of states by convincing policymakers that it was not a transportation company.² This new categorization allowed ride-hail platforms to avoid responsibility for passenger safety, minimum wages for workers, and contributions for social insurance funds.³ For the healthcare industry, the stakes of this strategy are even higher. Gig nursing platforms and their state-level campaigns threaten the stability, working conditions, and value of labor for an entire profession.

¹ See Appendix C for a summary. See also Katie J. Wells and Funda Ustek Spilda, “Uber for Nursing: How an AI-Powered Gig Model Is Threatening Health Care,” Roosevelt Institute, December 17, 2024, <https://rooseveltinstitute.org/publications/uber-for-nursing>; and Katie J. Wells, Funda Ustek Spilda, Veena Dubal, and Mark Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*, University of Oxford and Fairwork, 2025, <https://fairwork/en/fw/publications/fairwork-us-ratings-2025>.

² Katie J. Wells, Kafui Attah, and Declan Cullen, *Disrupting D.C.: The Rise of Uber and the Fall of the City* (Princeton University Press, 2023).

³ Ibid.

Introduction

Over the past decade, the possibility of recruiting workers on demand—without interviews, detailed background checks, orientations, or training periods—has extended into the healthcare industry, eroding the established norms, practices and guidelines for recruitment, training, and safety standards. Gig nursing platforms market themselves as efficient, data-driven solutions to persistent staffing challenges in the US healthcare system. As we have documented elsewhere, many nurses *do* want greater flexibility and more control over their time and working conditions.⁴ So neither the problem that gig nursing platforms identify nor the solution they offer is especially new. For decades, healthcare staffing agencies filled gaps in workforces, however imperfectly. And they did so within established regulatory frameworks and labor and employment laws.

Much like Uber once cast taxi services as outdated, gig nursing platforms depict healthcare staffing agencies as obsolete and antiquated. To explain why they should be recognized as different from healthcare staffing agencies, gig nursing platforms point to their use of technology. The platforms argue that their model—with algorithmic management technologies at its core—is novel and therefore falls outside the scope of existing legal frameworks.

In this brief, we show that at least seventeen states have drafted, proposed, or passed bills that advance the idea that gig nursing platforms are *not* healthcare staffing agencies.⁵ Five gig nursing platforms have lobbied for such bills across multiple states, suggesting that this kind of deregulatory legislation is a strategic priority.⁶ Although the majority of these bills remain pending or have been withdrawn, this pattern—which has unfolded since 2022—is unmistakable and shows no signs of abatement.

In light of this, the point of this report is not that healthcare staffing agencies are without flaws and that existing regulations are adequate. Rather, we argue that the rise of gig nursing platforms prefigure a broader adoption of AI in the healthcare industry without much oversight, from patient intake and bed planning to treatment prompting and insurance coding.⁷ Some uses of AI simply don't get the kind of scrutiny that clinical AI systems receive from the FDA: They fall in a regulatory gap. Investor interest in gig nursing platforms may be partly driven by this lack of scrutiny, seemingly opening up spaces for so-called innovation and disruption. However, care systems involve moral choices at every turn. They require careful and deliberate approaches to automation and surveillance. Overhauling our regulatory system to

⁴ See Wells and Ustek Spilda, “Uber for Nursing”; and Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

⁵ The seventeen states are California, Colorado, Georgia, Illinois, Iowa, Kansas, Louisiana, Minnesota, Missouri, Nebraska, Nevada, Ohio, Pennsylvania, Rhode Island, Tennessee, Utah, and Wisconsin. See Appendix A.

⁶ The five platforms are CareRev, Clipboard Health, Kare Technologies, Nursa, and ShiftKey. See Appendix A.

⁷ See for example Chris Mills Rodrigo, “The Nurses Union Breaking Ranks to Fight AI in Hospitals,” *Tech Policy Press*, April 1, 2026, <https://www.techpolicy.press/the-nurses-union-breaking-ranks-to-fight-ai-in-hospitals>.

accommodate gig nursing platforms while overlooking their potential to harm workers and patients, carries significant risk to the healthcare system and the US economy.

In this brief, we outline the existing research on healthcare-focused algorithmic scheduling, staffing, and management technologies; provide a short history of third-party staffing agencies; and document the role of private equity and venture capital in the rise of gig nursing platforms. Then, we present the results of a first-of-its-kind nationwide policy analysis of legislative efforts to carve gig nursing platforms out of state laws. Alongside these findings, we highlight New York's preemptive refusal to define these platforms as different from healthcare staffing agencies and offer a case study of Wisconsin's debates. Finally, we warn that the quality of work and care in the healthcare industry is at risk when we let gig nursing platforms set the rules.

Gig Nursing Platforms

Background

Healthcare is one of the only growing professions left in the US.⁸ Today, nearly 15 percent of US employment is in the health- and social-assistance sector.⁹ But healthcare is undergoing a seismic change as Uber's business model—the "gigification" of labor—and its lobbying practices have made their way to the industry.¹⁰

Gig nursing platforms use AI-powered technologies to connect understaffed medical facilities with nearby nurses and nursing assistants looking for work. The platforms are free, with user-friendly interfaces. After a worker loads a nursing app onto her smartphone and submits the requisite documents, she can use the app to indicate her interest in specific shifts at hospitals, nursing homes, long-term care facilities, dental offices, carceral facilities, and, in some cases, Immigration and Customs Enforcement (ICE) detention centers. She can browse through shifts and roles. This freedom to choose one's job, place, and rate has appeal. Many nurses, as we have documented elsewhere, do want greater flexibility and more control over their schedules and working conditions.¹¹

In reality, the flexibility of shifts and the autonomy workers think these platforms offer may be a mirage. Many gig nursing platforms use automated decision-making systems that set pay for shifts, select a worker for a shift, notify both the facility and the worker of a match, allow a worker to clock in and clock out, send a paycheck, and, finally, create performance metrics. Such data feeds back into algorithms that determine a worker's future access to jobs and pay

⁸ Lydia DePillis, "Health Care Has Become the Lifeblood of the Labor Market," *New York Times*, March 6, 2026, <https://www.nytimes.com/2026/03/06/business/economy/health-care-hiring-labor-market.html>.

⁹ *Ibid.*

¹⁰ See Appendix C for a summary. See also Wells and Ustek Spilda, "Uber for Nursing"; and Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

¹¹ See Wells and Ustek Spilda, "Uber for Nursing"; and Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

rates. If the platform advertises specific rates for a shift, workers do not have the power to negotiate those rates. In short, these platforms do a lot more than merely provide a job-notice board for workers to find available shifts. The platforms play a key role in managing work in healthcare facilities.

Against this backdrop, workers may accept shifts that are farther away than they would like, pay less than they want, or take place in facilities where they would rather not work, in an effort to build a profile and ranking on the platform that might (potentially) connect them to more desirable shifts in the future. They also contend with autogenerated and opaque metrics that can turn cancellations and declined shifts into a lower standing, fewer shift offers, and even deactivation from a platform. (See Appendix C for a primer on gig nursing.)

On some gig nursing platforms, algorithmic management means workers bid against one another for shifts, enter clinical environments without paid training or facility orientation, and work within fragmented chains of command that disrupt continuity of care for patients.¹² Workers may experience surprise or “junk” fees, variable pay rates among nurses working the same shift, and missed paychecks caused by app failures linked to poor internet or cellular service—a frequent problem in rural areas.¹³ The cost of uniforms and unpaid labor (i.e., updating profiles, reviewing available positions, bidding for shifts, and messaging with platforms to correct account errors) can leave net pay below minimum wage rates.¹⁴

This trend creates an illusion that fair rates for healthcare workers are algorithmically determinable. It overlooks persistent and structural undervaluation of care work, as well as the working conditions that render platform work attractive. For gig nursing platforms, there is zero transparency about how jobs are allocated, scheduled, or canceled. Different shifts and shifts associated with varying rates of pay may appear on different workers’ phones, even when the workers are in the same city and indicate the same preferences on the app.

For hospitals and medical administrators, a gig nursing platform’s control over scheduling and wage-setting is the selling point. ShiftMed promises that its algorithmic management software can “transfor[m] nurse scheduling with the power of AI.”¹⁵ CareRev describes its software, dubbed “Smart Rates,” as “AI-driven” labor pricing that recommends “hourly shift rates based on market demand and past performance.”¹⁶ The platform claims that its proprietary system will

¹² See Wells and Ustek Spilda, “Uber for Nursing”; and Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ ShiftMed, “ShiftMed Launches ShiftAdvisor, an AI-Powered Personalized Scheduling Solution for Nurses,” press release, January 9, 2024, <https://www.shiftmed.com/press-releases/shiftmed-launches-shiftadvisor>.

¹⁶ “CareRev Smart Rates: Dynamic Pricing for Hospital Staffing,” CareRev, accessed April 15, 2026, <https://www.carerev.com/solutions/smart-rates-healthcare-staffing>.

“effectively and competitively calculat[e] shift rates.”¹⁷ Beth Melgren, the director of clinical operations at the Mercy Health System, which has fifty-one hospitals in the Midwest, explained why she uses a gig nursing platform: “We use AI and technology in the background to establish rates and dynamic pricing so that we offer the highest dollars where and when there is the highest need.”¹⁸ Another administrator who uses a gig nursing platform described how dynamic pricing helps reduce costs: “The tool allows us to be fiscally responsible in our shifts because, without the solution, we would probably blanket a pay increase for whoever picked up a shift.”¹⁹

The rise of gig nursing platforms reflects a broader turn toward AI in the healthcare industry writ large, as AI systems increasingly mediate the relationship between workers and employers, giving those who control employment decisions more centralized power. These changes invoke troubling questions about algorithmic collusion and wage suppression. Opaque and personalized pay structures can create “surveillance wages,”²⁰ or what Veena Dubal terms “algorithmic wage discrimination,” a kind of discrimination in which workers’ personal data is used to create ever-changing wages.²¹ Companies can, explains Nina DiSalvo, use “signals associated with financial vulnerability, including data on whether a prospective employee has taken out a payday loan” to infer how low of a rate a worker might accept.²² The ability of companies to purchase, collect, and screen individualized worker data can reduce wages and fairness in the workplace.²³

¹⁷ CareRev, *Intro to CareRev 2023: Making On-Demand Work Possible*, 2023, https://cdn.prod.website-files.com/5babc11099f97ef511cf24a6/67fd4afdcbca1550a63b52d5_Intro_to_CareRev.pdf.

¹⁸ “Mercy Creates Its Own Gig Workforce,” *The Source*, 72, Q3 2024, <https://healthtrustpg.com/wp-content/uploads/2024/08/The-Source-Q3-2024.pdf>.

¹⁹ Niel Oscarson and Maddie Calder, *Trusted Health Works 2024: Reducing Clinician Burnout with a User-Friendly Scheduling Platform*, KLAS Research, October 23, 2024, <https://klasresearch.com/report/trusted-health-works-2024-reducing-clinician-burnout-with-a-user-friendly-scheduling-platform/3606>.

²⁰ AI Now Institute et al., *Prohibiting Surveillance Prices and Wages*, American Economic Liberties Project, February 2025, <https://www.economicliberties.us/wp-content/uploads/2025/02/Real-Surveillance-Prices-and-Wages-Report.pdf>.

²¹ Veena Dubal, “On Algorithmic Wage Discrimination,” *Columbia Law Review* 123, no. 7 (November 2023): 1929–2004, https://www.columbialawreview.org/wp-content/uploads/2023/11/Dubal-On_Algorithmic_Wage_discrimination.pdf.

²² Genna Contino, “Employers Are Using Your Personal Data to Figure Out the Lowest Salary You’ll Accept,” *MarketWatch*, April 1, 2026, <https://www.marketwatch.com/story/employers-are-using-your-personal-data-to-figure-out-the-lowest-salary-youll-accept-c2b968fb>.

²³ See Veena Dubal and Wilneida Negron, *How Artificial Intelligence Uncouples Hard Work from Fair Wages Through “Surveillance Pay” Practices—and How to Fix It*, Washington Center for Equitable Growth, August 21, 2025, <https://equitablegrowth.org/how-artificial-intelligence-uncouples-hard-work-from-fair-wages-through-surveillance-pay-practices-and-how-to-fix-it>; and PowerSwitch Action and Gig Workers Rising, *Uber’s Inequality Machine: Data on How AI-Driven Pay Is Harming Workers and What We Can Do to Push Back*, PowerSwitch Action, June 2025, <https://www.powerswitchaction.org/resources/ubers-inequality-machine>.

