

A photograph of an American flag lying on a paved surface. The flag is partially covered by the long, dark shadows of several people standing nearby. The scene is brightly lit, suggesting a sunny day. The flag's stars and stripes are clearly visible, though slightly out of focus in some areas.

THE IMMIGRATION IMPERATIVE

Recommendations for Strengthening
the Aging Services Workforce

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FOREWORD



LeadingAge and its 5,500 nonprofit and mission-driven members are facing a workforce crisis of unparalleled proportions as we struggle to meet the rapidly growing demand for long-term services and supports (LTSS) among the nation's growing older population.

This is a demographic crisis. The population of older adults with complex needs is growing by leaps and bounds while the pool of available workers is declining at a dangerous rate. This mismatch is harming older adults and their families.

Aging services providers are working hard to stabilize the LTSS workforce by developing innovative staff recruitment and retention strategies that offer career advancement and a lifetime of satisfying work. While these creative strategies may be successful in the short term, they will not solve our long-term workforce crisis.

The time has come to embrace new approaches to strengthening the nation's caregiving workforce. This report explores one strategy: welcoming foreign-born workers to our care teams so they can help us provide desperately needed services and supports to older adults. Unfortunately, our outdated immigration system currently stands in the way of pursuing this promising approach.

The following pages explore our recommendations for reforming the immigration system so it can help us meet the growing care needs of a growing population of older adults, support the providers who serve this population, and help foreign-born workers embark on fulfilling careers in aging services.

The report's message is simple: The United States must take steps to leverage the full potential of the foreign-born workforce for the good of older adults who have contributed so much to our nation during their lives. The need is great, and we have no time to waste.

Katie Smith Sloan
President & CEO

EXECUTIVE SUMMARY

Providers of long-term services and supports (LTSS) are at a critical juncture as they grapple with increasing demand for their services and a severe shortage of professional caregivers.

This is a demographic crisis. The population of older adults with complex needs is growing by leaps and bounds while the pool of available workers is declining at a dangerous rate. This mismatch is harming older adults and their families.

This report explores one strategy to strengthen the caregiving workforce: welcoming foreign-born workers to LTSS care teams so they can help provide desperately needed services and supports to a rapidly growing population of older adults. Any effort to increase the number of foreign-born workers in LTSS workplaces will help providers expand their labor pools, decrease turnover, stabilize the workforce, and provide higher-quality care.

Unfortunately, the U.S. has failed to develop streamlined, supported, common-sense pathways for foreign-born workers to enter the LTSS sector. The absence of substantive immigration reform leaves many qualified and in-demand caregivers stuck in an antiquated immigration process. It also obstructs the pipeline of qualified caregivers, elevates the cost of care, and denies older adults the services and support they need.

CHALLENGES AND RECOMMENDATIONS

The LTSS sector faces four primary challenges as it seeks to strengthen its caregiving workforce and welcome foreign-born caregivers to its service settings. Restructuring the current immigration system can help address these challenges.

CHALLENGE #1: A SHORTAGE OF PROFESSIONAL CAREGIVERS

The current U.S. immigration system stands in the way of reforms that would reduce the LTSS sector's growing staffing pressures while allowing foreign-born workers to access valuable education, training, and experience in aging services.

LeadingAge recommends raising immigration caps for all employment-based visas, increasing the number of asylum seekers granted refugee status, and expanding opportunities for international students to work in off-campus settings. We also recommend eliminating the per-country limit for employment-based immigration and shortening the time required for employment authorization.

CHALLENGE #2: A RESTRICTIVE IMMIGRATION SYSTEM

Foreign-born LTSS workers enter the U.S. under several authorities, most of which are limited by long-standing, rigid quotas. In addition, the employment-based visa process favors workers with bachelor's or advanced degrees and prevents non-credentialed workers from entering the U.S. to fill positions as direct care professionals in aging services.

LeadingAge recommends increasing the number of visas available to LTSS nurses and direct care professionals, extending those visas to individuals with associate degrees, and creating new visa programs that allow foreign-born individuals to work in LTSS positions that native-born workers cannot fill.

