

# National Foundation for American Policy

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## **New Report Finds U.S. Immigration System Prevents the Entry of Needed Doctors, Nurses and Other Medical Professionals**

### ***New Health Care Law and Aging U.S. Population Will Require Many More Medical Professionals, Particularly in Underserved Rural and Urban Areas***

**Arlington, Va.** – The U.S. Congress and the executive branch have failed to establish immigration policies that would allow a sufficient number of foreign-born doctors, nurses and other medical personnel to work in the United States, according to a new report released by the National Foundation for American Policy (NFAP), an Arlington, Va.-based policy research group. “At a time of tremendous need in health care, the United States is saddled with an immigration system designed to prevent, not facilitate, the entry of highly skilled physicians, nurses, physical therapists and other foreign-born medical personnel,” concludes the study.

The report, “U.S. Government, Heal Thyself: Immigration Restrictions and America’s Growing Health Care Needs,” is available at [www.nfap.com](http://www.nfap.com).

“The aging U.S. population, the demands of the Affordable Care Act (ACA) and the potential benefits brought by medical advances and increased specialization mean America must tap the global talent pool in health care or see its citizens suffer the consequences,” according to the report’s author Stuart Anderson, executive director, National Foundation for American Policy, and former head of policy and counselor to the Commissioner of the INS (August 2001 to January 2003).

The report makes four broad policy recommendations:

- 1) Expand the number of employment-based green cards so the wait times for skilled immigrants, including nurses, physicians, and physical/occupational therapists, can be measured in weeks or months, rather than in years or decades.
- 2) Establish a temporary visa that facilitates the entry of foreign nurses. Current temporary visas do not work for the vast majority of foreign nurses and their potential employers.

- 3) To aid patients in underserved areas and enable more U.S.-trained doctors to pursue specialized medical fields expand the Conrad 30 program to include many more physicians per state and in the country as a whole. Also, we should consider policies to overcome the limitations on medical residency slots in the U.S. by developing guidelines to allow foreign-trained doctors to practice in the United States if they can demonstrate a high level of expertise. Congress logically should include physicians and medical researchers in biology and chemistry in the definition of Science Technology Engineering and Mathematics (STEM) for exemption from employment-based green card quotas in future legislation.
- 4) Streamline state licensing and other procedures for foreign medical personnel, including physical therapists and occupational therapists, to help with the nation's long-term health needs.

Given the tremendous demand for health care services in the coming years it is not possible for America to meet those needs through purely domestic means, the report finds. In general, a "shortage" normally does not last for a long time in a labor market. However, government actions, such as current immigration restrictions, can lead to an undersupply of specialized labor and leave employers with choices that may not be in the best interests of consumers. In other words, "shortages" of doctors and nurses in the United States will appear in the form of longer waits for appointments and subpar medical care for Americans, not empty hospital rooms or vacant medical office buildings.

The U.S. immigration process sets up significant obstacles for foreign-born doctors. To be granted a license to work as a physician in the United States a foreign national must complete a graduate medical education, which usually means entering on a J-1 visa or an H-1B visa. However, a J-1 visa requires an individual to return to his or her home country unless a waiver is received. J-1 waivers often require a foreign doctor to work in an underserved area in the United States. J-1 waivers can be issued through a government agency and/or via the Conrad 30 program. Under the law, Conrad program J-1 waivers are limited to 30 per state, which means in large states the waivers can be exhausted in a matter of days.

"Finding a doctor will get increasingly difficult, waits for appointments will grow longer, and more sick people will turn to crowded emergency rooms," according to Ted Epperly, of the American Academy of Family Physicians. "The Association of American Medical Colleges estimates that in 2015 the country will have 62,900 fewer doctors than needed," reported the *New York Times* in discussing the impact of President Obama's health care legislation. "And that number will more

than double by 2025, as the expansion of insurance coverage and the aging of baby boomers drive up demand for care.” Analysts agree that individuals with health insurance are more likely to use medical services and the Congressional Budget Office estimates the Affordable Care Act could insure 30 million people who previously lacked health coverage.