Prevalence

Gig nursing platforms have found tremendous financial support. Three platforms—Clipboard Health, IntelyCare, and ShiftKey—have achieved unicorn status with valuations of \$1 billion each.²⁴ ShiftKey raised more than \$300 million from private equity alone, a feat that underscores the anticipated growth of this business model.²⁵ Our research indicates that this is not a situation in which a few platforms are carving out a space for themselves *alongside* staffing agencies (and thus emerging as a third player in the field). Instead, gig nursing platforms are in the process of reshaping rules for an entire healthcare industry.

Gig nursing platforms now exist in every US state. CareRev claims it is active in 650 facilities,²⁶ while ShiftMed reports contracts with two thousand facilities.²⁷ SSM Health, which has more than two dozen hospitals, partnered with ShiftMed to fill twenty-one thousand shifts in a single quarter.²⁸ Clipboard Health (also known as Twomagnets LLC) has “managerial control”²⁹ of dozens of nursing and rehab properties, including those owned by the for-profit chain Ensign Group. ShiftKey, which has announced its intention to expand into other licensed professions such as therapy and dentistry,³⁰ says it has partnerships with ten thousand organizations.³¹ Praising this trend, *Fast Company* named ShiftKey one of the most innovative companies of 2024;³² *Business Insider* recognized Clipboard Health as one of the most promising start-ups of 2023.³³

²⁴ See Appendix B.

²⁵ Emily Olsen, “Healthcare Staffing Startup ShiftKey Raises \$300M,” *Mobi Health News*, January 13, 2023, <https://www.mobihealthnews.com/news/healthcare-staffing-startup-shiftkey-raises-300m>.

²⁶ “Why Hospitals Choose CareRev,” CareRev, accessed April 15, 2026, <https://www.carerev.com/why-partner-with-carerev>.

²⁷ Anna Falvey, “Great Leaders in Healthcare 2025,” *Becker’s Hospital Review*, March 13, 2025, <https://www.beckershospitalreview.com/lists/great-leaders-in-healthcare-2025>.

²⁸ Gretchen Berlin et al., “How to Bridge the Experience Gap by Supporting Nurses of All Tenures,” McKinsey & Company, March 28, 2024, <https://www.mckinsey.com/industries/healthcare/our-insights/how-to-bridge-the-experience-gap-by-supporting-nurses-of-all-tenures>.

²⁹ See for example Centers for Medicare and Medicaid Services, *The Cove at La Jolla: Inspection Reports* (February 2026), archived at *ProPublica*, <https://projects.propublica.org/nursing-homes/homes/h-555545>.

³⁰ David Seeley, “\$2B Healthcare Staffing Platform ShiftKey Announces Leadership Moves, New Brand Identity,” Dallas Innovates, July 12, 2023, <https://dallasinnovates.com/2b-healthcare-staffing-platform-shiftkey-announces-leadership-moves-new-brand-identity/>.

³¹ “Over 10,000 Organizations Trust ShiftKey,” ShiftKey, 2026, <https://www.shiftkey.com/facilities/testimonials>.

³² AJ Hess, “The Most Innovative Human Resources Companies of 2024,” *Fast Company*, March 19, 2024, <https://www.fastcompany.com/91040139/human-resources-most-innovative-companies-2024>.

³³ Julie Bort, Samantha Stokes, and Rebecca Torrence, “These Are the 16 Most Promising Healthcare Startups of 2023, According to Top VCs,” *Business Insider*, July 19, 2023, <https://www.businessinsider.com/vcs-most-promising-startups-healthtech-2023-6>.

The annual costs that a healthcare facility, whether public or private, spends on gig nursing platforms can vary from tens of thousands to millions of dollars.³⁴ When nursing or medical facilities are publicly run, questions arise about the extent to which the government is propping up this business model and its AI-powered management systems. Public facilities in Illinois,³⁵ Kansas,³⁶ Pennsylvania,³⁷ Arkansas,³⁸ New Hampshire,³⁹ and Texas⁴⁰ have contracts with gig nursing platforms. Nashville General Hospital recently signed a contract with ShiftKey.⁴¹ So did the Department of Veterans Affairs in Kentucky—at an annual cost to the public of \$1 million.⁴² This was the sum the government paid to the platform; we do not know which types of workers were contracted, how much income workers earned from the shifts, or how many shifts were scheduled. Gig nursing platforms tend to shield many of their operations from view.

A Precursor and a Competitor: Staffing Agencies

Third-party staffing agencies are not new to healthcare. For the first half of the twentieth century, most hospital-based nurses worked through nurse-run agencies called *private-duty registries*. In the 1950s, this arrangement changed as hospitals began to hire nurses directly, build internal nurse pools, and gain an upper hand in staff management. Within two decades, most nurses in hospitals were employees, many of whom had less control over their schedules and wages than in the days of private-duty registries.⁴³

³⁴ A nursing home in Colorado reported \$2.9 million for services from Kare Technologies in 2022. See Sunny Vista Living Center, *Return of Organization Exempt from Income Tax: Form 990, 2022*, <https://www.intellispect.co/organizations/840438016-sunny-vista-living-center>. A Chicago hospital similarly spent more than \$2.7 million in annual expenses for CareRev's services in 2023. See Saint Anthony Hospital, *Return of Organization Exempt from Income Tax: Form 990, 2022*, <https://projects.propublica.org/nonprofits/organizations/510217097/202433269349301133/IRS990>.

³⁵ McLean County Board Health Committee, *Minutes of the Health Committee*, September 14, 2021, <https://www.mcleancountyil.gov/ArchiveCenter/ViewFile/Item/8493>.

³⁶ Atchison County Commission, *Atchison County Commission Meeting: New Business*, July 2, 2024, <https://www.atchisoncountyks.org/AgendaCenter/ViewFile/Agenda/07022024-1223>.

³⁷ Cumberland County Commissioners Workshop, *Agenda*, June 10, 2021, <https://www.cumberlandcountypa.gov/DocumentCenter/View/38549/06-10-2021-Workshop-Agenda>.

³⁸ Arkansas Department of Shared Administrative Services, *ALC Review*, February 6, 2026, <https://arkleg.state.ar.us/Home/FTPDocument?path=%2FAssembly%2FMeeting+Attachments%2F010%2F27786%2FE+Contracts.pdf>.

³⁹ Rockingham County Commissioners, *Meeting Minutes*, January 4, 2024, <https://rockinghamcountynh.org/wp-content/uploads/2024/12/2024-Minutes-Updated-12.20.24.pdf>.

⁴⁰ Yoakum County, *A/P History Check Report*, November 17, 2025 (archived December 12, 2025), <https://web.archive.org/web/20251212213957/https://www.co.yoakum.tx.us/upload/page/4200/2025/AP%20Check%20Report%20-%204499.pdf>.

⁴¹ ShiftKey, "ShiftKey Is Selected by Nashville General Hospital to Help Champion Local Independent Nurses and Support the Community," press release, KFLY & Globe Newswire, June 5, 2025, <https://www.kfly.com/business/press-releases/globenewswire/9463405/shiftkey-is-selected-by-nashville-general-hospital-to-help-champion-local-independent-nurses-and-support-the-community>.

⁴² Kentucky Legislative Research Commission, Government Contract Review Committee, *Personal Service Contract List: 2500002187*, April 2025, <https://apps.legislature.ky.gov/moreinfo/contracts/2004%20Keifer%20Data%20Base/PSC/250400.pdf>.

⁴³ See Jean C. Whelan, *Nursing the Nation: Building the Nurse Labor Force* (Rutgers University Press, 2021); see also Patricia D'Antonio et al., "Histories of Nursing: The Power and the Possibilities," *Nursing Outlook* 58, no. 4 (July/August 2010): 207–13, [https://www.nursingoutlook.org/article/S0029-6554\(10\)00247-2/abstract](https://www.nursingoutlook.org/article/S0029-6554(10)00247-2/abstract).

External staffing agencies, also called *healthcare staffing agencies* or *travel nursing agencies*, still exist and are a main competitor for gig nursing platforms. Hospitals and medical facilities use staffing agencies to plug gaps in coverage, which can occur for a variety of reasons, such as the temporary unavailability of existing staff or ad hoc demands at a facility.

These agencies are typically subject to state-level governmental oversight and varying regulatory requirements. However, the ground beneath these regulations has shifted in recent years. A surge in attention to the healthcare staffing industry arose in the wake of the Covid-19 pandemic. During the pandemic, staffing agencies were accused of price gouging and risking patient safety with unvetted workers. As a result, a number of states, including Colorado, Minnesota, and New York, adopted new laws to strengthen governmental oversight of staffing agencies.⁴⁴ Most of these laws require that agencies register annually, disclose shareholders and executive officers, certify worker credentials, report to state authorities on the number of workers employed, document service rates charged to facilities, and list average wages paid to workers by job category. These laws also prohibit agencies from subjecting workers to noncompete agreements and finder's fees.

The shortcomings of healthcare staffing agencies often serve as a reference point for gig nursing platforms, which present themselves as a welcome alternative. On one hand, gig nursing platforms describe themselves as a competitor to healthcare staffing agencies; on the other, they contend that they should not be subject to the same kinds of rules that govern healthcare staffing agencies. This is complicated by some platforms using an employment model (instead of an independent contractor model) to recruit and appoint nurses to facilities.

Thus, it is no wonder confusion abounds about the similarities and differences between these businesses. Agencies and platforms collect revenue from identical sources. They both take cuts of the wages paid to workers and the fees charged to facilities. And the defining feature of each of their businesses is that they offer temporary staff to hospitals, nursing homes, and other medical facilities. ShiftKey's home page presents the platform as "connect[ing] licensed professionals and facilities all around the country."⁴⁵ One of the country's largest travel nursing agencies, Aya Healthcare, likewise describes its business as "directly connecting you with leading healthcare facilities."⁴⁶

⁴⁴ See "Required Reporting by Supplemental Healthcare Staffing Agencies," Colorado Department of Labor and Employment, <https://cdle.colorado.gov/dlss/labor-laws-by-topic/required-reporting-by-supplemental-healthcare-staffing-agencies>; "Supplemental Nursing Services Agency," Minnesota Department of Health, <https://www.health.state.mn.us/facilities/regulation/snsa/index.html>; and "Registration of Temporary Health Services Agencies and Health Care Technology Platforms," New York State Department of Health, https://www.health.ny.gov/facilities/staffing_agency.

⁴⁵ "Thousands of Choices on One Platform," ShiftKey, accessed April 15, 2026, <https://www.shiftkey.com>.

⁴⁶ "Travel Nursing, Allied & Per Diem Jobs, Aya Healthcare, accessed April 15, 2026, <https://www.ayahealthcare.com>.

That said, there are three key differences between gig nursing platforms and healthcare staffing agencies. First, shifts are often much shorter on gig nursing platforms, which usually facilitate only single-day shifts. Agencies, by contrast, arrange multiweek contracts for “travel nurses” at a single facility. Second, gig nurses evaluate posted shifts on their own; there exists scant human intermediation for these workers. Healthcare staffing agencies, however, mediate between a facility and a worker, arranging interviews and helping to evaluate whether the match is a good one. Third, gig nursing platforms can exert more control over healthcare workers than agencies because the AI-powered software installed on a worker’s phone can track and evaluate certain metrics about their workplace performance. Healthcare staffing agencies typically do not collect or track such finite data.

Corporate Finance Enters the Story

Private firms have grown increasingly interested in investing in gig nursing platforms. The ten most prominent gig nursing platforms have raised nearly \$1.4 billion in funds. (See Appendix B for a summary of the funding.) The investments stem from a mix of venture capital (VC) firms, private-equity and growth-equity investors (which differ from VC firms that focus only on start-ups), accelerators, and start-up programs. ShiftKey raised over \$300 million in 2023, entirely through private equity.⁴⁷ The platform is now valued at \$2 billion.⁴⁸ CareRev reached a \$600 million valuation in 2022.⁴⁹ Clipboard Health’s latest valuation was \$1.3 billion, after having raised \$90 million in capital from Y Combinator, a DoorDash co-founder,⁵⁰ and other venture capital firms.⁵¹

The enormous investments to date in gig nursing platforms, as well as the involvement of a wide range of private-equity firms and VCs, raise serious concerns. Private-equity investments have been associated with declining quality of care in the healthcare industry.⁵² In nursing homes, private-equity backing has led to adverse outcomes, including higher mortality rates, compliance violations, lower quality of life for patients, and understaffing.⁵³ The pattern is

⁴⁷ Keerthi Vedantam, “Healthcare Employment ‘Matchmaker’ ShiftKey Raises \$300M, Valued at \$2B,” *Crunchbase News*, January 11, 2023, <https://news.crunchbase.com/health-wellness-biotech/employment-shiftkey-fundraise>.