CHALLENGE #3: LACK OF SUPPORT FOR WORKERS

Building a new life in a new country can be stressful for all foreign-born workers, including those working in aging services. Long-term success often depends on a worker's ability to access assistance with housing, transportation, language skills, training, and certification.

LeadingAge recommends expanding the National Apprenticeship Program to train and support foreign-born workers, making required training and testing more accessible to individuals whose first language is not English, reducing barriers to entering the LTSS field, and helping employers implement culturally concordant employment practices.

CHALLENGE #4: LACK OF WORKER PROTECTIONS

Foreign-born workers can fall prey to unscrupulous recruitment and employment practices, including unsafe working conditions, pay below the prevailing wage, unpaid overtime, and misleading promises about benefits. Foreign-born caregivers working outside the structured care system in the unregulated "Gray Market" also risk being deprived of critical protections.

LeadingAge recommends that appropriate government agencies study wages, benefits, and the availability of wrap-around support services among immigrant caregivers and explore tools that home and community-based service providers can use to recruit and retain foreign-born workers. We also recommend requiring employer transparency during the hiring process and creating pathways for foreign-born caregivers to move from the "Gray Market" to the regulated care economy.

CONCLUSION

A restructured immigration system represents one of our best chances to ensure the sustainability and availability of aging services for future generations. LeadingAge urges policymakers to consider our recommendations as it enacts meaningful immigration reform that will preserve access to care and support for older adults.

INTRODUCTION

As the U.S. prepares to close out the first quarter of the 21st century, providers of aging services find themselves at a critical juncture. These providers are grappling with increasing demand for their services and severe workforce shortages, which have been exacerbated by complex reimbursement mechanisms that have failed to keep up with the actual cost of providing care. As a result, providers are finding it increasingly challenging to attract and retain direct care professionals—who are the lifeblood of their organizations.

This report provides an overview of the dire need for immigration reform to help providers of aging services address this growing workforce crisis.

The LTSS workforce crisis is closely tied to a growing demographic mismatch unfolding across our nation. The number of adults aged 65 and older in the U.S. will increase by nearly 50% in the next 25 years—from 58 million in 2022 to 83 million in 2050.¹ Yet, the population of working individuals in the U.S. is decreasing due to the relative growth of older adults. Simply put, there are not enough working-age individuals currently living in our nation who can meet the growing needs of our growing older population.

This demographic mismatch is unfolding within an environment that is rife with other challenges, including:

- **The exit of caregivers from the field:** More than 100,000 of our nation's 4.3 million registered nurses (RN) have recently left the health care sector, with another 610,388 indicating an intent to leave the workforce by 2027 due to stress, burnout, and retirement.² Yet, shortages of nurse faculty and clinical training sites make it difficult to train enough nurses to replace those leaving the field.³ Similar challenges affect the availability of direct care professionals, including nursing assistants and home health aides.
- **Low pay:** A complex patchwork of outdated state and federal reimbursement mechanisms has kept pay for direct care professionals at woefully inadequate levels for far too long. Reimbursement rates drive wages; these rates must be increased so providers can raise wages and all staff can earn a fair, competitive salary. If reimbursement rates remain static, providers will continue to struggle to recruit professional caregivers, and almost half of those caregivers (42%) will be forced to continue relying on public assistance despite working full-time.⁴

1 US Census Bureau. (2023, October 31). *2023 National Population Projections Tables: Main Series*. Census.gov. <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>

2 *Examining the Impact of the COVID-19 Pandemic on Burnout & Stress Among U.S. Nurses*. (2023, April 13). NCSBN. <https://ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>

3 AACN: American Association of Colleges of Nursing. (n.d.). <https://www.aacnnursing.org>

4 PHI, MACPAC, Musumeci, E. Al., BLS, Bryant, E. Al., Christman, A. C., Stone, A. B., Luz, A. H., & Campbell, E. Al. (n.d.). State efforts to address Medicaid Home- and Community-Based Services workforce shortages. In *March 2022 Advising Congress on Medicaid and CHIP Policy*. <https://www.macpac.gov/wp-content/uploads/2022/03/MACPAC-brief-on-HCBS-workforce.pdf>