The need for registered nurses (RNs) may surpass that of doctors. According to a 2012 “United States Registered Nurse Workforce Report Card and Shortage Forecast,” published in the *American Journal of Medical Quality*, “With an aging U.S. population, health care demand is growing at an unprecedented pace . . . The number of states receiving a grade of “D” or “F” for their RN shortage ratio will increase from 5 in 2009 to 30 by 2030, for a total national deficit of 918,232 RN jobs. There will be significant RN workforce shortages throughout the country in 2030; the western region will have the largest shortage ratio of 389 RN jobs per 100,000.”

A major problem with attempting to increase the supply of nurses only domestically is finding qualified instructors for nursing schools. But hiring a foreign nurse on a temporary visa is daunting and potentially not even possible, depending on the job requirements and the country of origin. That leaves primarily green cards as the only viable path for most foreign nurses, but the wait for employment-based green cards is currently 5 years or more from most countries. Unlike other foreign nationals who can work in the United States in H-1B status while waiting for their green cards, typically a foreign nurse must wait overseas. It is a testament to the need for foreign nurses that employers would endure the cost and the wait of at least 5 years until a foreign nurse could begin working in the United States. The problem is not simply overall numbers but the distribution of nurses geographically and the need for specialty nurses, note experts in the field.

As economists explain, there is no such thing as a free lunch. The cost of policies that permit too few nurses to work in America is paid for by a greater rate of infection and increased patient mortality. A *Journal of the American Medical Association* study found that increasing a nurse’s workload from 4 to 8 patients would be accompanied by a 31 percent increase in patient mortality.

Physical therapists are among the fastest growing occupations in America. The Bureau of Labor Statistics projects the number of physical therapist jobs to grow by 39 percent (or 77,400) between 2010 and 2020. “On the basis of current trends, demand for PT services will outpace the supply of PTs within the United States,” according to research published in the *American Academy of Physical Medicine and Rehabilitation*.

Despite this, licensing and immigration procedures can often take three to four years to complete before foreign-born physical therapists can become eligible to work in America. Even then, foreign physical therapists may find an H-1B visa is unavailable or the wait for a green card could take years, particularly for nationals of India and China. U.S. organizations have pushed to move the minimum degree requirement for entry in the physical therapy field up to the level of Ph.D. by 2020. This new standard, combined with U.S. immigration restrictions, is likely to make it far more difficult for Americans, particularly seniors, to find physical therapists in a timely manner in the coming years.

The argument against allowing foreign doctors and nurses to enter the United States because it may create a “brain drain” in other countries is a red herring, the report finds. Foreign doctors and nurses have many choices besides coming to the United States, since the demand for their services is widespread in industrialized nations. That means blocking the entry of skilled foreign professionals hurts U.S. patients and serves only to divert these professionals to other Western nations.

There are now over 100 million Americans age 50 or older and approximately 3.5 million Baby Boomers turn 55 every year. In another 20 years, over 20 percent of the U.S. population is expected to be 65 or older, according to United Nations estimates. While Americans are living longer, they would be living better with a sufficient supply of doctors, nurses and other medical personnel. U.S. patients and hospitals have waited decades for Congress to reform the immigration system for professionals in the health care system. “The need is evident and the reforms are straightforward,” concludes the report. “Americans will continue to suffer the medical consequences unless Congress and the executive branch act on such reforms.”

#### **About the National Foundation for American Policy**

Established in the Fall 2003, the National Foundation for American Policy (NFAP) is a 501(c)(3) non-profit, non-partisan public policy research organization based in Arlington, Virginia focusing on trade, immigration and related issues. The Advisory Board members include Columbia University economist Jagdish Bhagwati, Ohio University economist Richard Vedder, former U.S. Senator and Energy Secretary Spencer Abraham and other prominent individuals. Over the past 24 months, NFAP’s research has been written about in the *Wall Street Journal*, the *New York Times*, the *Washington Post*, and other major media outlets. The organization’s reports can be found at [www.nfap.com](http://www.nfap.com).

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