⁴⁸ Ibid.

⁴⁹ Marina Temkin, “Incredible Health: Investors Target Recession-Resilient Healthcare Recruiting Startups,” *PitchBook*, August 16, 2022, <https://pitchbook.com/news/articles/incredible-health-hr-tech-nursing>.

⁵⁰ “Sequoia Capital Leads Clipboard Health \$30M Series C Round at \$1.3bn Valuation,” *Private Equity Wire*, April 19, 2022, <https://www.privateequitywire.co.uk/sequoia-capital-leads-clipboard-health-30m-series-c-round-13bn-valuation>.

⁵¹ Kyle Wiggers, “Clipboard Health, Which Matches Health Workers with Facilities, Raises \$80M,” *TechCrunch*, April 18, 2022, <https://techcrunch.com/2022/04/18/clipboard-health-which-matches-health-workers-with-facilities-raises-80m>.

⁵² Rebecca Adams, “Why States Are Cracking Down on Private Equity in Health Care,” *Intelligence Report*, *Washington Post*, January 21, 2026, <https://wpintelligence.washingtonpost.com/topics/2026/01/21/whats-coming-next-oversight-private-equity-health-care>.

⁵³ Atul Gupta et al., “Does Private Equity Investment in Healthcare Benefit Patients? Evidence from Nursing Homes,” *Becker Friedman Institute for Economics*, Working Paper no. 2021–20, University of Chicago, February 17, 2021,

similar in hospitals. Not long after a private-equity firm purchased a hospital in Connecticut, the facility began to receive citations for patient abuse, rusty operating equipment, and unsanitized patient tables.⁵⁴ The emergency room, too, was understaffed 80 percent of the time.⁵⁵

A Deregulation Campaign

State Policies

Since 2022, gig nursing platforms have sought to legalize their business model through state-level legislation, administrative rulemaking, and a ballot measure. Five of the ten most prominent gig nursing platforms have engaged in state-level lobbying efforts to exempt their platforms from regulatory oversight. Clipboard Health lobbied in Georgia to exempt gig nursing platforms from state unemployment insurance and workers' compensation laws.⁵⁶ ShiftKey and Clipboard Health have supported an Ohio bill to classify gig nurses as independent contractors, exempting gig platforms from minimum wage and other worker protection laws.⁵⁷ ShiftKey supported a bill in Iowa that would exempt gig nursing platforms from various reporting requirements and make it easier for gig nursing platforms to treat their workers as independent contractors.⁵⁸ A Utah state senator approvingly described a similar bill as “lightest-touch regulation.”⁵⁹ The general counsel for Nursa publicly agreed that the Utah bill was admirable because of how little it did to regulate gig nursing platforms.⁶⁰ Collectively, these policies constitute a new deregulatory agenda—one that threatens to undermine the quality of millions of healthcare jobs. (See Appendix A for a detailed summary of state policies.)

These public-policy efforts can be sorted into two types: (1) policies that exempt gig nursing platforms from worker protection laws; and (2) policies that exempt gig nursing platforms from certain healthcare staffing agency regulations.

<https://bfi.uchicago.edu/insight/research-summary/does-private-equity-investment-in-healthcare-benefit-patients-evidence-from-nursing-homes>.

⁵⁴ Sujata Srinivasan, “Personal Piggy Banks: US Senate Investigation Rails Against Private Equity Draining CT Hospitals,” Connecticut Public Radio, January 9, 2025, <https://www.ctpublic.org/news/2025-01-09/private-equity-senate-report-connecticut-prospect-medical>.

⁵⁵ Sujata Srinivasan, “Staffing Problems Persist at Prospect-Owned Waterbury Hospital, Union Leader Says,” Connecticut Public Radio, September 26, 2024, <https://www.ctpublic.org/news/2024-09-26/prospect-waterbury-hospital-staffing>.

⁵⁶ Georgia H.B. 991, Reg. Sess. (2025–26), <https://www.legis.ga.gov/legislation/72258>.

⁵⁷ Ohio H.B. 277, 136th General Assembly, Reg. Sess. (2025–26), <https://www.legislature.ohio.gov/legislation/136/hb277>.

⁵⁸ Iowa H.F. 2698, 90th General Assembly (2024), <https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=HF%202698&v=e>.

⁵⁹ Utah State Legislature, *House Health and Human Services Committee: March 04, 2025*, March 4, 2025, video, <https://le.utah.gov/av/committeeArchive.jsp?timelineID=277350>.

⁶⁰ Oddly, this general counsel introduced himself in the record not as an executive at Nursa but as a representative of something called the “Healthcare Marketplace Coalition,” an entity that does not yet appear to exist. See Utah State Legislature, *House Health and Human Services Committee*.

The first type of policy deployed by gig nursing platforms exempts platforms from existing state worker-protection laws. Gig nursing platforms have enlisted lobbyists to argue that technologically mediated businesses are so unique that they constitute new business categories and, as a result, merit carveouts from existing laws. Such policies have advanced in six states: Georgia, Ohio, Pennsylvania, California, Missouri, and Wisconsin. (See Appendix A for more information.)

This strategy uses a playbook developed by ride-hailing giant Uber that succeeded in dozens of states.⁶¹ Where Uber created the Transportation Network Company (TNC) category and UberEats invented the Delivery Network Company (DNC) model, gig nursing platforms have introduced a “health care worker platform” business category.⁶² What is worrying about this new category is how it is being used to erode working conditions in the care economy. Gig nursing bills define a “health care worker platform”⁶³ as an entity that engages workers as independent contractors and not employees (of platforms or the facility owners that contract with them), state worker-protection laws if certain conditions are met. The list of conditions—the test—is designed to allow any gig nursing platform that wishes to engage its workers as independent contractors to do so. Tests that exempt platforms from existing worker protections often play up factors that indicate worker independence and control, and downplay factors that show platform or facility control. In doing so, the tests likely fail to fully gauge the power dynamic between workers and the platforms and facilities that hire and manage them.

For example, the criteria in these assessments may overlook the role of facility owners in jointly managing nursing platform workers.⁶⁴ The tests establish requirements such as “platform does not require the healthcare worker to use specific equipment” and “platform does not prescribe or control the means and methods for the services performed,” when it would be customary for such control to be exerted by facility owners and their directly employed staff.⁶⁵

⁶¹ See Jennifer Sherer and Margaret Poydock, *Flexible Work Without Exploitation*, Economic Policy Institute, February 23, 2023, <https://www.epi.org/publication/state-misclassification-of-workers>; Dan Ocampo, Laura Padin, and Mariah Montgomery, *The Bully's Playbook: How App Corporations Hold Back Worker Organizing and Harm Democracy*, National Employment Law Project and PowerSwitch Action, May 22, 2024, <https://www.nelp.org/insights-research/the-bullys-playbook-how-app-corporations-hold-back-worker-organizing-and-harm-democracy>; Katie J. Wells, Declan Cullen, and Kafui Attah, “Inside Uber’s Political Machine,” *New York Review*, May 9, 2024, <https://www.nybooks.com/online/2024/05/09/inside-uber-political-machine>.

⁶² One difference between the campaigns advanced by Uber and those of gig nursing platforms is that the latter have not employed direct text messages to platform workers or facility administrators about political campaigns.

⁶³ Other iterations of this new moniker include “healthcare worker platform,” “health services platform,” “digital health care service platform,” “health care technology platform,” and “health care contractor platform.”

⁶⁴ Factors purported to measure workers’ scheduling flexibility are carefully worded to allow platforms to use incentive and discipline structures that compel workers to make specific scheduling choices.

⁶⁵ Gig nursing platform workers typically plug into existing hierarchical staffing systems involving doctors, nurses, certified nurse aides, and nursing assistants who are directly employed by medical facilities. Large hospital and nursing-home systems, educational institutions, carceral facilities, and other entities that contract with nursing platforms are somewhat hidden beneficiaries of these Uber-style carveout efforts. As potential worksite employers of the platform workers, they could share legal responsibility with platforms for working conditions that they have a strong hand in shaping. But the Uber-style carveout policies explicitly rid facility owners, alongside platforms, of employer liability.

In lobbying for these public policies, gig nursing platforms and their supporters may flat out misrepresent the level of control that platforms have over workers.⁶⁶ A state senator in Wisconsin, who cosponsored a bill to exempt gig nursing platforms from state employment laws, testified earlier this year that gig nursing platforms are simply bulletin boards:

Worker platforms serve as an online bulletin board, showing workers when and where job shifts are available. Workers then sign up for shifts, and they are paid by the health care provider. This bill makes clear that the worker is not an employee of the bulletin board.⁶⁷

The bulletin-board analogy, while memorable in its simplicity, is false. Workers for ShiftKey, Clipboard Health, and dozens of other gig nursing platforms are not paid by the healthcare provider. Nor is it possible on a platform to see all shifts in a region; facilities must contract with platforms for their shifts to be listed. Additionally, workers are not able to communicate directly with facilities through platforms. Workers cannot negotiate rates, discuss conditions, or learn more about job responsibilities—all of which would be possible if a worker found a shift listed on a bulletin board. Gig nursing platforms arrange payment and oversee a variety of other parameters. A platform generally vets applicants, scores performance, sets rates, collects fees, and includes clocking-in and clocking-out functionality on its app. And, because the platform contracts with health facilities directly, it also controls the overall availability of shifts; in other words, an open shift won't be advertised on multiple apps at the same time.

However, for all its shortcomings, the bulletin-board analogy does illuminate a key tactic by platforms and their supporters: to downplay the level of control that platforms exert over workers and thus convince policymakers that there is a new kind of business called a “health care worker platform.” It is this kind of “definitional arbitrage”⁶⁸ that helps set debates around labor protections and regulations in the healthcare industry.

⁶⁶ Another instance of misrepresentation happened at a hearing in Rhode Island when a Clipboard Health lobbyist testified that the platform “doesn’t make any payments. [...] It’s direct from the employer to the employee. Clipboard does not negotiate rates.” Rhode Island Capitol TV, House Committee on Health and Human Services: 1-29-2026, January 29, 2026, video, <https://capitolvri.cablecast.tv/show/11704?currentDay=2026-02-11>.

⁶⁷ *Testimony on Senate Bill 768, State of Wisconsin Senate Committee on Health* (January 14, 2026) (statement of Van H. Wanggaard), https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2025/sb768/sb0768_2026_01_14.pdf.

⁶⁸ Veena Dubal, “Data Laws at Work,” *Yale Law Journal Forum* 134 (January 31, 2025), <https://yalelawjournal.org/forum/data-laws-at-work>.

States That Already Exempt Gig Nursing Platforms from Worker Protection Laws

In eight states, policymakers have already carved out, or sought to carve out, platform-based work from certain state laws. Gig nursing platforms are exempt from worker protection laws in two states due to “Uniform Worker Classification” legislation. This legislation, which has been promoted by the American Legislative Exchange Council, facilitates the use of independent contractor labor in any business (not just digital labor platforms).⁶⁹ As a result of this kind of law, gig nursing platforms are exempt from all of West Virginia’s worker protection laws⁷⁰ and Louisiana’s unemployment insurance laws.⁷¹

Gig nursing platforms may also be exempt from some or all worker-protection laws in six states through “marketplace contractor carveouts.” These carveout laws, which predate gig nursing platform campaigns, exempt digital labor platforms operating in all industries and occupations from some or all state worker-protection provisions. Such bills were enacted in Alabama,⁷² Arizona,⁷³ Indiana,⁷⁴ Iowa,⁷⁵ Kentucky,⁷⁶ and Tennessee⁷⁷ between 2016 and 2022.

⁶⁹ National Employment Law Project, *Rights at Risk: Gig Companies’ Campaign to Upend Employment as We Know It*, 2019, <https://www.nelp.org/app/uploads/2022/03/Rights-at-Risk-4-2019.pdf>; Louisiana H.B. 705, Reg. Sess. (2021), <https://legis.la.gov/legis/BillInfo.aspx?s=21RS&b=HB705&sb=y>.