- **High turnover:** Hospital & Healthcare Compensation Service data reveal alarming turnover rates across the aging services continuum. For example, average turnover rates in nursing homes are 39.03% for RNs, 38.21% for licensed practical nurses (LPN), and 45.68% for nursing assistants.⁵ Turnover in assisted living settings currently clocks in at 34.72% for RNs, 38.6% for LPNs, and 41.88% for nursing assistants, while turnover rates in organizations providing home and community-based services (HCBS) are even more concerning: 64% in 2021.⁶

These challenges are already having a detrimental impact on LeadingAge's 5,500 members and the older adults they serve. Tragically, many LTSS providers cannot identify enough qualified candidates to fill open positions, leaving them unable to provide desperately needed services.⁷ Care settings nationwide have been forced to cut back or discontinue services. Nursing homes are closing at an alarming rate, and agencies that care for older adults in their own homes are turning away a growing number of clients due to a lack of staff.

Overcoming these monumental challenges will require a holistic, multi-pronged solution that includes long-term care financing reform, recalibrated reimbursement mechanisms, and increased support for better training, retention, and recruitment efforts.

In addition, we need substantive immigration reforms that will allow us to welcome more foreign-born professional caregivers to our care settings. We must open pathways for temporary workers, increase and expedite employment-based visas, and provide a path to citizenship for the nurses and direct care professionals who can help us meet the growing demand for services and supports among older adults.



5 Hospital and Healthcare Compensation Service. (2022). 45th Annual Nursing Home Salary & Benefits Report. In <https://www.hhcsinc.com/hcs-reports.html>

6 Key Facts @ FAQ - PHI. (2023, September 12). PHI. <https://www.phinational.org/policy-research/key-facts-faq>

7 The WellSky® 2023 Evolution of Care report reveals critical changes to care delivery in the past year - Careport Health. (2023, July 25). Careport Health. <https://careporthealth.com/about/careport-news/the-wellsky-2023-evolution-of-care-report-reveals-critical-changes-to-care-delivery-in-the-past-year>

THE POWERFUL CONTRIBUTIONS OF FOREIGN-BORN WORKERS

Aging services providers feel confident that any effort to increase the number of foreign-born workers in LTSS workplaces will help them expand their labor pools, lower turnover, stabilize the workforce, provide higher-quality care, and be more responsive to the lived experience of care recipients. Providers base this certainty on their years of experience creating welcoming workplace environments where foreign-born caregivers have found support, achieved career success, and provided quality care to older adults.

Providers and the older adults they serve want to welcome even more foreign-born workers to their organizations and invite those workers to help them:

- **Stabilize the LTSS workforce.** Foreign-born caregivers already make up a significant proportion of team members in the LTSS sector compared to other workplaces. Immigrants working as direct care professionals come to the U.S. from at least 163 countries, with the most significant number of foreign-born workers hailing from Mexico (14%), the Philippines (9%), the Dominican Republic (7%), Jamaica (7%), and Haiti (7%).⁸ While immigrants make up 17% of the total U.S. labor force, they comprise 31% of the home care workforce, 21% of the residential care aide workforce, 21% of the nursing assistant workforce, and 30.3% of the nursing home housekeeping and maintenance workforce.^{9,10}
- **Reduce turnover.** Research shows that immigrant workers remain in the LTSS workforce longer than U.S.-born citizens.¹¹
- **Provide high-quality care.** Several studies suggest that hiring foreign-born workers can help providers improve the quality of aging services. For example, one study found that hiring immigrant workers enhances quality of life for residents without negatively impacting the success of native workers.¹²

8 *Bridging the gap: Enhancing support for Immigrant Direct Care Workers - PHI.* (2023, October 31). PHI. https://www.phinational.org/resource/bridging-the-gap-enhancing-support-for-immigrant-direct-care-workers/#xd_co_f=NTEyNzBmMmQtNjQ3OCooM2QoLWExNDMtNzY5ZmZmZDE1Mmly~

9 *Direct care workers in the United States: Key facts - PHI.* (2023, August 3). PHI. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2>

