

March 6, 2023

Ur M. Jaddou  
Director, U.S. Citizenship and Immigration Services  
5900 Capital Gateway Drive  
Camp Springs, Maryland 20588

**RE: U.S. Citizenship and Immigration Services Fee Schedule and Changes to Certain Other Immigration Benefit Request Requirements (RIN: 1615-AC68)**

Dear Ms. Jaddou:

The undersigned organizations represent thousands of health and long-term care (LTC) services and supports providers and stakeholders that care for those most in need across the country. As you know, the COVID-19 pandemic deeply challenged the entire health care continuum: the industry is grappling with a historic workforce crisis, financial challenges, and closures of some communities and centers across the country. Taking all of this into consideration, we felt it important to comment on the proposed fee schedule changes and impact they could have on the entire health care community.

The health care workforce continues to experience significant shortages while the demand for services has increased. In fact, LTC communities have lost more than 307,000 caregivers since the beginning of the pandemic, and workforce levels are at a 13-year low.<sup>1</sup> Projections show the country will require an additional 3.5 million LTC health workers by 2030 to maintain current staff-to-care recipient ratios.<sup>2</sup> We have long been supportive of our nation's immigrants that make up a strong portion of the LTC workforce. Approximately 1 in 4 direct care workers were born outside the U.S.<sup>3</sup>

While we understand that it has been six years since certain immigration and naturalization benefit request fees have been increased, we believe there are other options available rather than increasing fees. Increased fees take a toll on LTC communities that rely heavily on immigrants to care for their residents -- yet the organizations themselves have limited funds and fixed government resources. Thus, we would ask USCIS to consider operational methods to save costs rather than increasing costs for the same level of service, as there is no indication that the proposed increased fees will improve service.

For example, USCIS no doubt spends a good portion of money on postage in mailing receipt notices, Requests for Evidence, and approval notices. There could be a significant cost saving if USCIS would switch to email notification to the petitioner, applicant, and/or attorney on record. It would also save time on the part of USCIS in taking customer service calls requesting duplicates when a notice is lost in the mail. That seems to be one simple step that could result in savings AND improve the customer experience. Also, USCIS should consider more alternatives to reduce the need for applicants to contact USCIS, such as this past year when USCIS extended the automatic work authorization while an extension of EAD is pending. That simple measure of extending work authorization automatically reduced the need for applicants to request expedites and/or contact USCIS on the long-pending applications, while

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<sup>1</sup> American Health Care Association (AHCA). (2022). BLS January 2023 jobs report. Retrieved from:

<https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/LTC-Jobs-Report-Jan2023.pdf>

<sup>2</sup> Institute of Medicine. (2008). Retooling for an aging America: Building the health care workforce. Washington, DC: National Academies Press.

<sup>3</sup> Sources: <http://phinational.org/resource/direct-care-worker-disparities-key-trends-and-challenges/>, PHI. "Workforce Data Center." Last modified September 2, 2021. <https://phinational.org/policy-research/workforce-data-center/>.

enabling applicants to continue to work while USCIS was processing the extension of work authorization. The USCIS change last year to allow L-2 spouses to have work authorization incident to status upon arrival to the U.S. rather than having to apply for a separate work authorization document through USCIS is another example of a smart measure that takes a burden off USCIS AND simultaneously provides better service -- and quicker work authorization to the applicant. No doubt there are many other options such as this to both reduce the workload of USCIS and provide a better solution to applicants and employers, without the need to increase fees.

We are glad to see that there has not been a proposed increase for premium processing with it being already at \$2,500 per case. The proposal also includes changing the premium processing timeframe from 15 calendar days to 15 business days. We contacted you in the past around health care employers that were utilizing the premium processing method to expedite I-140 Immigrant Petitions for Registered Nurses. While the I-140 petition was being processed within the 15-day timeframe at the Texas Premium Processing Center, it was taking between 4 to 6 months for the file to be transferred to the National Visa Center (NVC). Until the file reaches NVC, the nurse is not able to proceed with the remainder of the process (i.e., paying immigrant visa fee, submitting civil documents and getting an interview scheduled). We request that work continues to address any such potential delays in the future and appreciated your attention on this matter when we contacted you last year.

In closing, we hope that USCIS will place a key focus on ways to expediate immigrant visa processing to bring much needed health care workers to the U.S. Our provider and stakeholder members would welcome the opportunity to visit with you at any time to talk in more detail about how immigrants have been critical for the LTC sector and those they serve. Please feel free to contact the American Health Care Association's Associate VP of Constituency Services & Workforce, Dana Ritchie, at [dritchie@ahca.org](mailto:dritchie@ahca.org) if you would like to further discuss this matter with the Coalition of undersigned organizations.

Sincerely,

Advancing Excellence in Long Term Care Collaborative (AE)  
ADVION (formerly NASL)  
AMDA - The Society for Post-Acute and Long-Term Care Medicine  
American Association of Post-Acute Care Nursing (AAPACN)  
American Geriatrics Society  
American Health Care Association  
American Health Quality Association  
American Seniors Housing Association  
Argentum  
Association of Jewish Aging Services  
Gerontological Advanced Practice Nurses Association  
IDEAS Institute  
Jewish Federations of North America  
LeadingAge  
Lutheran Services in America  
National Association of Health Care Assistants  
National Association of Long Term Care Administrator Boards  
National Association of State Veterans Homes  
National Center for Assisted Living  
Pediatric Complex Care Association