



May 26, 2026

The Honorable Keith Sonderling
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

RE: Docket No. ETA-2026-0001

Dear Acting Secretary Sonderling,

LeadingAge appreciates the opportunity to comment on the Department of Labor’s proposed rule, “Improving Wage Protections for the Temporary and Permanent Employment of Certain Foreign Nationals in the United States.” We support the Department’s goal of promoting fair wages and ensuring that employment-based visa programs do not disadvantage U.S. workers. LeadingAge has long supported structural reforms to federal healthcare programs – including Medicare and Medicaid – that would enable providers to raise wages and improve job quality for the caregiving workforce. Our concern with the proposed rule is not with its underlying goal, but with how it interacts with an existing limitation in the prevailing wage methodology. Specifically, the Occupational Employment and Wage Statistics data used to establish prevailing wages do not distinguish between care settings that operate under very different economic conditions, such as acute care hospitals and post-acute and long-term care providers. While this limitation exists under the current system, the proposed increase in wage floors will make these differences far more consequential, particularly for our provider members who rely on the EB-3 pathway to recruit the staff essential to delivering care for older Americans.

The aging services workforce continues to face severe and persistent workforce shortages, particularly among registered nurses, certified nurse aides, and other direct care professionals. Demand for this workforce is projected to grow significantly in the coming years as the population ages, further intensifying existing challenges. Providers across the country are aggressively recruiting, increasing wages, and investing in training, yet positions remain unfilled for extended periods of time. One LeadingAge member in North Dakota, a skilled nursing facility, has not received a U.S.-born applicant for open registered nurse positions in over five years. This experience is not isolated—it reflects the structural reality that in many communities, especially rural areas, the local labor market cannot supply the caregivers necessary to meet the demand for care.

Employment-based immigration pathways are therefore not optional enhancements for many providers—they are essential to maintaining basic staffing levels. A LeadingAge member in western Pennsylvania that offers assisted living and memory care services in addition to skilled nursing illustrates this point clearly. This organization relies on international recruitment via the EB-3 visa to

maintain an adequate supply of registered nurses and certified nurse aides. More than 80 percent of its residents are supported by Medicaid, which significantly constrains operating revenue. While the organization is committed to competitive wages and has taken steps to increase compensation, its ability to do so is inherently limited by reimbursement rates that do not fully reflect the cost of care. The provider could choose to convert nursing home beds to private pay or to skilled Medicare beds and maybe pass along some higher costs, but doing so would be contrary to its mission to serve a vulnerable, largely Medicaid-supported population of older adults.

These constraints are central to understanding how wage policy operates in the post-acute and long-term care sector. Medicaid is the primary payer for many nursing home residents, and reimbursement rates are set administratively rather than by market demand. Medicare similarly establishes rates that providers across our continuum cannot negotiate in response to changing labor costs. As a result, reimbursement often falls below the full cost of care, limiting providers' ability to make substantial, sustained increases in staffing and wages. In this context, increases in wages—while necessary for recruitment and retention—can place immediate pressure on already thin operating margins.

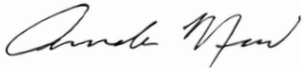
The Department's reliance on aggregate occupational wage data raises particular concerns because it does not distinguish between care settings that operate under very different economic conditions. For example, registered nurses working in hospitals typically earn higher wages than those working in nursing homes, assisted living, home health, and other long-term care settings. These differences are driven by factors such as reimbursement systems, patient mix, and revenue streams—not by employer preference. By applying a uniform methodology across settings, it anchors prevailing wages to higher-paying acute care environments without accounting for the constraints facing post-acute and long-term care providers.

The result of the proposed rule raising wage floors is a real risk of unintended consequences. The proposed prevailing wage thresholds for registered nurses are poised to be at levels that long-term care providers cannot meet within current reimbursement structures, and many of these providers, as a result, are likely to be priced out of employment-based immigration pathways. In those cases, that will not lead to higher wages or increased domestic hiring—it will lead to fewer available staff. And when staffing levels fall below sustainable thresholds, care does not become more expensive—it becomes less available. Providers may be forced to limit admissions or reduce services, directly affecting older adults and their families.

LeadingAge respectfully urges the Department to refine the proposed methodology to better account for differences across care settings, particularly as it applies to the EB-3 employment-based immigrant visa pathway, which is a critical tool for aging services providers recruiting registered nurses and other essential direct care staff across the aging services continuum. At a minimum, prevailing wage determinations under the EB-3 program should more accurately reflect the employment context in which work is performed, including distinctions between acute care hospitals and post-acute and long-term care settings. We also encourage the Department to consider the interaction between wage policy and public reimbursement systems in this context. Without such alignment, changes to prevailing wage standards in the EB-3 program may unintentionally limit access to international recruitment for certain healthcare providers, even where domestic labor supply is unavailable.

LeadingAge remains committed to advancing policies that strengthen the aging services workforce, improve wages and job quality, and expand access to care. We look forward to continued engagement with the Department to ensure that these goals are achieved in a manner that reflects the realities of all care settings.

Sincerely,



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Cc: Assistant Secretary of Labor for Employment and Training Henry Mack
Administrator Brian Pasternak, Office of Foreign Labor Certification, Employment and Training Administration

About LeadingAge: We represent more than 5,300 nonprofit and mission-driven aging services providers serving older adults and touching millions of lives every day. From our national headquarters in Washington, DC, and in collaboration with our state partners representing members active in 50 states, the District of Columbia, and Puerto Rico, we use advocacy, education, applied research, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging services, including skilled nursing, assisted living, memory care, affordable housing, retirement communities, adult day programs, hospice, Programs of All-Inclusive Care for the Elderly (PACE), and home-based care. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home. For more information, visit leadingage.org.