10 Zallman, L., Finnegan, K., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019b). Care for America's elderly and disabled people relies on immigrant labor. *Health Affairs*, 38(6), 919–926. <https://doi.org/10.1377/hlthaff.2018.05514>

11 Rapp, T., & Sicsic, J. (2020). The contribution of the immigrant population to the U.S. long-term care workforce. *Social Science & Medicine*, 263, 113305. <https://doi.org/10.1016/j.socscimed.2020.113305>

12 Study finds immigrant caregivers essential for a growing population in need of care. (2024, February 5). *Health Care Policy.* <https://hcp.hms.harvard.edu/news/study-finds-immigrant-caregivers-essential-growing-population-need-care#:~:text=Additionally%2C%20nursing%20homes%20in%20regions,overall%20nursing%20home%20quality%20performance>

A Milken Institute study suggested that “the presence of immigrants appears to change the mix of caregiving services in a way that enables aging in place.”¹³ One report documented fewer falls in nursing homes when immigration rates were higher in the community.¹⁴

- **Reflect the lived experience of care recipients.** PHI reports that from 2016 to 2060, “the proportion of older adults of color will increase from 23% to 45%, and the proportion of older adults who are immigrants will increase from 14% to 23%.”¹⁵ Hiring staff who reflect the lived experience of older care recipients is critical to ensuring culturally concordant care and positive health outcomes.

POLICY RECOMMENDATIONS

Despite the benefits described above, the U.S. has failed to develop streamlined, supported, and common-sense pathways for foreign-born workers to enter the aging services sector. The absence of substantive immigration reform obstructs the pipeline of qualified workers, elevates the cost of care, and denies older adults the services and supports they need today and in the future. It also leaves many qualified and in-demand workers stuck in an antiquated immigration process, awaiting review and approval, while older adults are denied care.¹⁶

The remainder of this report outlines four primary challenges facing the LTSS sector and LeadingAge’s recommendations for addressing those challenges through a restructured immigration system.

13 *Immigrant labor*. (n.d.). Milken Institute Review. <https://www.milkenreview.org/articles/immigrant-labor>

14 *Immigration and the care of America’s older population*. (2022, February 22). CEPR. <https://cepr.org/voxeu/columns/immigration-and-care-americas-older-population>

15 *Direct Care workers in the United States: Key Facts 2023 - PHI*. (2023, September 11). PHI. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/#:~:text=Between%202021%20and%202031%2C%20the,care%20workers%20were%20only%20%2423%2C688>

16 *Gamble, M. (n.d.-c). 10,000 foreign nurses held up by US visa retrogression*. <https://www.beckershospitalreview.com/workforce/10-000-foreign-nurses-held-up-by-us-visa-retrogression.html>

CHALLENGE #1

A SHORTAGE OF PROFESSIONAL CAREGIVERS

BACKGROUND

As noted earlier, the number of adults over 65 in the U.S. is expected to increase by nearly 50%, from 58 million in 2022 to 83 million in 2050.¹⁷ Conversely, the population of working individuals in the U.S. is decreasing due to the relative growth of older adults.

To address this dramatic demographic shift, the nation will need 3.5 million workers, including nearly two million RNs, to enter the LTSS workforce by 2030.^{18,19} The recently finalized staffing rule for nursing homes, issued by the Centers for Medicare & Medicaid Services, will only add to staffing pressures by requiring nursing homes to hire an additional 13,000 RNs in the first five years of the rule's implementation.²⁰

Foreign-born workers can help the U.S. reduce these staffing pressures while accessing valuable education, training, and experience in aging services. Sadly, the current U.S. immigration system stands in the way of reforms that could benefit foreign-born workers and provide much-needed care to older adults.

RECOMMENDED ACTIONS TO INCREASE THE CAREGIVING WORKFORCE

1. **Raise immigration caps.** Congress should raise the caps on all employment-based immigration visas by 50% (to 210,000 each fiscal year) and eliminate the per-country limit for employment-based immigration.
 - **Pending Legislation:** The Equal Access to Green Cards for Legal Employment (EAGLE) Act of 2023 (S.3291) and its companion, the Immigration Visa Efficiency and Security Act of 2023 (H.R.6542), would phase out the 7% per-country limit on employment-based immigrant visas and raise the country limit on family-sponsored visas to 15%. LeadingAge recommends its passage.

