bluehive

2026 BENCHMARK REPORT

The State of Occupational Health Access

A marketplace-intelligence report on provider supply, pricing, and access, built from real BlueHive network data across the U.S. labor market.

19,132	5,495	700	148
provider locations	employer orders	price benchmarks	metro markets

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AUTHOR
Evelyna Bellamy

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BlueHive Health

bluehive.com/benchmark

EXECUTIVE SUMMARY

What the marketplace looks like in 2026

BlueHive coordinates occupational health across a nationwide network of provider locations, thousands of employer orders, and more than one hundred distinct services. This report turns that vantage point into benchmarks employers, providers, and analysts can use. It measures provider supply, service availability, pricing, and geographic access against the U.S. labor market.

19,132
Provider locations
Across 50 states and DC

5,495
Employer orders
Real scheduling telemetry

700
Price benchmarks
14 services × 50 states

148
Metro markets
BLS employment × injury rates

1 · Supply is national but uneven

BlueHive coordinates 19,132 provider locations across 50 states and DC. Provider density per 100,000 workers varies several-fold between the best- and least-served states.

2 · Pricing varies more by service than geography

Across the headline services we track, the spread between the lowest and highest state-average price is widest for physicals and surveillance exams, far wider than regional cost-of-living differences would predict.

3 · Demand concentrates in regulated screening

Modeled employer demand is dominated by DOT physicals, drug and alcohol testing, and OSHA surveillance: the services tied directly to federal compliance mandates.

4 · Access timing is the next frontier

Scheduling speed, provider responsiveness, and fulfillment are where marketplace performance is decided. We are instrumenting these operational metrics now and report their methodology ahead of full publication.

Every figure is labeled by provenance: LIVE computed from BlueHive network data MODELED derived from BLS data and regulatory requirements. We never invent a number.

KEY FINDINGS AT A GLANCE

Four numbers that define occupational health access this year.

$115

Median DOT physical

Ranges $75 to $185 state to state

36%

Network in the top 5 states

How concentrated national supply remains

8.0×

Widest price spread

Return-to-Work Evaluation, lowest to highest state

65%

Orders booked within 24 hours

74% within 48 hours; median under a day

NETWORK BENCHMARKING LIVE DATA

Provider supply across the country

BlueHive coordinates occupational health across a nationwide provider network. These cuts go beyond the headline totals to show how deep and how concentrated that supply really is, all computed directly from the live provider directory.

187
Median locations per state
Typical market depth, not skewed by the biggest states

41
States with 100+ locations
Markets with genuine multi-site choice

5
States with 1,000+ locations
The deepest markets: TX, CA, FL, NY and OH

Top 10 states by provider locations

STATE	PROVIDER LOCATIONS	PER 100K
California	1,744	15.6
Texas	1,721	17.0
Florida	1,279	19.7
New York	1,149	9.9
Ohio	1,086	28.3
Indiana	900	55.4
Pennsylvania	891	18.1
Illinois	699	14.1
Georgia	686	19.3
North Carolina	657	22.4

Providers per 100,000 workers uses BLS metro employment as the workforce denominator, which understates rural workforces, so per-capita density runs high in states with few metro areas. See Methodology.

COVERAGE

50 states + DC

Every U.S. state has active provider coverage in the network.

CONCENTRATION

36% in 5 states

The five deepest markets hold over a third of national capacity, mirroring where the workforce concentrates.

READING THE DENSITY COLUMN

Raw counts reward big states. Per-100k density tells the access story, and it does not track size: New York ranks 4th in locations but near last in density. The map on page 8 shows the full picture.

APPOINTMENT ACCESS LIVE DATA

How fast employers can get an appointment

Scheduling speed is the benchmark employers care about most. These figures are computed from real order and appointment timestamps across the BlueHive platform: the median elapsed time from order creation to the scheduled appointment, plus the share of orders booked within 24 hours.

65%
of orders booked within 24 hours

74%
within 48 hours

< 1 day
median time to appointment

95.5%
of resolved orders fulfilled

Median days to appointment, by service

SERVICE	MEDIAN TIME	BOOKED SAME DAY	SAMPLE
Drug Screening	< 1 day	**69%**	617 orders
Respirator Fit Test	< 1 day	**65%**	236 orders
Audiogram	< 1 day	**58%**	363 orders
DOT Physical	< 1 day	**56%**	34 orders

Measured on elapsed time from order creation to the scheduled appointment, not calendar or business days, across 5,495 employer orders with both timestamps resolvable.

Marketplace performance DATA MATURING

Time-to-provider-match
Median time from order to a confirmed provider match, in minutes.

Referral completion rate
Share of referrals that reach a completed visit.

Average distance traveled
Median miles between the employer and the matched clinic.

These operational metrics are being instrumented now; methodology is published ahead of the values so they can be verified when they land.