⁷⁰ See Spilman Thomas & Battle, PLLC and Eric Kinder, “One Rule to Guide Them All: West Virginia Legislature Enacts Uniform Rule for Distinguishing Independent Contractors from Employees,” JD Supra, April 19, 2021, <https://www.jdsupra.com/legalnews/one-rule-to-guide-them-all-west-8096386>; and West Virginia Employment Law Worker Classification Act, 21-5I-4, §21-5I-4: Classification of Independent Contractors and Employees (2026), <https://code.wvlegislature.gov/21-5I-4>.

⁷¹ See National Employment Law Project, *Rights at Risk*; and Louisiana H.B. 705, Reg. Sess. (2021), <https://legis.la.gov/legis/BillInfo.aspx?s=21RS&b=HB705&sb=y>.

⁷² Platform work is carved out of Alabama’s unemployment insurance and workers’ compensation laws. See Alabama Act No. 2022-197, Reg. Sess. (2022), <https://arc-sos.state.al.us/ucp/L0920500.A11.pdf>.

⁷³ Platform work is carved out of Arizona’s wage and hour, paid sick, safety, unemployment insurance, workers’ compensation, and workplace antidiscrimination laws. Arizona H.B. 2652, 52nd Leg., 2nd Reg. Sess. (2016), <https://legiscan.com/AZ/text/HB2652/id/1412695>.

⁷⁴ Platform workers are carved out of Indiana’s laws. Indiana H.B. 1286, 120th Gen. Assemb., 2nd Reg. Sess. (2018), <https://iga.in.gov/legislative/2018/bills/house/1286/details>.

⁷⁵ Iowa S.F. 2257, 87th Gen. Assemb. (2018), <https://www.legis.iowa.gov/legislation/billTracking/billHistory?billName=SF%202257&ga=87>.

⁷⁶ Platform work is carved out of Kentucky’s wage and hour law. Kentucky H.B. 220, 2018 Reg. Sess. (2018), <https://apps.legislature.ky.gov/record/18RS/HB220.html>.

⁷⁷ Tennessee S.B. 1967, 110th Gen. Assemb., Reg. Sess. (2018), <https://wapp.capitol.tn.gov/apps/BillInfo/Default?BillNumber=SB1967&ga=110>.

A second and more common strategy that gig nursing platforms use to promote their deregulation campaign involves exempting themselves from healthcare staffing agency regulations. Gig nursing platforms have advanced bills to carve themselves out of various requirements, such as mandated regular reports to the state on the average wages paid to workers and the average rates charged to facilities by category of worker. These policies have advanced in eight states: Colorado, Illinois, Iowa, Louisiana, Minnesota, Missouri, Nevada, and Rhode Island. (See Appendix A for more details.) The bill in Colorado, which became law, likely goes the furthest for a deregulatory agenda by exempting gig nursing platforms from all healthcare staffing agency regulations.⁷⁸

All of the bills that exempt gig nursing platforms from healthcare staffing agency regulations include language designed to help platforms legally hire workers as independent contractors.⁷⁹ The language consists of phrasing along the lines of “For the purposes of this chapter, a gig nursing platform engages workers as independent contractors.” Although this verbiage technically only legalizes treatment of gig nursing platform workers as independent contractors in one instance (under the law related to healthcare staffing agency regulations), it establishes a definition likely to be cited elsewhere in the future. These definitions are particularly concerning because regulators, courts, and future policy drafters could defer to this codified language to keep definitions consistent, and gig nursing platforms could then cite these laws if they face legal claims alleging independent contractor misclassification or related violations of state worker-protection laws.

In some cases, these definitions of gig nursing platforms have slipped quietly into proposals about healthcare staffing agency regulations without fanfare. Earlier this year, for instance, the Nebraska state legislature convened a hearing on a bill that would increase licensure vetting requirements for staffing agencies and define a “health care technology platform” as a company that is distinct from healthcare staffing agencies.⁸⁰ Owners of long-term care facilities testified that they needed the proposed legislation because staffing agencies are not doing a good job of screening employees. Not once, however, did they or any other speaker at the hearing mention the new definition, which could change how healthcare staffing is regulated far into the future.⁸¹

⁷⁸ Colorado S.B. 22-210, Reg. Sess. (2022), <https://leg.colorado.gov/bills/SB22-210>.

⁷⁹ When gig nursing platforms label their workers as “independent contractors” rather than “employees,” platforms often violate local, state, and federal employment laws, including those that set minimum wage and overtime wage rates, prohibit workplace discrimination, and require contributions to workers’ compensation, unemployment insurance, and Social Security funds.

⁸⁰ Nebraska Health Care Staffing Agency Registration Act, L.B. 308, 109th Leg., 1st Sess. (2025), <https://nebraskalegislature.gov/FloorDocs/109/PDF/Intro/LB308.pdf>.

⁸¹ Nebraska Legislature, Business and Labor Committee, *Transcript of the Public Hearing on L.B. 308*, 109th Leg., 1st sess., January 27, 2025, <https://nebraskalegislature.gov/FloorDocs/109/PDF/Transcripts/Business/2025-01-27.pdf>.

Beyond Legislation

In addition to legislation, gig nursing platforms have used two other policy vehicles to advance their deregulation campaign. First, a ballot measure in California was proposed to deregulate gig nursing platforms in 2022. The measure, which was later withdrawn,⁸² would have carved nursing platform workers out of all California employment laws.⁸³ Second, gig nursing platforms have taken an under-the-radar approach to seek changes in administrative rules that lay out how a law will be implemented. These rules are not subject to legislative approval and can change at any time. Administrative rules have recently added definitions of gig nursing workers (and stipulated that they are independent contractors) in Missouri, where ShiftKey has lobbied, and in Louisiana.⁸⁴ In Utah, platform advocates have proposed an administrative rule to undermine enforcement of already-weak nursing platform regulations.⁸⁵

Federal Efforts

In recent years, Clipboard Health and ShiftKey have spent more than \$1.1 million on federal lobbying.⁸⁶ Clipboard Health has lobbied the Department of Labor for “[w]orker classification clarification,”⁸⁷ while ShiftKey has engaged members of the US Senate, House of Representatives, and Federal Trade Commission to “[p]rovide strategic counsel and advocate on issues related to healthcare workforce and technology and independent contractor

⁸² “Nursing Is Not a Side Job. Protect Patients. Reject ‘Gig’ Nursing,” National Nurses United, accessed April 15, 2026, <https://www.nationalnursesunited.org/gig-nursing>.

⁸³ Jaclyn Galica and Courtney McDermed, “Proposed Initiative Statute: Equitable Access to Health Care Services Act,” California Initiative 22-0003, submitted to the Attorney General of California, January 24, 2022, <https://oag.ca.gov/system/files/initiatives/pdfs/22-0003%20%28Health%20Care%20Workers%20%29.pdf>. Ballot measures about gig nursing platforms have not yet materialized in other states, but their appearance would not be unexpected. Historically, a ballot measure strategy enables passage of antiworker policies, like those of gig nursing platforms, in bluer states where deep-pocketed corporations can inundate voters with disinformation about the issue.

⁸⁴ See Missouri Department of Health and Senior Services, “Statutes & Regulations: Supplemental Health Care Service Agencies,” 2022–23, <https://health.mo.gov/safety/shcsa/laws-and-regulation.html>; and Louisiana Department of Health, “NSA Rulemaking Activity: NSA Licensing Standards,” June 11, 2025, <https://ldh.la.gov/health-standards-section/nsa-rm>.

⁸⁵ See Utah Department of Commerce, Division of Professional Licensing, “Nursing: Laws and Rules,” <https://commerce.utah.gov/dopl/nursing/laws-and-rules>; *Proposed Rule R156-46b: Division Utah Administrative Procedures Act Rule*, Utah State Bulletin, OAR No. 57787 (proposed February 2026), <https://commerce.utah.gov/wp-content/uploads/2026/02/proposed-rule-r156-46b-division-utah-administrative-procedures-act-rule-oar.57787.pdf>; and Utah Code § 63G-4-203, https://le.utah.gov/xcode/Title63G/Chapter4/C63G-4-S203_1800010118000101.pdf.

⁸⁶ ShiftKey reported spending \$240,000 on federal lobbying in 2025, \$680,000 in 2024, and \$60,000 in 2023. Clipboard Health reported spending \$160,000 for federal lobbying about the legal classification of its workforce in 2025. See “Registrations & Quarterly Activity,” Lobbying Disclosure Act Reports, United States Senate, <https://lda.senate.gov/filings/public/filing/search>.

⁸⁷ Lobbying Disclosure Act Report for ShiftKey, LLC, filed by Converge Public Strategies, 2025, <https://lda.senate.gov/filings/public/filing/df32ba6f-33d4-4f3e-810d-6629da954b0a/print>.

classification.”⁸⁸ ShiftKey has also been a vocal advocate for federal bills that are permissive of independent-contractor labor models and strip workers of bedrock wage and organizing rights.

Other gig nursing platforms—CareRev, Nursa, Kare, MedCurate, Medely, and HealthBar—have lobbied to grow “independent work” in general through the multi-industry Coalition for Workforce Innovation (CWI), which includes Amazon and Uber.⁸⁹ Through the CWI, gig nursing platforms have voiced support for policies that would narrow their workers’ access to federal-wage, unionizing, and collective-bargaining rights.⁹⁰ In 2022, for instance, CareRev and the CWI supported a Trump administration interpretive rule that narrowed access to federal-minimum-wage, overtime, and child-labor protections in the Fair Labor Standards Act.⁹¹

ShiftKey has been a vocal advocate for federal legislation that would give it and other businesses a “safe harbor” against employer classification under federal laws for providing “portable benefits” to workers.⁹² These portable-benefits schemes more often than not give workers benefits worth less than what they would receive by law as employees and undermine existing social-insurance programs.⁹³ Through the CWI, CareRev, Nursa, Kare, MedCurate, Medely, and HealthBar have voiced support for the same legislation.⁹⁴

In 2025, a bill allowing the US president to contract with and deploy gig nursing platforms—specifically those with “independent contractor health care workers”—during declared emergencies was introduced in the US Senate and House of Representatives.⁹⁵ This bill, the Strategic Teams for Organized Response Mobilization (STORM) Act, indemnifies gig

⁸⁸ Lobbying Disclosure Act Report for ShiftKey, LLC, filed by BGR Government Affairs, 2024, <https://lda.senate.gov/filings/public/filing/9cbda3f9-58b4-4372-9120-9367fec4b582/print>.

⁸⁹ “Our Members,” Coalition for Workforce Innovation, accessed April 15, 2025, <https://workforceinnovation.net/members>.

⁹⁰ Coalition for Workforce Innovation, “CWI Supports Senate Efforts to Support Independent Workers,” press release, July 9, 2025, <https://workforceinnovation.net/cwi-news/f/cwi-supports-senate-efforts-to-support-independent-workers>.

⁹¹ Employee or Independent Contractor Classification Under the Fair Labor Standards Act, 87 Fed. Reg. 62218 (proposed October 13, 2022), <https://www.federalregister.gov/documents/2022/10/13/2022-21454/employee-or-independent-contractor-classification-under-the-fair-labor-standards-act>.

⁹² See US Congress, Senate, Unlocking Benefits for Independent Workers Act, S. 2210, 119th Cong., 1st sess., 2025, <https://www.congress.gov/bill/119th-congress/senate-bill/2210/text>; and Kayla Webster, “How a New Bill to Make Benefits Portable for Gig Workers Could Benefit Thousands in Pennsylvania,” *Inc.*, July 18, 2025, <https://www.inc.com/kaylawebster/how-a-new-bill-to-make-benefits-portable-could-help-entrepreneurs/91215665>.

⁹³ Billy Bonnist and Max Feist, “Workers Need Real Security and Flexibility, Not Pro-Employer Portable Benefits Proposals,” Economic Policy Institute, July 17, 2025, <https://www.epi.org/blog/workers-need-real-security-and-flexibility-not-pro-employer-portable-benefits-proposals>; “Workers Need Real Portable Benefits and Access to Foundational Employment Rights,” National Employment Law Project, <https://www.nelp.org/workers-need-real-portable-benefits-and-access-to-foundational-employment-rights>.

⁹⁴ Coalition for Workforce Innovation, “CWI Supports Senate Efforts to Support Independent Workers.”

⁹⁵ US Congress, Senate, Strategic Teams for Organized Response Mobilization Act, S. 1701, 119th Cong., 1st sess., 2025, <https://www.congress.gov/bill/119th-congress/senate-bill/1701/text>.

nursing platforms from liability for patient injury.⁹⁶ While little is known about the context in which this bill arose, its introduction echoes the significant pattern of nursing-platform legislation that we find at the state level. Gig nursing platforms are advancing a sweeping deregulatory campaign that threatens healthcare regulation, oversight, and accountability.

