

September 19, 2019

United States Senate  
Washington, DC 20510

Dear Senator:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to express concern about the potential impact of S. 386 and H.R.1044, the Fairness for High-Skilled Immigrants Act of 2019. This legislation would negatively impact nurse immigration from many countries, and adversely affect the ability of America’s hospitals and health systems to provide care in communities across the country. At the same time, the legislation does not address the existing additional backlog waits of foreign-born physicians seeking visas due to the significant amount of time required for training and performing community service, which must be completed before starting the visa application.

The legislation would eliminate the per-country cap for immigrant visas. Eliminating the per-country cap is a dramatic change in our immigration policy, with negative consequences, including eliminating the future ability of foreign-trained nurses to obtain visas for five to seven years or more. Congress should not take this step without holding hearings and listening to all stakeholders who would be affected. In a related concern, we note that the visa backlog of foreign-born doctors is not adequately addressed in this legislation.

Currently, there is a greater demand for new nurses than there are students graduating from nursing programs in the United States. That is why America’s hospitals and health systems partially rely on immigrant nurses from a number of countries, as a small but absolutely necessary part of the health care labor market. These nurses are required to meet rigid standards of equivalent education, English fluency and state licensure, and must have clean disciplinary records. Foreign-trained nurses do not displace American workers; in fact, the demand for nurses continues to grow. Foreign-trained nurses make up about 5% of the 160,000 new nurses licensed each year. They are recruited primarily to rural and inner-city hospitals, locations that find it more difficult than others to recruit nurses domestically. They serve a critical role in providing care to patients in these underserved communities.



We understand there has been a high demand for foreign-trained workers in many other sectors, including technology. Over the past two decades, United States employers who hire tech workers as *permanent employees* on the “temporary” H-1B program have thereby created long delays for immigrant visas. While the H-1B program does not provide permanent residency in the United States, high-tech employers have used this program to place permanent employees in the United States. The immigrant visa backlog has been caused by excessive use of the H-1B program, which was designed to be temporary.

Since Congress has not increased the number of immigrant visas available, employers that have used the H-1B as a substitute for permanent residency advocate for eliminating the per-country cap for immigrant visas, an ineffective “solution” to the problem they created. Instead of adversely impacting nursing care in our country, what is needed is a real solution that addresses the fact that there are not enough immigrant visas to meet the demand for foreign-born, high-skilled workers for all sectors in the United States.

Foreign-trained nurses must have an immigrant visa to enter and work in the United States. These nurses are **not** eligible to enter the United States on temporary H1-B visas – and hospitals and health systems do not want to see these employees come to permanent jobs with a temporary visa.

Eliminating the per-country cap would have a crippling effect on hospitals and health systems because the foreign-trained nurses we need each year to fill critical nursing jobs then would be reduced by 77% to 100% over the next five years and beyond. If this happens, health care for Americans would clearly suffer. In rural areas and inner cities, we simply won't have fully-staffed hospitals.

**If Congress chooses to change the structure of legal immigration processing in S. 386 and H.R.1044, the AHA asks that the health care needs of our patients be addressed by an amendment. This addition would provide a carve-out from visa caps for a reasonable number of immigrant nurses each year and provide immediate immigrant visas to foreign-born physicians when they complete their training and community service.**

Sincerely,

/s/

Thomas P. Nickels  
Executive Vice President