

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. ☺

TITLE VIII: FUNDING FOR NURSING WORKFORCE DEVELOPMENT PROGRAMS

POSITION

The American Nurses Association (ANA) urges Congress to significantly increase funding for the Nursing Workforce Development programs administered by the Health Resources and Services Administration (HRSA) under Title VIII of the Public Health Service Act.

BACKGROUND

The Nursing Workforce Development programs administered by HRSA are the primary source of federal funding for nursing education. Title VIII was expanded and improved by the Nurse Reinvestment Act. The major grant programs areas are:

Advanced Education Nursing – Provides grants to nursing schools, academic health centers, and other entities to enhance education and practice for nurses in master’s and post-master’s programs. These programs prepare nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, and public health nurses.

Workforce Diversity Grants – Provides grants to increase opportunities for individuals who are from disadvantaged backgrounds, including students from economically disadvantaged families as well as racial and ethnic minorities underrepresented in the nursing profession.

Nurse Education, Practice, and Retention Grants – Supports schools and nurses at the associate and baccalaureate degree level. Grants are provided to schools of nursing, academic health centers, nursing centers, state and local governments and other public or private nonprofit entities. Some grants (such as grants promoting the Magnet Hospital best practices for nursing administration) are also available to health care facilities.

National Nurse Service Corps – The Nurse Education Loan Repayment Program repays 60 to 85 percent of nursing student loans in return for at least two years of practice in a facility designated to have a critical shortage of nurses. The Nursing Scholarship Program supports students enrolled in nursing school. Upon graduation, scholarship recipients are required to work full-time for at least two years in a facility designated to have a critical shortage of nurses.

Nurse Faculty Loan Program – Establishes loan programs within schools of nursing to support students pursuing masters and doctoral degrees. Upon graduation, loan recipients are required to teach at a school of nursing in exchange for cancellation of up to 85 percent of their educational loans, plus interest, over four years.

Comprehensive Geriatric Education Grants – Provides grants to train nurses who provide direct care for the elderly, to support geriatric nursing curriculum, to train faculty in geriatrics, and to provide continuing education to nurses who provide geriatric care.

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RATIONALE

The growing nursing shortage is impacting every aspect of the U.S. health care delivery system and contributing to diminished patient care. The Bureau of Labor Statistics reports that registered nursing will have the second greatest job growth of all U.S. professions in the time period spanning 2004–2014. HRSA projects that, absent aggressive intervention, in the year 2020 the shortage will grow to more than 1 million RNs—representing a shortage of 36 percent. Title VIII holds the promise of addressing many of the challenges facing nursing. But, this promise can not be met without a significant increase in funding for HRSA’s Nursing Workforce Development programs. 🇺🇸