



Lower Barriers to Immigrant Healthcare Workers to Help Combat the COVID-19 Pandemic

Daniel Griswold and Jack Salmon

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In an industry already short of workers, hospitals and healthcare facilities are facing serious staffing shortages in the face of the COVID-19 pandemic. As public officials in Washington and across the United States seek to increase the supply of medical equipment necessary to combat the virus, they should also enact policies that will expand the number of foreign-born healthcare workers available to fill shortages of personnel.

Foreign-born healthcare workers are already playing a vital role in treating Americans suffering from the coronavirus. A recent analysis of US Census Bureau data by the Cato Institute's David Bier estimates that there are currently nearly 1.7 million foreign-born medical and healthcare workers in the United States, many of whom are aiding in the effort to care for the growing number of COVID-19 patients. In vital research areas, immigrants account for 40 percent of medical and life scientists and 20 percent of biological scientists.¹

According to a survey published in the *Journal of the American Medical Association*, one out of six US healthcare workers are foreign born. Among physicians in the United States, more than one in four (29 percent) are foreign born. Among registered nurses, nearly one in six (16 percent) are foreign born. Immigrants make up 20 percent of pharmacists and 23 percent of all nursing, psychiatric, and home health aides.² US hospitals and other healthcare facilities strained to the limit by the coronavirus would be even less able to care for affected patients without the crucial contribution of these foreign-born professionals.

Governments at the federal and local levels must do more in this time of national emergency to open the door for more foreign-born workers to help treat the growing number of COVID-19

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cases. This brief will outline several policy options that government officials should take to allow more foreign-born physicians, nurses, and other frontline medical workers to stay and work in the United States at a time when they are needed more than ever.

On the state level, some action has already been taken, but more is needed. In New York, Governor Andrew Cuomo issued an executive order on March 23, 2020, allowing graduates of foreign medical schools with at least one year of graduate medical education to provide patient care in hospitals even if they are not yet licensed by the state.³ In neighboring New Jersey, Governor Phil Murphy signed an executive order on April 1, 2020, “authorizing the Division of Consumer Affairs to grant temporary medical licenses to doctors who are licensed and in good standing in foreign countries.”⁴ Those are important actions that other states should emulate.

On the federal level, steps have been taken to expand the number of foreign-born healthcare workers able to help in the COVID-19 emergency, yet other crucial steps remain to be taken.

In recent weeks the US Department of State has invited foreign-born medical professionals currently on temporary US visas to apply to extend their programs in the United States to help treat and mitigate the effects of COVID-19.⁵ This policy is a welcome shift from the recent trend within the administration to impose increasingly restrictive and burdensome barriers to skilled immigrant and nonresident alien workers who seek to continue working in the United States. Visas and visa waivers often take several months to process, filing fees are excessively high, and the number of visa denials for high-skilled workers has escalated from 6 percent in 2015 to 32 percent in 2019.⁶ Those trends need to be reversed.

EXPAND H-1B VISAS FOR HEALTHCARE WORKERS

One major step to alleviate the shortage of healthcare workers would be for Congress and the Trump administration to work together to expand the number of temporary nonimmigrant H-1B visas available to foreign-born healthcare workers. The restrictive annual cap on H-1B visas should be waived for all foreign-born healthcare workers, just as the cap has been waived for the non-profit and education sectors.⁷ H-1B eligibility should also be incrementally expanded to include foreign-born nurses with a relevant bachelor’s degree.

In addition to expanding the number of H-1B visas, regulations should be relaxed so that visa holders can be employed more flexibly to meet the current demands of the COVID-19 pandemic. H-1B rules currently tie the visa holder to one employer, typically a hospital in the case of healthcare workers. Relaxing that restriction would allow foreign-born physicians to work for more than one hospital as conditions change.