The takeaway: the typical occupational-health order is scheduled in under a day. Faster access means employees clear compliance sooner and get back to work.

PRICING BENCHMARKS LIVE DATA

What occupational health services cost

National medians and state-to-state ranges for 14 headline services, drawn from BlueHive marketplace pricing across all 50 states. Regional columns are the mean of state averages within each U.S. Census region.

SERVICE	CATEGORY	MEDIAN	STATE RANGE	NE	MW	SOUTH	WEST
Vision Screening	Screening	$45	$25–$136	$54	$44	$42	$43
Breath Alcohol Test	Drug & Alcohol	$47	$25–$124	$43	$48	$48	$48
TB Screening (PPD)	Screening	$49	$23–$147	$57	$46	$49	$46
5-Panel Drug Screen (Non-DOT)	Drug & Alcohol	$57	$35–$75	$59	$56	$53	$61
Audiogram (Screening)	Surveillance	$63	$22–$155	$71	$70	$53	$63
DOT 5-Panel Drug Screen	Drug & Alcohol	$66	$47–$90	$68	$64	$64	$68
Respirator Fit Test (Qualitative)	Surveillance	$68	$45–$105	$63	$64	$66	$76
10-Panel Drug Screen (Non-DOT)	Drug & Alcohol	$75	$50–$110	$75	$70	$71	$84
DOT Physical	Physicals	$115	$75–$185	$114	$117	$112	$116
Hair Follicle Drug Screen	Drug & Alcohol	$142	$110–$244	$129	$150	$143	$143
Pre-Placement Exam	Physicals	$148	$105–$275	$142	$160	$141	$148
FAA Medical (Class 2)	Physicals	$149	$100–$325	$149	$149	$135	$168
Chest X-ray (2 View)	Surveillance	$151	$100–$225	$156	$156	$138	$158
Return-to-Work Evaluation	Physicals	$180	$105–$845	$151	$222	$186	$152

Prices are state-level averages of provider-reported rates. NE = Northeast, MW = Midwest.

8.0× Return-to-work evaluations show the widest geographic spread of any benchmarked service: the priciest state averages 8 times the least expensive.

EMPLOYER DEMAND TRENDS MODELED

What employers are buying

Modeled demand combines federal, OSHA, and DOT requirements with industry workforce mix. Services are ranked by modeled demand weight: how broadly and how intensely regulations require each service across the workforce. Year-over-year growth from order volume is being instrumented now.

01	Pre-Placement Exam	29 industries
02	DOT Physical	12 industries
03	Non-DOT Drug Screen (10-Panel)	13 industries
04	Respirator Fit Testing	14 industries
05	DOT Drug Screen	7 industries
06	Non-DOT Drug Screen (5-Panel)	18 industries
07	Audiogram	10 industries
08	Random Testing Program	8 industries
09	TB Test	9 industries
10	Vision Screening	6 industries

Industry count shows breadth of demand across the 29 industries modeled; rank order reflects total demand weight, which also accounts for how much of each industry's workforce a requirement covers. A service required deeply in a few large industries can outrank one required lightly in many.

WHAT THIS MEANS FOR EMPLOYERS

Compliance-mandated services dominate the top of the list. If your industry touches DOT fleets, OSHA-regulated exposure, or post-offer screening obligations, your baseline exam volume is set by regulation, not preference. Budget against the top five as your recurring floor.

WHAT THIS MEANS FOR PROVIDERS

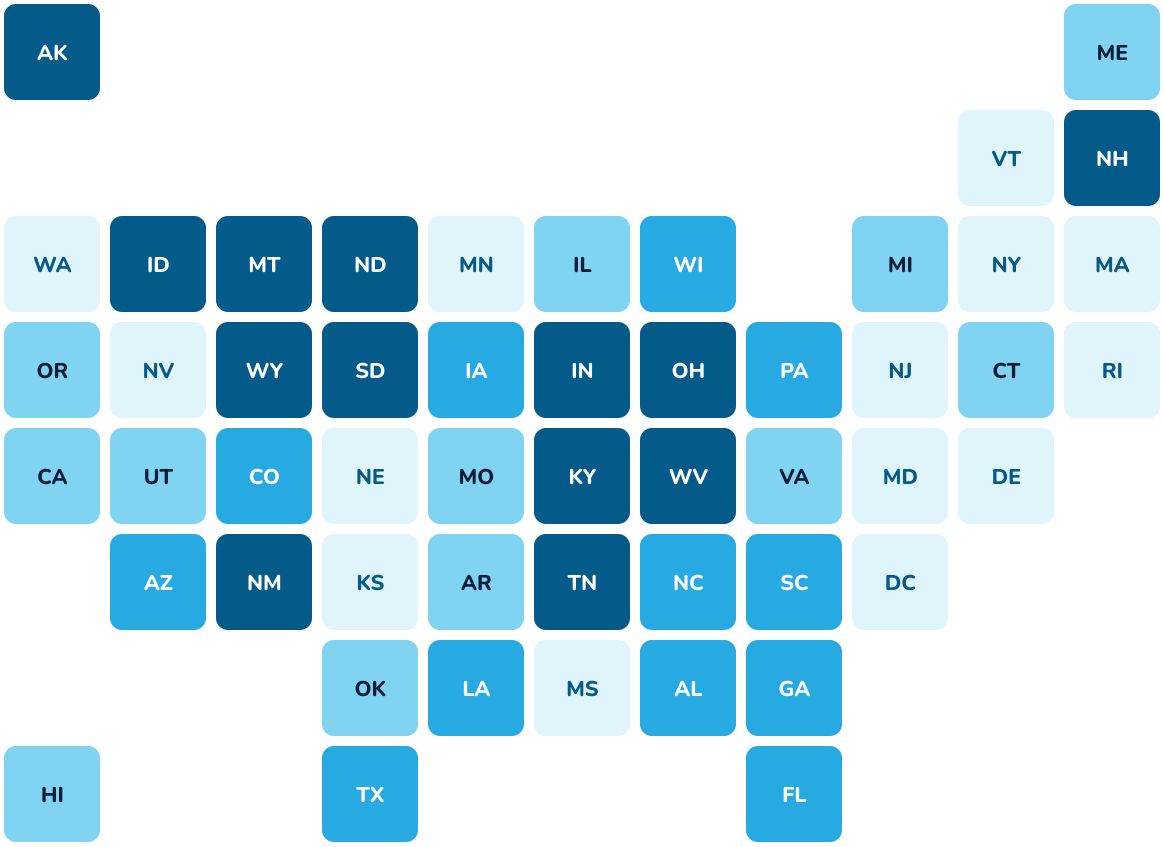
Pre-placement exams draw demand from 29 industries, the widest of any service. Clinics that add post-offer evaluation capacity capture the broadest employer base, then deepen with DOT and respirator programs where local industry mix supports them.

29 of 29 Pre-placement exams are the only service modeled with demand in every industry we track, which is why they lead this ranking and the marketplace order mix.

GEOGRAPHIC ACCESS LIVE DATA

Where supply meets, and misses, demand

Comparing provider supply against the metro workforce reveals which states are best served and where employers struggle to find capacity. Each tile below is a state, shaded by provider locations per 100,000 workers.



Highest provider density

Wyoming	122.9
Montana	87.2
Alaska	61.3
Indiana	55.4
West Virginia	53.7

Most underserved by density

New Jersey	3.8
Maryland	4.8
Minnesota	7.5
Washington	8.5
New York	9.9

Both panels share one scale: Wyoming's 122.9 per 100k = full width. The near-invisible bars on the right are the story.

GEOGRAPHIC ACCESS LIVE DATA

The access paradox

The states with the largest workforces are the least served per worker. Dense coastal states like New Jersey, Maryland, and New York rank at the bottom of provider density, while rural Wyoming leads the nation.

32× Rural Wyoming has 32 times New Jersey's provider density per worker. For employers in dense coastal markets, finding nearby occupational-health capacity is a genuine operational constraint, not a solved problem.

Highest occupational-health demand metros

Demand index = metro employment × workplace injury rate (BLS 2024)

#	METRO AREA	EMPLOYMENT (000S)	INJURY RATE	DEMAND INDEX
1	**New York-Newark-Jersey City, NY-NJ-PA**	9,700	1.9	18,430
2	**Chicago-Naperville-Elgin, IL-IN-WI**	4,700	2.4	11,280
3	**Los Angeles-Long Beach-Anaheim, CA**	4,500	2.5	11,250
4	**Dallas-Fort Worth-Arlington, TX**	4,100	2.4	9,840
5	**Houston-The Woodlands-Sugar Land, TX**	3,400	2.7	9,180
6	**Atlanta-Sandy Springs-Alpharetta, GA**	3,000	2.4	7,200
7	**Philadelphia-Camden-Wilmington, PA-NJ-DE-MD**	2,900	2.4	6,960
8	**Miami-Fort Lauderdale-Pompano Beach, FL**	2,800	2.3	6,440
9	**Washington-Arlington-Alexandria, DC-VA-MD-WV**	3,400	1.8	6,120
10	**Boston-Cambridge-Newton, MA-NH**	2,900	2.0	5,800

Three of the five highest-demand metros sit in states ranked among the most underserved by provider density: the clearest expansion signal in this report for networks and clinics alike.

AI & SEARCH TRENDS LIVE DATA

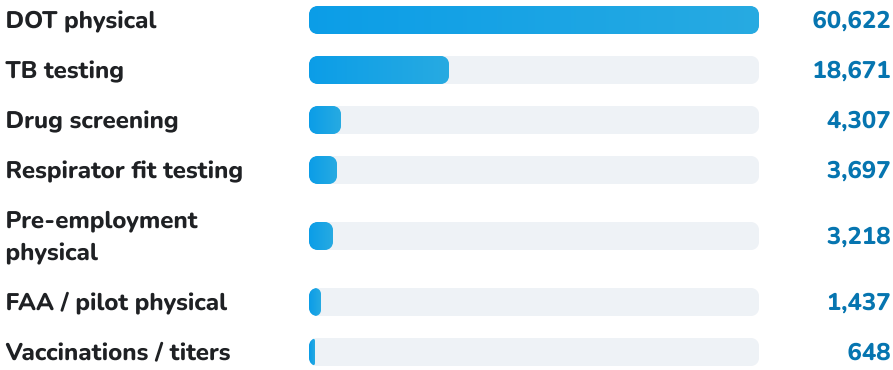
How occupational health is discovered

A growing share of occupational-health research starts in a search engine or an AI assistant. These are the service searches where BlueHive appears in Google, ranked by impressions over March to June 2026. This reflects BlueHive's own organic visibility, not total market search volume.

92,600

Service-search impressions

Mar–Jun 2026 · 7 categories ranked



DOT DOMINATES DISCOVERY

Two of every three service-search impressions are for DOT physicals. Regulated, deadline-driven exams create the most urgent search behavior, and the least tolerance for slow scheduling once a searcher becomes a buyer.

THE AI FRONT DOOR

AI assistants increasingly answer these queries directly, citing structured, verifiable sources. Publishing benchmark data openly, as this report does, is how a network stays citable when the search box becomes a chat box. AI-assistant citation share is being instrumented as a maturing metric.

FUTURE OUTLOOK

Where occupational health access is heading

Six shifts we expect to define the next several years of occupational health access.

Provider-capacity pressure intensifies

Clinician shortages and consolidation will tighten capacity in lower-density states, widening the gap between metros with strong supply and rural access deserts.

Compliance demand keeps climbing

DOT, OSHA, and state-level mandates continue to expand the baseline volume of required exams, particularly respirator clearance, surveillance, and return-to-work evaluations.

Scheduling speed becomes the differentiator

As supply normalizes, employers will compete on time-to-appointment and result turnaround rather than price alone, rewarding marketplaces that match and confirm fastest.

AI becomes the new front door

A growing share of occupational-health research starts with an AI assistant. Networks with structured, citable benchmark data will own visibility in LLM answers.

Geographic expansion follows demand signals

High employment and injury-rate metros that lack proportional provider supply are the clearest expansion targets for networks and clinics alike.

Price transparency becomes table stakes

As benchmark pricing becomes public, employers will expect upfront, comparable rates by service and state. Providers that publish clear pricing will win more volume than those quoting case by case.

The common thread: access is becoming measurable. The networks that publish their numbers will set the benchmarks everyone else is measured against.

METHODOLOGY

Sources and provenance

Honesty is the credibility moat. Every figure in this report is labeled by provenance, and metrics still being instrumented are shown with their methodology instead of a fabricated number.

LIVE	Computed from real BlueHive network data
MODELED	Estimated from BLS data and regulatory requirements
DATA MATURING	Defined now; values being instrumented

BlueHive provider network index

Provider location counts and per-service availability are computed at build time from the BlueHive provider directory.

BlueHive state pricing dataset

Service prices are state-level averages and ranges drawn from BlueHive marketplace pricing across all 50 states.

U.S. Bureau of Labor Statistics (OEWS / SOII 2024)

Metro employment and workplace injury rates are sourced from public BLS data.

Regulatory demand model

Employer demand is modeled from federal, OSHA, and DOT requirements and industry workforce mix; figures are directional, not order counts.

BlueHive scheduling benchmark

Median days-to-appointment and the 24-hour booking rate are computed from elapsed time between order creation and the scheduled appointment, across orders with both timestamps resolvable.

Google Search Console (bluehive.com)

Search rankings reflect occupational-health service queries where BlueHive appeared in Google, by impressions over a trailing window. This is BlueHive's own organic visibility, not market volume.

HOW TO CITE THIS REPORT

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PUBLISHING CADENCE

Published annually as BlueHive's flagship benchmark. As operational telemetry matures, those measures update on a quarterly Access Pulse between annual editions.

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ABOUT BLUEHIVE

BlueHive connects employers to occupational health providers nationwide: one marketplace to order exams and screenings, track results in real time, and keep every employee compliant. The benchmarks in this report are drawn from the same platform.

Network Benchmarks | Appointment Access | Pricing Benchmarks | Employer Demand | Geographic Access | AI & Search Trends | Future Outlook

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