A Refusal of Carveouts

In the US, one state has taken steps to reject the deregulatory efforts of gig nursing platforms. New York passed a bill in 2025 that affirmatively recognizes gig nursing platforms as entities that must comply with the state's healthcare staffing agency rules.⁹⁷ As a result of the legislation, gig nursing platforms, like all healthcare staffing agencies, must register annually with the state, and report quarterly on the number of workers engaged, worker wages by job category, and details on wage and benefit expenditures.⁹⁸ This law also does not define workers who use gig nursing platforms as independent contractors. It is a noticeable alternative to the deregulatory bills introduced in seventeen other states. Lobbying records show that three gig nursing platforms—Clipboard Health, Nursa, and Kare—that have been actively engaging with policymakers in New York in recent years are not operating in the state following enactment of the new platform regulations.⁹⁹

Wisconsin: A Case Study

At a virtual meeting of an advisory group about workers' compensation in Wisconsin earlier this year,¹⁰⁰ a debate unfolded about the premise of a proposed bill that would carve some healthcare workers out of workers' compensation coverage in the state.¹⁰¹ The debate centered

⁹⁶ Senator Ted Budd (R-NC) introduced S. 1701 on May 8, 2025. See US Congress, Senate, Strategic Teams for Organized Response Mobilization Act, S. 1701, 119th Cong., 1st sess., 2025, <https://www.congress.gov/bill/119th-congress/senate-bill/1701/text>; Representative David Rouzer (R-NC-7) introduced H.R. 6539 on December 9, 2025, and the bill was referred to the House Subcommittee on Economic Development, Public Buildings, and Emergency Management on February 2, 2026. See US Congress, House, Strategic Teams for Organized Response Mobilization Act, H.R. 6539, 119th Cong., 1st sess., 2025, <https://www.congress.gov/bill/119th-congress/house-bill/6539/all-actions>.

⁹⁷ New York S.B. 3355, 2025–2026 Leg. Sess. (2025), <https://www.nysenate.gov/legislation/bills/2025/S3355/amendment/original>.

⁹⁸ New York State Department of Health, "Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms," https://www.health.ny.gov/facilities/staffing_agency; New York State Department of Health, *Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms: 2024 Quarter 1 Data Report* (2024), https://www.health.ny.gov/facilities/staffing_agency/docs/2024_q1_report.pdf.

⁹⁹ New York State Department of Health, "Registered Temporary Health Care Services Agencies, August 2025–July 2026," https://www.health.ny.gov/facilities/staffing_agency/agency_list.htm.

¹⁰⁰ The group was the State of Wisconsin Department of Workforce Development's Unemployment Insurance Advisory Council. One author of this brief was in attendance. See State of Wisconsin Department of Workforce Development, *Notice of Meeting: Unemployment Insurance Advisory Council (IAC) Teleconference*, February 19, 2026, <https://dwd.wisconsin.gov/uibola/uiac/agenda/2026/20260219.htm>.

¹⁰¹ Author's notes from State of Wisconsin Department of Workforce Development, "Unemployment Insurance Advisory Council (IAC) Teleconference," February 19, 2026, <https://dwd.wisconsin.gov/uibola/uiac/agenda/2026/20260219.htm>.

around gig nursing platforms and whether they necessitated a new regulatory structure. Are gig nursing platforms like Clipboard Health a unique business model in need of new regulations? Or are they just a tech-savvy version of healthcare staffing agencies, a familiar business model that is already governed by a set of existing regulations?

Wisconsin State Representative Rick Gundrum spoke at the outset of the meeting about why he had cosponsored a bill to establish a definition of gig nursing platforms as distinct from healthcare staffing agencies.¹⁰² He focused less on how his bill carved gig nursing platforms out of state employment law and more on how gig nursing platforms are, in his eyes, so unique that they should be called “health care worker platforms.”

In the meeting, Gundrum argued that gig nursing platforms are not “traditional” staffing agencies and thus are not subject to the rules that govern those agencies. Nursing platform workforces, Gundrum said, are different in nature from those of staffing agencies because the majority of platform nurses supposedly (a) have other full-time jobs, and (b) want to be classified as independent contractors. How he knew this to be true is unclear, given that few public reporting requirements in US states would yield the quantity of active platform nurses or any information about their employment preferences or outside income. Gundrum did not cite any studies to buttress his claims.

Gundrum’s presentation was typical of how debates about gig nursing platforms often proceed with limited information about the actual operations of the platforms.¹⁰³ Gundrum said he did not know how platforms ensure that nurses understand some of the specific hospital protocols for patient safety (which vary among facilities).¹⁰⁴ Nor did he offer an answer, when asked, about whether an existing marketplace sells healthcare workers’ compensation policies for workers whom he proposed excluding from state coverage.

Gundrum was invoking the first policy strategy described above, which follows Uber’s playbook. He sought to define a new business category and then use that category as rationale for exemptions from state laws that set minimum wages, overtime pay, workers’ compensation, and unemployment insurance coverage. However, Gundrum did not maintain a coherent story about differences between healthcare staffing agencies and gig nursing platforms. When a union

¹⁰² Wisconsin A.B. 794, 2025–2026 Leg. Sess. (2025), <https://docs.legis.wisconsin.gov/2025/proposals/ab794>; Wisconsin S.B. 768, 2025–2026 Leg. Sess. (2025), <https://docs.legis.wisconsin.gov/2025/proposals/sb768>.

¹⁰³ For example, a cosponsor of a gig nursing bill in Ohio acknowledged at a hearing that she did not know whether workers on these platforms are covered by any kind of workers’ compensation policy. See CitizenPortal, “Ohio Lawmakers Hear Testimony on Bill to Classify Platform-Based Health Workers as Independent Contractors,” June 3, 2025, <https://citizenportal.ai/articles/6144633/ohio-lawmakers-hear-testimony-on-bill-to-classify-platform-based-health-workers-as-independent-contractors>.

¹⁰⁴ Author’s notes from State of Wisconsin Department of Workforce Development, “Unemployment Insurance Advisory Council (IAC) Teleconference.”

representative asked him directly to confirm if healthcare worker platforms follow the same model as a healthcare staffing agency, he unexpectedly replied: “Correct.”¹⁰⁵

By the end of the Wisconsin meeting, collective opposition was evident to Gundrum’s bill. As one participant put it: “The heart of this legislation creates another carveout and another test. Taking away the protections of workers [...] is not the solution to the [healthcare staffing] challenge.”¹⁰⁶

Similar comments were voiced during a statehouse hearing on the bill that same month. For the Wisconsin AFL-CIO’s Stephanie Bloomingdale, the threats that gig nursing platforms pose to existing jobs at major hospital systems are real.¹⁰⁷ She characterized gig nursing platforms as “out-of-state corporations and tech giants” that “do not wish to follow our basic employment laws.”¹⁰⁸ She worries that these firms are giving healthcare facilities an easy way to union-bust—to reduce or fire existing employees and replace them with temporary staff.¹⁰⁹

In fact, at the hearing, a certified nursing assistant named Jovan Miller recounted how she turned to platform work after the University of Wisconsin Hospital System reduced her number of hours.¹¹⁰ The elephant in the room was the impact of gig nursing platforms on existing healthcare jobs. Will gig nursing platforms lead to fewer stable employment opportunities or lower wages in the nursing profession? Will there be any legislative efforts to oversee and hold the health facilities accountable if they start laying off employed nurses to replace them with those recruited from gig nursing platforms?¹¹¹

The risks posed by new nursing platform legislation do not only concern workers. The Wisconsin bill offers minimal protections for healthcare facilities. The original language in the bill required gig nursing platforms to “maintain” occupational accident insurance for any work

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Bloomingdale’s questions and testimony reflect a growing focus on gig nursing platforms from traditional unions, including the Minnesota AFL-CIO, New York AFL-CIO, Minnesota Nurses Association, and, most notably, National Nurses United. In 2022, National Nurses United, a union, conducted a webinar on this issue. See National Nurses United, *Uber for Nurses? The Gigification of Health Care*, June 30, 2022, webinar, <https://www.nationalnursesunited.org/gig-nursing>. In 2023, the union was one of the first entities to identify the political parallels to Uber. See Michelle Grisat, “Request for Information: Automated Worker Surveillance and Management,” National Nurses United, June 29, 2023, https://www.nationalnursesunited.org/sites/default/files/nnu/documents/2023_OSTP_FRDOC_RFI_AWSM_National_Nurses_United_Comments.pdf.

¹⁰⁸ Stephanie Bloomingdale, “In Opposition of SB 768,” Wisconsin State AFL-CIO, January 14, 2026, https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2025/sb768/sb0768_2026_01_14.pdf.

¹⁰⁹ A recent study found that workers were afraid to go on strike because of the possibility that the facility would “fire all of their full-time staff and hire temporary workers instead.” Suresh Naidu et al., *Democracy Denied at the Bedside: Union Avoidance in Minnesota’s Nursing Home Sector*, Columbia Labor Lab, March 5, 2026, <https://laborlabcu.org/wp-content/uploads/2026/03/Union-Avoidance-Report-2026-03-05.pdf>.

¹¹⁰ It is not clear from Jovan’s testimony if she used the platform to work at the same hospital system or elsewhere.

¹¹¹ For instance, on April 18, 2026, the Clipboard Health app showed 110 open nursing shifts at one for-profit Wisconsin facility for the period spanning April 20 through May 31, 2026.

performed during a shift on the platform. An amendment removed this responsibility. Instead of “maintaining” insurance, the final bill simply requires platforms to “ensure” or “verify” the existence of a worker’s occupational accident insurance policy.¹¹²

At the hearing on Gundrum’s bill, Eric Koch testified that it’s hard for long-term care facilities to make sure platform workers are “appropriately trained.”¹¹³ Koch works for the Wisconsin Health Care Association and Wisconsin Center for Assisted Living, which represents more than five hundred long-term care facilities. He described how his members have experienced subpar service provision from app-based healthcare workers and, as a result, have been subject to “significant regulatory enforcement incidents.”¹¹⁴ Several private insurance interests (e.g., American Property Casualty Insurance Association, Sentry Insurance Company, and Wisconsin Insurance Alliance) also registered their opposition to the Wisconsin bill.

The future of Wisconsin’s platform nursing bill is unclear. The legislative session for the year has ended. But the Wisconsin case attests to how new definitions of gig nursing platforms—as distinct from healthcare staffing platforms—are being described in administrative meetings and statehouse hearings across the country. These definitions are often debated without full or accurate information about the workings of the platforms. The Wisconsin bill is indicative of the Uber-like carveout strategies that gig nursing platforms are deploying within the healthcare industry.

¹¹² The amendment: “The worker platform ensures that workers are covered by occupational accident insurance or verifies that the workers are covered by worker’s [sic] compensation insurance applicable to any work performed during a work shift the worker schedules through the platform.” Wisconsin S. Amdt. 1 to S.B. 768, 2025–2026 Leg. Sess. (2025), https://docs.legis.wisconsin.gov/2025/related/amendments/sb768/sa1_sb768.

¹¹³ *Testimony on Senate Bill 768, Wisconsin Health Care Association and Wisconsin Center for Assisted Living* (January 14, 2026) (statement of Erik Koch), https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2025/sb768/sb0768_2026_01_14.pdf.

¹¹⁴ *Ibid.*

Conclusion

Almost everywhere we look, we find talk of AI-induced job displacement, which some call a “labor apocalypse.”¹¹⁵ Elon Musk says that “AI and robots will replace all jobs.”¹¹⁶ The CEO of Anthropic predicts widespread unemployment.¹¹⁷ The leader of the World Economic Forum warns that millions of people will be out of work as a result of AI.¹¹⁸ OpenAI even released a set of policy recommendations to address the issue of impending mass unemployment.¹¹⁹

Often missed in these discussions is how AI is affecting work today and inducing a mass degradation of work (rather than, for now, a mass displacement). Nowhere is the danger of an AI-propelled degradation of work more visible than in the rise of gig nursing platforms. The platforms’ algorithmic management systems—with their reliance on dynamic pricing, surveillance wages, and automated performance metrics—are transforming how workplaces function, with significant risks for workers and patients alike. Equally concerning is the pursuit of deregulatory policies by gig nursing platforms in statehouses across the country. Such policies could upend decades of laws and norms in the healthcare industry that guarantee public oversight, ensure worker protections, and safeguard patient care.