17 US Census Bureau. (2023, October 31). *2023 National Population Projections Tables: Main Series*. Census.gov. <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>

18 Department of Labor. (n.d.). *Occupational Outlook Handbook - Registered Nurses*. Retrieved March 10, 2024, from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

19 Zallman, L., Finnegan, K., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019). Care for America's elderly and disabled people relies on immigrant labor. *Health Affairs*, 38(6), 919–926. <https://doi.org/10.1377/hlthaff.2018.05514>

20 Grabowski, D. C., Gruber, J., McGarry, B., & National Bureau of Economic Research. (2023). *IMMIGRATION, THE LONG-TERM CARE WORKFORCE, AND ELDER OUTCOMES IN THE U.S.* (Working Paper 30960). National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w30960/w30960.pdf

- **Pending Legislation:** The Healthcare Workforce Resilience Act (S. 3211 / H.R. 6205) would enable skilled immigrant nurses and physicians to secure permanent legal status in the United States by designating 40,000 Congressionally authorized visas for foreign-born healthcare workers from pre-existing unused visas (15,000 for foreign-born physicians and 25,000 for foreign-born nurses). These recaptured visas would be drawn from the pool of unused employment-based visas that Congress has previously authorized.
- 2. Expand refugee status.** Congress should increase by 25% (to 156,000 annually) the number of asylum seekers granted refugee status and protections and shorten the time required to obtain an Employment Authorization Document. LeadingAge supports increasing refugee resettlement limits to create a larger pool of workers. This increase would benefit the field of aging services and other sectors in which refugees are employed.
- **Pending Legislation:** The Asylum Seeker Work Authorization Act of 2023 (S.255/H.R.1325) would help expand the number of asylum seekers admitted to the country. S.255 would shorten the current waiting period for Employment Authorization Documents from 180 days to 30 days if asylum seekers entered the U.S. through an official port of entry (POE). H.R.1325 would also shorten the 180-day waiting period for asylum-based work permits to 30 days but would not require asylum seekers to enter the U.S. through POEs. LeadingAge supports the legislation.
- 3. Expand work opportunities for international students.** Each year, the U.S. hosts more than one million international students²¹ who enrich our communities while receiving a world-class education. Yet, these students are prohibited from working off campus except for limited Curricular Practical Training or Optional Practical Training directly related to their majors. By contrast, Canada allows international students to work up to 24 hours per week off campus.²² LeadingAge urges Congress to follow Canada's example by expanding opportunities for international students to work in off-campus settings.

21 Batalova, J. B. E. I. a. J. (2022, November 8). *International students in the United States*. migrationpolicy.org. <https://www.migrationpolicy.org/article/international-students-united-states>

22 Immigration, R. a. C. C. (2024, April 29). Canada to introduce new rules around off-campus work hours for international students. *Canada.ca*. https://www.canada.ca/en/immigration-refugees-citizenship/news/2024/04/canada-to-introduce-new-rules-around-off-campus-work-hours-for-international-students.html?utm_source=IRCCSM&utm_medium=LinkedIn&utm_campaign=News+Release&utm_term=Students

CHALLENGE #2

A RESTRICTIVE IMMIGRATION SYSTEM

BACKGROUND

Foreign-born LTSS workers enter the U.S. under several authorities, but most of these authorities are limited by rigid quotas that have not changed in decades despite the nation's changing workforce needs.

In most cases, RNs immigrating to the U.S. to work in health care or the LTSS field have an employer that sponsors them for an **EB-3 visa** under the “professionals” sub-category. The lengthy process requires that employers demonstrate they cannot find a U.S. worker who is able, willing, and qualified to fill available positions.

Nurses may also enter the U.S. to work under an **H-1B Specialty Occupation visa** if the employer demonstrates the position is a “specialty occupation” requiring a minimum of a bachelor's degree or equivalent. Some LeadingAge members have used this authority to bring care plan coordinators, unit supervisors, and rehabilitation nurses into the country.

