

The Emergency Nurse Supply Relief Act (H.R. 2536)
Setting the Record Straight

The American Association of International Healthcare Recruitment (AAIHR) knows that foreign-trained nurses alone are not going to solve our nation's nursing shortage. Growing our own nurse workforce by providing adequate education resources is the long-term solution to addressing this crisis. While the AAIHR supports legislation to increase funding for U.S. nursing schools, the reality is that increased funding will not put desperately needed *experienced* nurses by the bedside in the near term.

The Emergency Nurse Supply Relief Act (H.R. 2536) is a bipartisan, common sense approach to immediately addressing the nursing shortage, while also providing significant domestic nurse education funding at no expense to the U.S. taxpayer. While majority of the bill focuses on solutions to enhance the domestic workforce, it recognizes the small, but vital role foreign nurses play in our healthcare system. **Failure to take action would be ignoring our first priority, which is to ensure that hospitals and long term care facilities are able to operate at full capacity to care for their communities.**

PERCEPTION VS. REALITY

Perception: *H.R. 2536 fails to address the long-term solution to the nursing shortage, which should focus on providing nursing schools with additional faculty and training resources.*

Reality: *H.R. 2536 provides potentially \$90 million of funding from nurse employers over three years for domestic nurse education and training.*

1. Legislation would require sponsoring employers of registered nurses to pay an additional \$1500 fee per visa (potentially \$90 million over 3 years), which would be used to fund additional capitation grants to U.S. nursing schools, as detailed in Sen. Durbin (D-IL) and Rep. Lowey's (D-NY) NEED Act.
2. The bill would provide for a retention grant pilot program to fund career enhancement training for health care workers.

Perception: *High unemployment and staffing reductions at hospitals eliminate the need for additional foreign nurses.*

Reality: *Foreign-trained nurses have been and continue to be a small, but vital part of the U.S. healthcare workforce*

- Despite the fact that up to 500,000 unemployed nurses could return to the workplace, this does not necessarily address the healthcare staffing shortages faces in rural communities throughout the country.
- While some hospitals are seeing a reduction in staffing shortages, full-time registered nurses in non-hospital settings such as long-term care and skilled nursing facilities fell by 50,000 in 2008.- Peter Buerhaus (*McKnight's News Service* 6/15/09)
- While many nurses are returning to work, there is still great demand for experienced, acute care nurses. The vast majority of foreign-trained nurses entering the U.S.

workforce have at least two years of acute care experience.

- “In light of projections of a large nurse shortage developing during the next decade, it is likely that the demand for RNs educated in other countries will increase.” - Buerhaus (*Health Affairs* 6/12/09)

Perception: *H.R. 2536 could have a devastating impact on developing countries’ health care systems.*

Reality: *The majority of foreign-trained nurses are recruited from the Philippines, where there is actually a SURPLUS of nurses.*

- The vast majority of foreign-trained nurses working in the United States are from the Philippines, where there is actually an oversupply of qualified nurses. In 2007, 61,000 nurses were available to fill approximately 2,000 annual empty slots within the country.
- In 2007, the Philippines accounted for over 2,300 of the 3,800 Schedule A visas issued worldwide by the State Department, while the entire continent of Africa accounted for 125 visas.
- Except for the period 2001-2003, Philippine hospitals have had an oversupply of nurse applicants. Last year, the situation became so bad that nurses wanting to gain hospital experience have to pay a “training fee” to volunteer at local hospitals.
- The Philippine government is trying to alleviate this nursing oversupply crisis by introducing the Nurses Assigned in Rural Service (NARS) Program, which would assign 10,000 nurses to depressed rural areas. Earlier this year, the first 5,000 slots were filled within a week.
- It is also important to note that AAIHR member companies **DO NOT** actively recruit from countries that have a nursing shortage, especially in Africa.
- **HR 2536 also responds to these concerns with the following provisions:**
 - Amends the INA to facilitate the ability of RNs, who have received green cards to live permanently in the U.S., to spend extended periods in poor countries providing emergency medical care without losing their green cards.
 - Amends the INA to require that before a healthcare worker can immigrate, s/he must provide an attestation that s/he has no outstanding obligation to provide service at home arising from an educational grant s/he has received. This requirement is tailored and subject to waiver to avoid any improper coercion or abuse by the home government.

Perception: *The ongoing visa retrogression does not significantly impact the international staffing industry in the U.S.*

Reality: The international healthcare staffing industry, many of which are small businesses, is on the verge of collapse due to the ongoing visa retrogression. Even more troubling is the fact that it would take years to rebuild this critical infrastructure at time when health systems will be in even greater need of patient care services.