The campaign we outlined in this brief poses risks to communities and the economy at large. Last year, nursing was the largest source of job creation in the US.¹²⁰ Today, it is the surest ticket

¹¹⁵ Jennifer M. Harris, “We Are Witnessing the Rise of a New Aristocracy,” *New York Times*, April 8, 2026, <https://www.nytimes.com/2026/04/08/opinion/ai-wealth-inequality-jobs-investment.html>. See also Ben Casselman, “Economists Once Dismissed the A.I. Job Threat, but Not Anymore,” *New York Times*, April 3, 2026, <https://www.nytimes.com/2026/04/03/business/economists-once-dismissed-the-ai-job-threat-but-not-anymore.html>; Te-Ping Chen, “AI-Displaced Workers Could Face Long Setbacks, Report Finds,” *Wall Street Journal*, April 6, 2026, <https://www.wsj.com/economy/jobs/ai-displaced-workers-could-face-long-setbacks-report-finds-57ef1356>; Alicia Wallace, “Report: Losing Your Job to AI Doesn’t Just Lead to Unemployment, It Leaves Lasting Scars,” CNN, April 7, 2026, <https://www.cnn.com/2026/04/07/economy/ai-job-losses-long-term-effects>; and Kathryn Palmer, “Which Jobs Are Most at Risk in the Age of AI?,” *Inside Higher Ed*, April 8, 2026, <https://www.insidehighered.com/news/tech-innovation/artificial-intelligence/2026/04/08/which-jobs-are-most-risk-age-ai>.

¹¹⁶ Bernie Sanders, “AI Is a Threat to Everything the American People Hold Dear,” *Wall Street Journal*, April 2, 2026, <https://www.wsj.com/opinion/ai-is-a-threat-to-everything-the-american-people-hold-dear-a3286459>.

¹¹⁷ Keach Hagey, “Anthropic CEO Says Government Should Help Ensure AI’s Economic Upside Is Shared,” *Wall Street Journal*, January 20, 2026, <https://www.wsj.com/tech/ai/anthropic-ceo-says-government-should-help-ensure-ais-economic-upside-is-shared-1ea376c>.

¹¹⁸ Liz Hoffman, “BlackRock’s Larry Fink Says Davos Feels ‘Out of Step’ to Many,” *Semafor*, January 19, 2026, <https://www.semafor.com/article/01/19/2026/davos-in-detroit-the-mountain-will-come-down-to-earth-larry-fink-says>.

¹¹⁹ Rachel Metz and Shirin Ghaffary, “OpenAI Advocates Electric Grid, Safety Net Spending for New AI Era,” *Bloomberg*, April 6, 2026, <https://www.bloomberg.com/news/articles/2026-04-06/openai-advocates-electric-grid-safety-net-spending-for-new-ai-era>.

¹²⁰ Jeanne Whalen, “Nursing Is the Surefire New Path to American Prosperity,” *Wall Street Journal*, April 1, 2026, <https://www.wsj.com/economy/jobs/nursing-jobs-pay-prosperity-b2769391>.

to the middle class.¹²¹ The *Wall Street Journal* recently called the profession's future "bright" and quoted a dean of a nursing school who stated that nursing is "AI proof."¹²²

But if gig nursing platforms win their policy agenda, the future of the profession may not be so grand. Widescale adoption of gig nursing platforms may lead to fewer stable employment opportunities as healthcare facilities replace unionized and employed workers with gig workers.¹²³ AI-powered software that encourages nurses to bid against one another for shifts could lead to lower wages overall in the nursing profession, too.¹²⁴ Given that many nurses are the primary breadwinner for their families,¹²⁵ the ripple-effects of a degradation of healthcare work could have far-reaching effects. Households may be further squeezed financially. Cities may collect fewer taxes and thus have less revenue with which to fund schools.

When the potential workforce harms of gig nursing platforms were raised at a Rhode Island hearing in early 2026, a lobbyist for Clipboard Health said: "We do not want to replace jobs."¹²⁶ Whether that is the case—and whether it matters what nursing platforms claim they want rather than what their deregulatory campaign is actually doing to the security of healthcare jobs—remains to be seen. Clipboard Health recently announced its intentions to expand its healthcare staffing work into home care.¹²⁷ And its app now lists openings for teachers, paraprofessionals, child care workers, janitors, and chefs. The future of the economy could offer little of the stability that workers have fought so hard to win if platforms like Clipboard Health get to set the rules.

¹²¹ Ibid.

¹²² Ibid.

¹²³ For instance, on April 18, 2026, the Clipboard Health app indicated that eleven gig nursing assistants would work the same shift at a for-profit facility in Washington, D.C., on April 20, 2026; the app also posted openings on the same shift and day for five additional nursing assistants.

¹²⁴ On April 18, 2026, the Clipboard Health app described its "Quick Bid" shifts with the following language: "Quick Bid Shifts run for 5 minutes. You can choose the rate you'd like as a bid, and the lowest bid wins! Bids are private. If you win, you'll always earn at least what you bid. Quick Bid Shifts cannot be cancelled once booked. This auction ends in [a certain number of] minutes." The app includes a header for these shifts with the verbiage "Bid to Win."

¹²⁵ Dionne Searcey, Eduardo Porter, and Robert Gebeloff, "Health Care Opens Stable Career Path, Taken Mainly by Women," *New York Times*, February 22, 2015, <https://www.nytimes.com/2015/02/23/business/economy/health-care-opens-middle-class-path-taken-mainly-by-women.html>.

¹²⁶ Rhode Island Capitol TV, *House Committee on Health and Human Services: 1-29-2026*, January 29, 2026, video, <https://capitolvri.cablecast.tv/show/11704>.

¹²⁷ Public Affairs Council, "Counsel, Legislation and Government Relations," April 6, 2026, <https://pac.org/job/counsel-legislation-and-government-relations>.

Acknowledgements

This report presents the research of Katie J. Wells, Maya Pinto, and Funda Ustek Spilda.

The authors would like to thank Kafui Attoh, Kate Brennan, Declan Cullen, Nina DiSalvo, Veena Dubal, Sally Dworak-Fisher, Terri Gerstein, Minsu Longiaru, John Marshall, Tim Newman, Laura Padin, Tina M. Park, Sandeep Vaheesan, and Sarah Myers West for their support of various stages of this project. The research team thanks Sylvie Binder, Ellen Schwartz, Emily Carter, and Caren Litherland for editorial and production assistance. Any errors, omissions, or other inaccuracies are the authors' alone.

This report is dedicated to the memory of Alex Pretti.

About the Authors

Katie J. Wells is a Senior Fellow at the AI Now Institute.

Maya Pinto is a researcher and policy analyst whose areas of focus include digital labor platforms, AI-powered work management, and independent contractor misclassification.

Funda Ustek Spilda is a Senior Lecturer at the Department of Digital Humanities, King's College London.

Appendix A: Table of State Policies

<i>State, Year, and Sponsor(s) Party</i>	<i>Policy Description</i>	<i>Platform Lobbying</i>	<i>Policy Status</i>
California 2022 N/A	The California Independent Healthcare Contractor Definition Initiative was a ballot initiative that would have exempted gig nursing platforms—so-called “health care worker platforms”—with an independent-contractor labor model from all CA employment laws. ¹²⁸	Unknown	Withdrawn
Colorado 2022 Bipartisan	Senate Bill 22-210 established CO’s healthcare staffing agency regulations, and exempted nursing platforms—“health care worker platforms”—with an independent-contractor labor model from those regulations; the definitions section of the bill states that a gig nursing platform engages a worker “as an independent contractor and not as an employee.” ¹²⁹	Unknown	In effect
Georgia 2026 Bipartisan	House Bill 991 would exempt gig nursing platforms—“healthcare technology platforms”—with an independent-contractor labor model from GA’s unemployment insurance and workers’ compensation laws. ¹³⁰	Clipboard Health ¹³¹	Pending
Illinois 2026 Democrat	House Bill 5516 would exempt gig nursing platforms—“healthcare worker platforms”—from IL’s Nursing Agency Act (which features a provision that provides just cause termination protections to agency nurses) and its Day and Temporary Labor Services Act (which includes a provision requiring compensation—including benefits—parity with permanent workers doing the equivalent work); the bill also establishes requirements of gig nursing platforms and their workers that suggest the workers are independent contractors. ¹³²	Clipboard Health, Nursa, CareRev ¹³³	Pending
Iowa 2024 Bipartisan	House File 2199, introduced in January 2024 and withdrawn the following month, would have established IA’s “healthcare employment agency” and gig nursing platform—“healthcare technology platform”—regulations, requiring the same registration and reporting requirements for both agencies and platforms; the definitions section of the bill states that a gig nursing platform engages a worker “as an independent contractor”; the bill’s provisions were to apply retroactively (before enactment of the bill). ¹³⁴	Unknown	Withdrawn

¹²⁸ California Ballot Prop. No. 21-0023, *Independent Healthcare Contractor Definition Initiative* (2022), [https://ballotpedia.org/California_Independent_Healthcare_Contractor_Definition_Initiative_\(2022\)](https://ballotpedia.org/California_Independent_Healthcare_Contractor_Definition_Initiative_(2022)).

¹²⁹ Colorado S.B. 22-210, 2022 Reg. Sess. (2022), <https://leg.colorado.gov/bills/SB22-210>.

¹³⁰ Georgia H.B. 991, 2025–2026 Reg. Sess. (2026), (<https://www.legis.ga.gov/legislation/72258>).

¹³¹ “View Client Profile,” Georgia State Ethics Commission, accessed April 15, 2026, <https://peachfile.ethics.ga.gov/public/lobbyistmodule/employerProfile>.

¹³² Illinois H.B. 5516, 104th Gen. Assemb., Reg. Sess. (2026), <https://www.ilga.gov/Legislation/BillStatus?GAID=18&DocNum=5516&DocTypeID=HB&LegID=0&SessionID=114>.

¹³³ “Lobbyist Information Search,” Illinois Secretary of State, accessed April 15, 2026, <https://www.ilsos.gov/departments/index/lobbyist/lobbyist-search.html>.

¹³⁴ Iowa H.F. 2199, 90th Gen. Assemb. (2024), <https://www.legis.iowa.gov/legislation/BillBook?ba=HF%202199&ga=90>.

State, Year, and Sponsor(s) Party	Policy Description	Platform Lobbying	Policy Status
Iowa 2024 Bipartisan	House File 2391, introduced in February 2024, superseded HF 2199 (described above), but retroactivity of the bill's provisions was removed. ¹³⁵	Unknown	Dead
Iowa 2024 Bipartisan	House File 2698, introduced in April 2024 and enacted the following month, was a Health and Human Services Appropriations bill that established IA's "healthcare employment agency" and gig nursing platform—"healthcare technology platform"—regulations, requiring different reporting for platforms (no reporting of service rates and wages by category of worker for Medicare / Medicaid-funded positions); the definitions section of the bill states that a gig nursing platform engages a worker "as an independent contractor." ¹³⁶	ShiftKey ¹³⁷	In effect
Kansas 2025–2026 Bipartisan	Senate Bill 228 establishes KS's "supplemental nursing services agencies" and gig nursing platform—"healthcare worker platforms"—regulations; unique provisions include a requirement that platforms maintain workers' compensation coverage for platform workers, a requirement that platforms report to state authorities the names and addresses of all independent contractors for whom income taxes will not be withheld, and authorization to the state to conduct unannounced worker surveys and complaint investigations; the definitions section of the bill states that workers on gig nursing platforms "are independent contractors"; the gig nursing firm Kare lobbied the House Appropriations Subcommittee on Contract Nursing in 2023 urging state legislators, as they consider how they will regulate contract nursing in the state, to "recognize the labor model" Kare uses, citing gig nursing platform definitions in Colorado's SB 22-210 (2022) and rulemaking on Missouri's SB 710 (2024). ¹³⁸	Kare, ¹³⁹ ShiftKey ¹⁴⁰	Pending
Louisiana 2023–2026 N/A	Rulemaking by the Department of Health on LA's Nurse Staffing Licensing Law has incorporated a definition of gig nursing platforms—"healthcare technology platforms"—as engaging "contracted" workers; rulemaking is still ongoing. ¹⁴¹	Unknown	Pending

¹³⁵ Iowa H.F. 2391, 90th Gen. Assemb. (2024), <https://www.legis.iowa.gov/docs/publications/LGI/90/HF2391.pdf>.

¹³⁶ Iowa H.F. 2698, 90th Gen. Assemb. (2024), <https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=HF%202698&v=e>.