Refugees receive **lawful permanent residency** when they have completed the asylum process, received a favorable adjudication, and are officially recognized and permitted to work in the U.S. In 2022, the U.S. granted asylum to 22,481 refugees and authorized permanent legal status for 1,018,349. Recognized refugees have a variety of skills and previous work experience, including some that may be applicable to the LTSS sector.

Unfortunately, the employment-based visa process is heavily skewed toward workers with bachelor's or advanced degrees. This prevents individuals from immigrating to the U.S. as non-credentialed workers who could fill positions as direct care professionals in aging services. In addition, an estimated 10,000 skilled foreign-born nurses are caught in retrogression as the demand for a category of employment or a visa for a particular country exceeds existing limits.²³

²³ *Visa Retrogression* | USCIS. (2023, December 5). USCIS. <https://www.uscis.gov/green-card/green-card-processes-and-procedures/visa-availability-priority-dates/visa-retrogression#:~:text=Visa%20retrogression%20occurs%20when%20more,%2C%20or%20per%2Dcountry%20limitations>

RECOMMENDED ACTIONS TO MAKE THE IMMIGRATION SYSTEM LESS RESTRICTIVE

- 1. Modify the EB-3 program to designate LTSS nurses as “Skilled Workers.”** Increase the number of visas available for the skilled worker category and ensure that candidates move from application to resettlement in less than six months. LeadingAge urges Congress to eliminate lengthy and costly extra steps that nurses must follow in the current EB-3 process. These steps are not required for other professionals.
- 2. Expand the EB-3 program so foreign-born workers can enter the U.S. as direct care professionals.** There are a small number of “other” slots in the EB-3 program that can be used to allow certified nursing assistants (CNA) and home health aides to enter the U.S. LeadingAge urges Congress and the executive branch to recognize the professionalism and skills of all LTSS workers by carving out an explicit category under EB-3 to allow foreign-born workers to become direct care professionals.
 - **Pending Legislation:** The Healthcare Workforce Resilience Act (H.R.6205) would designate 40,000 Congressionally authorized visas for foreign-born health care workers from pre-existing unused visas. LeadingAge urges Congress to pass this legislation, even though it does not address the full scope of our recommendations.
- 3. Create a new *ElderCare* Exchange Visitor category within the J-1 visa program.** The J-1 Exchange visa category allows temporary workers to enter the U.S. to serve as au pairs who provide childcare in a family or professional setting. These secondary school graduates must be proficient in English, aged 18-26, and capable of providing childcare. The new “*ElderCare*” program would be modeled on the au pair program but would focus on workers providing aging services.
- 4. Enact a new “H2Age” Temporary Guest Worker program.** LeadingAge proposes the creation of a time-limited guest worker program allowing qualified, English-speaking, foreign-born individuals, designated as “H2Age Eldercare Providers,” to enter the U.S. These caregivers would work in LTSS positions—including CNAs, dietary aides, and housekeeping technicians—that cannot be filled by native-born workers. Workers could stay in the country for a fixed, three-year period, which could be renewed once. They would be guaranteed wages and benefits similar to what native workers in the same positions receive. Employers would cover transportation and other costs related to hiring temporary H2Age workers.
- 5. Expand the use of the USMCA Professional visa.** LeadingAge recommends amending the U.S.-Mexico-Canada Agreement (USMCA) to include workers in the field of aging services. The USMCA currently includes authorities allowing individuals from Canada or Mexico to enter the U.S. temporarily to engage in specific professional business activities, including nursing. The authority lasts up to three years and can be renewed. LeadingAge proposes that Congress add “aging services professionals” as a standalone classification of allowable workers under USMCA and extend the visa to those with associate degrees, including LPNs and Licensed Vocational Nurses (LVN).

CHALLENGE #3

LACK OF SUPPORT FOR WORKERS

BACKGROUND

Coming to a new country, starting a new job, and building a new life can be highly stressful for all foreign-born workers, including those working in aging services. The long-term success of these caregivers and their families often depends on their ability to receive significant support, including help accessing housing, transportation, food, or language assistance. These workers also need support as they navigate a training and certification system that can present huge stumbling blocks to individuals seeking to enter the field of aging services.