MODIFY RULES FOR F-1 AND J-1 VISAS

As of academic year 2018/19, there are more than 35,000 international students on F-1 visas studying in health-professions majors in the United States,⁸ and the J-1 Exchange Visitor visa is commonly used by foreign physicians to seek temporary work in the United States. However, both graduate medical professionals and physicians on exchange programs face significant barriers to job placement—and to job security, for those already here. Graduate medical professionals can enroll in optional practical training (OPT) for only 12 months after graduation, and there is no provision for extensions for medical doctor students. Meanwhile, J-1 physicians are burdened by the two-year home residency requirement that prevents workers from adjusting their status to H-1B or permanent residency.⁹

Students who graduate with degrees in science, technology, engineering, and mathematics (STEM) are eligible for a 24-month extension to their OPT if they secure a job in their field of study. To ensure that graduate medical professionals and physicians on J-1 programs continue to provide essential services, US Citizenship and Immigration Services should expand the STEM occupation list to include nurses and doctors, so that F-1 and J-1 medical students can access postgraduation employment authorization documents for two years of work authorization in the medical field.

In addition, the US Department of Health and Human Services (HHS) could open up the J-1 visa waiver program for all healthcare specialists in all types of facilities, not just primary-care facilities and rural clinics. This expansion of the waiver would ensure that all foreign-born healthcare workers would be exempt from the two-year home residency requirement and could continue to provide vital services to hospitals and healthcare facilities all over the country.

During the current COVID-19 pandemic, HHS should declare the entire country a medically underserved area to allow the recruitment of J-1 visa doctors. These designated areas are usually reserved for populations with too few primary-care providers, high infant mortality, high poverty, or a large elderly population.¹⁰ However, with communities across the country facing shortages of medical workers, the whole country should be temporarily declared medically underserved during the pandemic period to ensure an adequate supply of healthcare professionals.

The State Department should act to expedite the J-1 waiver for physicians. This waiver is usually only permitted for healthcare workers serving underserved areas, and the process of acquiring a waiver can often take months.¹¹ Once the entire country has been declared a medically underserved area, the State Department should expedite the waiver for physicians to allow case approval in as little as one week.

REVOKE “HIRE AMERICAN” RULES FOR HEALTHCARE WORKERS

Since the signing of the “Buy American and Hire American” executive order in 2017, visa programs for skilled workers have become increasingly restrictive. The number of requests for evidence has

increased from 21 percent of petitions received in 2016 to 60 percent in the first three months of 2019,¹² and the number of visa denials has increased significantly from 6 percent to 32 percent.¹³ The administration should revoke the “Buy American and Hire American” executive order for all healthcare workers to avoid a backlog in visa processing times.

Finally, US Customs and Border Protection should exempt all healthcare workers from travel bans and border closures. While additional health screening may be necessary at this time, the United States should not exclude healthcare professionals at a time when the country needs them most.

With the US healthcare system under immense pressure, it should be the priority of government at all levels to encourage more foreign-born doctors to enter the healthcare labor force. That means that lowering the legal barriers that many foreign physicians and nurses face is more necessary than ever. Government should act as soon as possible to expand the number of H-1B and other visas available to foreign-born healthcare workers, expedite visa processing, exempt healthcare workers from residency restrictions and filing fees, and temporarily expand the definition of medically underserved areas to ensure an adequate supply of healthcare workers during this COVID-19 pandemic.

ABOUT THE AUTHORS

Daniel Griswold is a senior research fellow at the Mercatus Center at George Mason University and codirector of its Trade and Immigration Project. Griswold is a nationally recognized expert on trade and immigration policy. He is the author of the 2009 book *Mad about Trade: Why Main Street America Should Embrace Globalization*. He has authored numerous studies; testified before congressional committees; commented for CNBC, CSPAN, Fox News, and other TV and radio outlets; and written articles for the *Wall Street Journal*, the *Los Angeles Times*, and other publications. Griswold holds a bachelor’s degree in journalism from the University of Wisconsin at Madison and a master’s in the politics of the world economy from the London School of Economics and Political Science.

Jack Salmon is a research assistant at the Mercatus Center at George Mason University. His research focuses on the US economy, federal budget, higher education, and institutions and economic growth. His research and commentary have been featured in a variety of outlets, including *The Hill*, the American Institute for Economic Research, Foundation for Economic Education, and *CapX*. Before joining Mercatus, Salmon interned at the Cato Institute, supporting the work of Mark Calabria and Lydia Mashburn at the Center for Financial and Monetary Alternatives. He received his master of arts in political economy from King’s College London in 2015 and is currently pursuing a master of public policy at George Mason University.

NOTES

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