¹³⁷ Iowa Legislature, "Client Info: ShiftKey," 2024–25, <https://www.legis.iowa.gov/lobbyist/reports/client?clientID=19342&ga=90&session=2>.

¹³⁸ Kansas S.B. 228, 2025-2026 Leg., Reg. Sess. (2025), https://www.kslegislature.gov/li/b2025_26/measures/sb228; *Written Testimony, House Appropriations Subcommittee on Contract Nursing, Kansas Legislature* (March 29, 2024) (statement of Rich Kortum), https://www.kslegislature.gov/li_2024/b2023_24/committees/ctte_h_appropriations_1/documents/testimony/20240401_28.pdf.

¹³⁹ *Ibid.*

¹⁴⁰ "Lobbyist Directory Search - Lobbyist Results: ShiftKey, LLC," Office of Kansas Secretary of State, 2026, <https://www.sos.ks.gov/elections/lobbyist.aspx?cath=105280&lyear=2026&cliSeq=1>.

¹⁴¹ Louisiana H.B. 958, 2022 Reg. Sess. (2022), <https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1288272>; *Nurse Staffing Agencies Licensing Standards*, La. Admin. Code tit. 48, pt. I, § 7703 (2024), https://ldh.la.gov/assets/medicaid/hss/docs/HSS_Rule_Making/Potpourri/NSA_Potpourri_24.04.pdf; Louisiana Department of Health, "NSA Rulemaking Activity: NSA Licensing Standards," Health Standards Section, <https://ldh.la.gov/health-standards-section/nsa-rm>.

State, Year, and Sponsor(s) Party	Policy Description	Platform Lobbying	Policy Status
Minnesota 2022 Bipartisan	Senate File 4410, a healthcare policy and funding omnibus bill, included a definition of gig nursing platform—“healthcare worker platform”—workers as independent contractors in a section addressing background-check requirements for healthcare workers. ¹⁴²	Unknown	Dead
Minnesota 2025–2026 Bipartisan	Senate File 1678 / House File 1232 would amend MN’s “supplemental nurse staffing agency” regulations, excluding gig nursing platforms—“healthcare worker platforms”—from the definition of “supplemental nurse service agency” under the regulations, but establishing similar registration and other requirements; the bill establishes requirements of gig nursing platforms and their workers that suggest the workers are independent contractors, including that workers pay all self-employment taxes. ¹⁴³	Clipboard Health, ¹⁴⁴ Kare ¹⁴⁵	Pending
Missouri 2022	Senate Bill 909 would have exempted gig nursing platforms—“healthcare contractor platforms”—with an independent-contractor labor model from all of MO’s employment laws. ¹⁴⁶	ShiftKey ¹⁴⁷	Dead
Missouri 2023 N/A	Rulemaking by the Department of Health and Senior Services following MO’s passage of SB 710 (2022), which established “supplemental health care services agency” regulations, defined gig nursing platforms as “technology platforms” that “maintain the data of health care personnel or independent contractors.” ¹⁴⁸	ShifKey ¹⁴⁹	In effect
Nebraska 2025–2026 Republican	Legislative Bill 308 would have established the “Health Care Staffing Agency Registration Act,” including gig nursing platforms—“healthcare technology platforms”—in the regulations; the definitions section of the bill states that a gig nursing platform engages a worker “as an independent contractor.” ¹⁵⁰	ShiftKey ¹⁵¹	Dead

¹⁴² Minnesota S.F. 4410, 92nd Leg., Reg. Sess. (2022),

<https://www.revisor.mn.gov/bills/92/2022/0/SF/4410/versions/latest>.

¹⁴³ Minnesota S.F. 1678, 94th Leg., Reg. Sess. (2025), <https://www.revisor.mn.gov/bills/94/2025/0/SF/1678>.

¹⁴⁴ Minnesota Campaign Finance and Public Disclosure Board, “Lobbying Organization Details: Twomagnets LLC d/b/a Clipboard Health,” 2025,

<https://cfb.mn.gov/reports-and-data/viewers/lobbying/lobbying-organizations/8488/2025.2>.

¹⁴⁵ Minnesota Campaign Finance and Public Disclosure Board, “Lobbying Organization Details: Twomagnets LLC d/b/a Clipboard Health,” 2024,

<https://cfb.mn.gov/reports-and-data/viewers/lobbying/lobbying-organizations/7993/2024.2>.

¹⁴⁶ Missouri S.B. 909, 101st Gen. Assemb., 2nd Reg. Sess. (2022),

<https://www.senate.mo.gov/BillTracking/Bills/BillInformation?year=2022&billid=71259914>.

¹⁴⁷ “SB 909 (April 28, 2022),” FastDemocracy, <https://fastdemocracy.com/bill-search/mo/2022/bills/MOB00016211>.

¹⁴⁸ Missouri Department of Health and Senior Services, “Licensing & Regulations: Supplemental Health Care Service Agencies,” <https://health.mo.gov/safety/shcsa/laws-and-regulation.html>; *Supplemental Health Care Services Agency*, 19 Mo. Code Regs. tit. 19, § 30-105 (2023),

<https://www.sos.mo.gov/CMSImages/AdRules/csr/current/19csr/19c30-105.pdf>.

¹⁴⁹ Missouri Secretary of State, *Missouri Register* 48, no. 16 (August 15, 2023),

<https://www.sos.mo.gov/CMSImages/AdRules/moreg/2023/v48n16Aug15/v48n16.pdf>.

¹⁵⁰ Nebraska L.B. 308, 109th Leg., 2nd Sess. (2026),

https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59270.

¹⁵¹ Clerk of the Nebraska Legislature’s Office, “Principals and Registered Lobbyists,” 35, April 13, 2026,

<https://nebraskalegislature.gov/FloorDocs/Current/PDF/Lobby/principallist.pdf>.

State, Year, and Sponsor(s) Party	Policy Description	Platform Lobbying	Policy Status
Nebraska 2026 Republican	Legislative Bill 921 duplicates the language in LB 308 (described above), but tacks that language to the end of a bill establishing rules for mass layoffs. ¹⁵²	ShiftKey ¹⁵³	Pending
Nevada 2023 Bipartisan	Assembly Bill 460 would have exempted a gig nursing platform—“[a]n entity that assists a medical facility in contracting with or hiring a provider of health care or other person involved in the provision of health care if [...] [t]he provider of health care or other person is not an employee of the entity assisting in the hiring or contracting of the provider of health care”—from the state’s “nursing pools” regulations. ¹⁵⁴	CareRev ¹⁵⁵	Dead
New York 2025 Democrat	Senate Bill 3355 included gig nursing platforms—“digital health care service platforms”—in NY’s “temporary health care services agency” regulations, which require sharing of contracts with state authorities. ¹⁵⁶	ShiftKey, Clipboard Health, Nursa, Kare ¹⁵⁷	In effect
Ohio 2023 Bipartisan	House Bill 33 was an appropriations bill that briefly (until Senate markup removed it) contained language that would have defined gig nursing platforms—“healthcare worker platforms”—as entities that engage workers who “are independent contractors.” ¹⁵⁸	Unknown	Dead
Ohio 2025–2026 Republican	House Bill 277 would exempt gig nursing platforms—“healthcare worker platforms”—with an independent-contractor labor model from OH’s laws pertaining to minimum wage, overtime, timely payment of wages, workers’ compensation, unemployment insurance, and employee tax withholding. ¹⁵⁹	ShiftKey, Clipboard Health ¹⁶⁰	Pending

¹⁵² Nebraska L.B. 921, 109th Leg., 2nd Sess. (2026),

https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=63332.

¹⁵³ Clerk of the Nebraska Legislature’s Office, “Principals and Registered Lobbyists,” 35, April 13, 2026,

<https://nebraskalegislature.gov/FloorDocs/Current/PDF/Lobby/principallist.pdf>.

¹⁵⁴ Nevada A.B. 460, 82nd Sess. (2023), <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10474/Overview>.

¹⁵⁵ Nevada Assembly, Committee on Ways and Means, *Minutes of the Meeting of the Assembly Committee on Ways and Means*, 82nd Sess., 5, May 12, 2023,

<https://archive.leg.state.nv.us/Session/82nd2023/Minutes/Assembly/WM/Final/1179.pdf>; Jimmy Lau, “Conceptual Amendment to AB460,”

https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/ExhibitDocument/OpenExhibitDocument?exhibitId=69952&fileDownloadName=0522_AB460_ferrari.c_amend.pdf.

¹⁵⁶ New York S.B. 3355, 2025–2026 Leg. Sess. (2025),

<https://www.nysenate.gov/legislation/bills/2025/S3355/amendment/original>.

¹⁵⁷ New York State Commission on Ethics and Lobbying, “Public Search Query,”

<https://reports.ethics.ny.gov/publicquery>.

¹⁵⁸ Ohio Sub. H.B. 33, 135th Gen. Assemb. (2023), <https://www.legislature.ohio.gov/legislation/135/hb33/documents>;

Ohio H.B. 33, 135th Gen. Assemb. (as passed by the House, May 2023),

https://search-prod.lis.state.oh.us/api/v2/general_assembly/135/legislation/hb33/02_PH/pdf; Ohio H.B. 33, 135th

Gen. Assemb. (as reported by the Senate Finance Committee, June 2023),

https://search-prod.lis.state.oh.us/api/v2/general_assembly_135/legislation/hb33/03_RS/pdf.

¹⁵⁹ Ohio H.B. 277, 136th Gen. Assemb. (2025), <https://www.legislature.ohio.gov/legislation/136/hb277>.

¹⁶⁰ OLAC, “Legislative Bill Search: HB 277,”

<https://www2.jlec-olig.state.oh.us/OLAC/Reports/LegislativeDecisionSearch.aspx>.

<i>State, Year, and Sponsor(s) Party</i>	<i>Policy Description</i>	<i>Platform Lobbying</i>	<i>Policy Status</i>
<p>Pennsylvania 2025–2026 Democrat</p>	<p>House Bill 1166 would exempt gig nursing platforms—“healthcare worker platforms”—with an independent-contractor labor model from complying with all of PA’s employment laws given that the platform workers work under 32 hours per week; it would also establish registration and reporting requirements similar to those required of nurse staffing agencies.¹⁶¹</p>	<p>Unknown</p>	<p>Pending</p>
<p>Rhode Island 2026 Bipartisan</p>	<p>House Bill 7030, the “Healthcare Worker Platform Act,” would carve gig nursing platforms out of RI’s nursing agency regulations, including requirements to maintain workers’ compensation coverage for workers and to report to state authorities the number of workers engaged by job category; the bill would give the Department of Health the authority to establish registration and reporting requirements for gig nursing platforms; the bill establishes requirements of gig nursing platforms and their workers that suggest the workers are independent contractors.¹⁶²</p>	<p>Clipboard Health¹⁶³</p>	<p>Pending</p>
<p>Tennessee 2023 Bipartisan</p>	<p>House Bill 1095 established TN’s “temporary healthcare staffing agency” regulations, including gig nursing platforms in the agency definition; the bill’s definitions section allows that platforms—entities that use “a digital website or digital smartphone application” to engage with workers and facilities—may engage a worker who “contracts with or is employed by” the platform.¹⁶⁴</p>	<p>Unknown</p>	<p>In effect</p>
<p>Utah 2025 Bipartisan</p>	<p>Senate Bill 228 established gig nursing platform (“healthcare services platform”) registration and operating requirements. The bill is structured similarly to nursing agency regulations in other states (which Utah has not yet enacted), but leaves out reporting to state authorities on wages and service charges by worker category; the definitions section of the bill states that a gig nursing platform engages a worker “as an independent contractor.”¹⁶⁵</p>	<p>Nursa¹⁶⁶</p>	<p>In effect</p>

¹⁶¹ Pennsylvania H.B. 1166, 2025–2026 Reg. Sess. (2025), <https://www.palegis.us/legislation/bills/2025/hb1166>.

¹⁶² Rhode Island H.B. 7030, 2026 Reg. Sess. (2026), <https://webserver.rilegislature.gov/BillText/BillText26/HouseText26/H7030.pdf>; Rhode Island Code Regs. 216-40-10-10 (June 20, 2024), <https://rules.sos.ri.gov/regulations/part/216-40-10-10>.

¹⁶³ Rhode Island Department of State, “For-Profit Entity Details: Clipboard Health,” 2025, <https://lobbytracker.sos.ri.gov/LobbyTrackerSearch/LobbyTrackerView?ProfileId=4476&ActivityName=&SessionYear=2025&FlowType=Profile&SessionYearId=9>.

¹⁶⁴ Tennessee H.B. 1095, 113th Gen. Assemb. (2023), <https://wapp.capitol.tn.gov/apps/BillInfo/Default?BillNumber=HB1095&ga=113>.

¹⁶⁵ Utah S.B. 228, 2026 Gen. Sess. (2026), <https://le.utah.gov/~2026/bills/static/SB0228.html>.

¹⁶⁶ Utah Governor, “Lobbyist Search by Principal,” <https://lobbyist.utah.gov/Search/LobbyistByPrincipal>.

<i>State, Year, and Sponsor(s) Party</i>	<i>Policy Description</i>	<i>Platform Lobbying</i>	<i>Policy Status</i>
Utah 2026 N/A	UT’s Division of Professional Licensing at the Department of Commerce is considering a rule that would undermine implementation of SB 228 (described above) by relegating enforcement to “informal adjudicative proceedings,” with relaxed rules of evidence and prohibition of discovery. ¹⁶⁷	Nursa ¹⁶⁸	Pending
Wisconsin 2026 Republican	Assembly Bill 794 / Senate Bill 768 would exempt gig nursing platforms—“healthcare worker platforms”—with an independent-contractor labor model from all of WI’s employment laws. ¹⁶⁹	Clipboard Health, Kare ¹⁷⁰	Dead

¹⁶⁷ Utah Department of Commerce, Division of Professional Licensing, “Health Care Services Platform: Laws and Rules,” <https://commerce.utah.gov/dopl/health-care-services-platform/laws-and-rules>; *Utah State Bulletin*, Utah Admin. Code R156-46b (proposed February 2026), <https://commerce.utah.gov/wp-content/uploads/2026/02/proposed-rule-r156-46b-division-utah-administrative-procedures-act-rule-oar.57787.pdf>.

¹⁶⁸ *Ibid.*

¹⁶⁹ Wisconsin State Assembly, AB 794, 2025-26 Leg. Sess. (2025), <https://docs.legis.wisconsin.gov/2025/proposals/ab794>.

¹⁷⁰ “Search Lobbying Principals,” Wisconsin Ethics Commission, <https://lobbying.wi.gov/Who/Principals/2025REG/SearchNames>.

Appendix B: Table of Platform Investors

Platform	Total Funding	Investors
CareRev ¹⁷¹ (also known as CareStat)	\$56.5M	Tribe Capital, Gaingels, Y Combinator, Industry Ventures, Transformation Capital
Clipboard Health ¹⁷² (also known as Twomagnets)	\$94.1M <i>*Unicorn status</i>	Y Combinator, Initialized Capital, SciFi VC, Caffeinated Capital, Sequoia Capital, IVP
connectRN ¹⁷³	\$161.3M	Suvretta Capital Management, Avidity Partners, Infinitum, HBM Healthcare Investments
IntelyCare ¹⁷⁴	\$170.8M <i>*Unicorn status</i>	Janus Henderson Investors, Revelation Partners, LRVHealth, Longitude Capital, Endeavour Vision
Kare ¹⁷⁵	\$7.9M	Golden Section, Third Act Ventures
MedCurate ¹⁷⁶	\$1M	Digital Sandbox KC, UMKC's Regnier Venture Creation Challenge, Pure Pitch Rally
Nursa ¹⁷⁷	\$103.2M	Pelion Venture Partners, Kickstart
ShiftKey ¹⁷⁸	\$300M <i>*Unicorn status</i>	Clearlake Capital Group, Health Velocity Capital, Lorient Capital, Pantheon Ventures, Ares Management
ShiftMed ¹⁷⁹	\$315.3M	Audacious Capital, Q Holdings, Inc., Blue Heron Capital, BIP Ventures, Healthworx, 3TS Capital Partners
Trusted ¹⁸⁰ (also known as Trusted Health)	\$175M	Greenspring Associates

¹⁷¹ "CareRev," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/care-revolutions>.

¹⁷² "Clipboard Health," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/clipboard-health>.

¹⁷³ "connectRN," Crunchbase, accessed April 15, 2026, https://www.crunchbase.com/organization/connectrn#company_funding.

¹⁷⁴ "IntelyCare," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/intelycare>.

¹⁷⁵ "Kare," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/kare-e05a>.

¹⁷⁶ "MedCurate," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/medcurate>; "Medcurate Hits Major Growth Milestone and Expands into Texas," Pure Pitch Rally, March 20, 2025, <https://purepitchrally.com/medcurate-hits-major-growth-milestone-and-expands-into-texas>.

¹⁷⁷ "Nursa," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/nursa>.

¹⁷⁸ "ShiftKey," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/shiftkey>; "ShiftKey - Funding & Investors," Tracxn, April 4, 2026, https://tracxn.com/d/companies/shiftkey/_yFkgu6ZbgJZOuG_FM3V_N8uKQ71EmDpz8Yqd_K8DHds/funding-and-investors#funding-rounds.

¹⁷⁹ "ShiftMed," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/shiftmed>.

¹⁸⁰ "Trusted Health," Crunchbase, accessed April 15, 2026, <https://www.crunchbase.com/organization/trusted-health>.

Appendix C: Primer on Gig Nursing

The impact of algorithmic management and AI-powered scheduling technologies on the healthcare industry is largely unknown. In an effort to address this gap, two of the authors of this brief conducted research on the working conditions of gig nurses and gig nursing assistants.¹⁸¹ This research was part of an international project called Fairwork at the University of Oxford and WZB Berlin Social Science Center. This project spanned thirty-nine countries across five continents. We summarize some high-level findings from the US aspects of the project here, along with a worker's story about everyday experiences of a gig nursing platform.

We conducted interviews between November 2023 and September 2024 with twenty-nine US-based healthcare workers about their experiences with four platforms: CareRev, Clipboard Health, ShiftKey, and ShiftMed. We also examined policy reports, scholarly publications, government documents, business filings, media stories, and online forums (e.g., Reddit, Facebook, and the Better Business Bureau).

We found that gig workers face significant health and safety risks in the healthcare industry, where they often have few protections. Thirteen gig nurses reported taking excessive risks to their own health and safety while on the job. Two others shared upsetting experiences of being floated to areas of a hospital for which they had little training. Nearly all workers voiced concerns about lack of training, communication, and supervision in facilities. For many workers on the gig nursing platforms, it was unclear who would be liable if they suffered physical or mental harm due to their platform work or if a patient accused the worker of inadequate care.

Our research also explored how the wage rates on gig nursing platforms can be higher than those of employed nurses, and why these higher rates attract people to platform work. However, the availability of higher wages for some workers did not mean that all or even the majority of workers actually earned these rates. Of the twenty-nine workers in our study, fourteen said they could not make a living through income earned from platforms alone.

A Healthcare Worker's Story

Aisha is a nursing assistant in Georgia who works full-time at a long-term care facility.¹⁸² For years, she supplemented her income with work for DoorDash and UberEats. Two years ago, she signed up to work for ShiftKey at nearby nursing homes and was surprised by the amount of isolation she experienced. She said in an interview: "You really have no one to talk to if [...] you're needing help. [...] It's really no communication with anybody other than yourself."

¹⁸¹ See Wells and Ustek Spilda, "Uber for Nursing"; and Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

¹⁸² This story is excerpted from Wells, Ustek Spilda, Dubal, and Graham, *Fairwork US Ratings 2025: When AI Eats the Manager*.

According to Aisha, ShiftKey sometimes feels pretty similar to DoorDash, which often took her to unfamiliar neighborhoods. For ShiftKey, she has shown up late at night to facilities where the doors are locked and she can't get in contact with anyone at the facility to open them. Even inside certain hospitals, she sometimes feels unsafe.

Most times, there is no orientation for Aisha.¹⁸³ She doesn't know where the supply closets are or how to log into patient portals to figure out which medications a patient is taking.¹⁸⁴ In an interview, she put it this way: "I just feel like I am on an island by myself a lot." The job application includes no interviews; the hiring process has been relegated to algorithmic software systems that screen and evaluate applicants. Performance management, too, has been reduced to a series of metrics that are difficult, if not impossible, for workers to contest.

To win a shift, Aisha bids against peers to see who will work for the lowest amount. Sometimes ShiftKey recommends a bid of \$23.25; other times it's \$25.58. If Aisha bids too high, the app tells her that her bid is "Fair." If she bids too many times, the app tells her that she must accept the default rate at the facility. It's a race to the bottom.¹⁸⁵

Aisha doesn't know why she is paid less than her peers for certain shifts. She doesn't know what data the platform collects about her—including her geolocation data—or how they use it to set her wages. ShiftKey requires location sharing to be enabled.¹⁸⁶

For each shift, Aisha is required to pay ShiftKey \$7.97 in fees.¹⁸⁷ For many workers on gig nursing apps, the withdrawal of fees from their paychecks is a surprise. Each day Aisha works, she is required to pay \$3.89 for a "safety fee" (which the platform describes as "costs associated with background checks, drug screens [if applicable], verification of credentials, and fraud detection and prevention"), \$2.14 for occupational accident insurance, and \$1.94 for medical malpractice insurance. It is not clear why these fees are priced per shift, given that nurses do not get background checks or drug screens for each shift.

¹⁸³ At a Nebraska nursing home, this problem of a lack of orientations came to a head in the aftermath of a resident's death. An inspection revealed that a CPR checklist had not been properly administered by staff members on duty (who were working for ShiftKey) and that "ShiftKey does not provide any orientation or training on the facility's policies and procedures." Centers for Medicare & Medicaid Services, *Statement of Deficiencies and Plan of Correction: St. Joseph's Villa, Inc.*, Department of Health and Human Services, October 24, 2024, <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/285249/health/complaint-inspection?date=2024-10-24>.

¹⁸⁴ ShiftKey's website recommends that workers arrive early to facilities to "give yourself enough time to [...] orient yourself to the floor, find the supplies, [and] meet the nurse on duty." Such work, however, is unpaid. See "Essential Tips for Independent Professionals Using ShiftKey," ShiftKey, updated January 15, 2026, <https://www.shiftkey.com/resources/blog/essential-tips-for-professionals-using-shiftkey>.

¹⁸⁵ It's also a game. In January 2026, ShiftKey offered some workers a \$40 gift card during bad weather. In March 2026, ShiftKey offered workers one sweepstakes entry for every shift they worked; the grand prize was a \$3,000 gift card.

¹⁸⁶ One worker received the following reminder from ShiftKey: "Sharing your ETA with facilities is required to confirm arrival, support accurate shift resolution, and ensure payments are processed quickly."

¹⁸⁷ In 2024, these fees totaled \$6. See Wells and Ustek Spilda, "Uber for Nursing."

In addition to these fees, ShiftKey charges workers to access their payments if the worker chooses to do so through a ShiftKey Wallet account or a debit card. Aisha would be charged \$2.95 per shift if she elected to use the ShiftKey Wallet, which offers instant access to her earnings immediately after a shift. If she used a debit card, she would instead pay \$2.99 or 2 percent (whichever is greater) of her total pay for each shift. In that case, a ShiftKey nursing assistant who worked an eight-hour shift at an hourly rate of \$23.25 would pay a total of \$11.69 in access fees.¹⁸⁸

Aisha has little recourse. She is not considered an employee who would be guaranteed a minimum wage. Most workers like Aisha are also prevented from litigating workplace problems as part of a class-action lawsuit because nursing platforms use arbitration clauses in their contracts.¹⁸⁹ A scant few have filed suits against nursing platforms or the clinical facilities that use nursing platforms for misclassification.¹⁹⁰

¹⁸⁸ A worker who earned \$23.25 would be charged a flat rate of \$7.97 for the shift in addition to 2 percent of the total earnings (which, for eight hours, would be \$186). The flat fee of \$7.97 plus the 2 percent of \$186 (or \$3.72) equals \$11.69.

¹⁸⁹ See for example *Goston v. Froedtert TheaCare Health, Inc.*, No. 24-cv-1482-bhl (E.D. Wis. June 23, 2025), <https://cases.justia.com/federal/district-courts/wisconsin/wiedce/2:2024cv01482/109894/36/0.pdf>.

¹⁹⁰ See for example *Organ v. CareStat!, Inc. Dba CareRev*, No. 24-cv-017914 (Cal. Super. Ct. Sacramento Cnty. September 9, 2024), <https://lebelaw.com/wp-content/uploads/2025/04/2024.09.09-CareRev-Conformed-Complaint.pdf>.