RECOMMENDED ACTIONS TO SUPPORT FOREIGN-BORN WORKERS

- 1. Expand the National Apprenticeship Program (NAP) to include a designated funding category for programs that provide training and support to foreign-born workers.** NAP is an industry-driven, high-quality career pathway that helps participants obtain paid work experience and increased compensation through classroom and hands-on training. NAP supports diverse communities, ensuring access to training and resources for all.
- 2. Allow direct care professionals to receive training and testing in their native language.** American and foreign-born individuals must complete training programs and pass a state certification exam before they are permitted to work in an LTSS care setting. These requirements are necessary to ensure the highest quality of care. However, they can also be challenging for foreign-born workers whose first language is not English. To address these issues, the Secretary of Health and Human Services should authorize and encourage states and testing agencies to allow direct care professionals to receive training and complete written tests in their native language. This step will expand the eligible workforce without compromising care.
- 3. Review outdated English proficiency testing requirements.** The evolution of cultural and linguistic practices around the globe has created a pool of nurses and care workers with strong English proficiency. In addition, many countries outside the U.S. have adopted English as their national language. These changes should spur the Commission on Graduates of Foreign Nursing Schools to review and expand the list of countries of origin that are exempt from requiring English language proficiency testing.

4. **Authorize and encourage training and testing centers to open international facilities to train and certify professionals seeking to immigrate to the U.S.** Foreign-born RNs and LPNs/LVNs must complete the National Council Licensure Examination or similar exams before relocating to the U.S. Yet, international testing sites are few, forcing foreign-born workers to travel to far-flung testing locations at their own expense. Congress should authorize funding to support the establishment of global testing and training locations.
5. **Expand programs that support and reduce barriers for foreign-born workers seeking to enter the nursing and allied health care workforce.**
 - **Pending Legislation:** The Immigrants in Nursing and Allied Health Act of 2023 (H.R.3731) would authorize and expand programs that make it easier for immigrants to enter the nursing or allied health professional workforce by offering grants to state, tribal, and local governments and private organizations. These grants would cover costs associated with helping individuals lawfully admitted to the country enter the nursing and allied health fields. Funds could be used to pay education, training, or licensure fees and help immigrants obtain overseas academic or training records. LeadingAge supports this bill.
6. **Establish a center of excellence to help employers support foreign-born workers.** This center should advance innovative, evidence-based resources and tools employers can use to hire and integrate foreign-born workers into their new work settings and communities.
7. **Request that the Office of Refugee Resettlement issue a report** outlining culturally concordant best practices for organizations employing recently immigrated foreign-born workers in the aging services sector. This report would fall within the office's mandate to promote refugees' health, well-being, and stability.

CHALLENGE #4

LACK OF WORKER PROTECTIONS

BACKGROUND

As the need for foreign-born workers has grown in LTSS and hospital settings, reports have appeared in media outlets and research publications documenting a negative side of immigration: unscrupulous recruitment agencies, unsafe working conditions, pay below the prevailing wage, unpaid overtime, and misleading promises about benefits like free housing. Foreign-born workers interviewed in 2023 by [NBC News](#) said they felt trapped between continuing in untenable jobs or risking financial ruin.

LeadingAge and its members abhor such practices and strongly call on the federal government to investigate and establish policies to prevent them.

In addition, the ever-increasing cost of regulated services and supports pushes many families to pursue less expensive options, including hiring caregivers who work outside the structured care system with little training, inadequate screening, and no government oversight. This so-called “Gray Market,” which has long been an invisible pillar of the care economy, deprives foreign-born caregivers of critical protections, particularly when they have not completed the immigration and naturalization process.

RECOMMENDED ACTIONS TO PROTECT FOREIGN-BORN WORKERS

- 1. Direct the Secretary of Labor to provide Congress with a report detailing the state of the immigrant workforce in the aging services sector.** The report should focus on wages, benefits, and the availability of wrap-around support services that encourage entry into the LTSS workforce.
- 2. Require all employers hiring foreign-born workers to provide relevant employment documents in English and the worker’s primary language** before requiring an individual to accept an offer of employment. The requirements should cover job offers, explanations of benefits, and training requirements.
- 3. Require international nurse recruitment agencies to provide relevant information to immigrant nurses about the proposed employer.** This requirement would cover licensing information such as the organization’s star rating, staffing levels, and images of the interior and exterior of the potential employer’s campus or applicable work setting. If the employer is providing housing, the employee should be provided with the address, current images, and video of that housing. If the employer changes the location of employment or housing after securing a contract, the nurse should be able to withdraw from the contract.

4. **Provide a report to Congress outlining tools and strategies that HCBS providers can use** to recruit and retain the foreign-born workforce. In particular, the report should focus on programs supported by Medicaid and operating in areas with labor shortages. The Secretary of Labor and the Secretary of Health and Human Services should develop the report and include a review of potential funding sources for training individuals who provide care outside congregate settings.
5. **Develop a pathway for foreign-born caregivers participating in the “Gray Market” economy.** Our nation must leverage the skills and commitment of this vital segment of the workforce and develop a pathway for them to join the regulated care economy. That pathway must include training, oversight, protections, competitive compensation, and career pathways.



MODELS FOR THE FUTURE

Governments and communities worldwide are grappling with drastic demographic shifts. The U.S. should draw inspiration from its international counterparts, which are actively streamlining their immigration and naturalization processes by reducing and eliminating fees, simplifying the application and review process, and empowering employers to seek out foreign-born individuals who are eager to work with older adults. For example, the U.S. could:

- **Fast-track visa applications.** The United Kingdom's Health and Care Visa program fast-tracks the visa application process and reduces or eliminates fees while permitting foreign-born health care professionals to work in the National Health Service, the independent sector, and adult social care.²⁴
- **Ease language proficiency requirements.** Canada eased language proficiency requirements for foreign-born workers seeking to immigrate.²⁵

During the COVID-19 pandemic, many countries took rapid, unprecedented action to support the health care infrastructure. These flexibilities increased critical labor resources for acute and LTSS settings at a time when fast action was necessary. While some of these measures have expired, they should be considered models for permanent immigration and health care workforce policy changes needed in the U.S. Our nation should consider taking action to:

- **Smooth border crossings.** In April 2020, the European Union called on member states to allow health professionals unhindered access to work in another member state.²⁶
- **Issue temporary licenses.** Italy enabled temporary licensing of foreign-born health professionals during the pandemic.
- **Recognize foreign education and qualifications.** During the pandemic, Belgium, Germany, Ireland, and Luxembourg expedited their process for recognizing the qualifications of foreign-born health care professionals, reduced or eliminated language testing and in-person interviews, and reduced or waived application fees.²⁷

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25 Immigration, R. a. C. C. (2024a, February 9). *Caregivers.* Canada.ca. <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers.html>

26 *Contribution of migrant doctors and nurses to tackling COVID-19 crisis in OECD countries.* (n.d.). OECD. <https://www.oecd.org/coronavirus/policy-responses/contribution-of-migrant-doctors-and-nurses-to-tackling-covid-19-crisis-in-oecd-countries-2f7bace2>

27 The Organization for Economic Co-operation and Development. (2020, May). *Contribution of migrant doctors and nurses to tackling COVID-19 crisis in OECD countries.* OECD. <https://www.oecd.org/coronavirus/policy-responses/contribution-of-migrant-doctors-and-nurses-to-tackling-covid-19-crisis-in-oecd-countries-2f7bace2>

CONCLUSION


Foreign-born workers have long played an indispensable role in bolstering the field of aging services while enhancing care accessibility and quality for older adults. As we navigate the future of aging services, we must expand our efforts to foster inclusive workplaces that value and celebrate the talents of foreign-born health care professionals.


A restructured immigration system represents one of our best chances to ensure the sustainability and availability of aging services for future generations. LeadingAge urges policymakers to consider our recommendations as it enacts meaningful immigration reform that will preserve access to care and support for older adults.





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