IMMIGRATION AND THE AGING SERVICES WORKFORCE

WHY WE ARE HERE

Americans over 65 will grow from 58 million to a projected 82 million by 2050; as their numbers increase, so too will demand for care and services. Over nine million direct care jobs need to be filled by 2034. That includes an expected shortage of 267,330 registered nurses (RNs) within the next two years — many of whom serve older adults in nursing homes and home health care settings. Immigrants already fill a large share of this workforce, but recent federal action is tightening the supply just when the demographics indicate an expansion is needed. