

## IMMIGRATION AND THE NURSING WORKFORCE

### POSITION

The American Nurses Association (ANA) supports the ability of individual nurses to choose to practice in the location of their choice. However, we oppose the use of immigration to solve nursing shortages and efforts to weaken current certification requirements for nurses educated in foreign schools of nursing.

### BACKGROUND

The Illegal Immigration Reform and Immigrant Responsibility Act (P.L.104-208) requires all foreign health care professionals, except physicians, to be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or another independent, government-certified organizations qualified to issue credentials. The certification process must verify that the foreign health care worker's education, training, or experience meets all applicable statutory and regulatory requirements for entry into the United States. In addition, any foreign license submitted by the health care worker must be validated. Foreign-educated nurses must have passed an examination testing both nursing skill and English language proficiency.

The Nursing Relief for Disadvantaged Areas Act of 1999 (P.L. 106-95) created a new H-1C temporary visa specifically for foreign-educated nurses. The H-1C provided a limited visa designed to allow no more than 500 nurses into the country annually. The H-1C visa authority expired in 2005.

The H-1B temporary visa has typically not been available to nurses, as professions utilizing the H-1B must demonstrate that bachelors' preparation is the minimum requirement for entry into the profession in the United States. As the current minimum for entry into practice as an RN in the US is a two-year associate degree in nursing, the INS has historically denied H-1B applications for staff nurses. However, the H-1B may be used for advanced practice registered nurses.

Past efforts to weaken requirements for temporary nurse visas have resulted in the exploitation of immigrant nurses. There are numerous, disturbing examples from the expired H-1A nurse visa. These nurses were employed as lower-paid aides, were made to work unreasonable hours in unsafe conditions, and were misled about the temporary nature of their visas.

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## RATIONALE

ANA maintains that it is inappropriate to look overseas for temporary workforce relief when the real problem is the fact that support for domestic schools of nursing is failing to meet demand and the U.S. health care industry has failed to maintain a work environment that retains experienced U.S. nurses in patient care. Over-reliance on foreign-educated nurses by the health care industry serves only to postpone efforts to address the needs of nursing students and the U.S. nursing workforce.

In addition, there are serious ethical questions about recruiting nurses from other countries when there is a world-wide shortage of nurses. The removal of foreign-educated nurses from areas such as South Africa, India, and the Caribbean deprives their home countries of highly-trained health care practitioners upon whose skills and talents their countries heavily rely. ☺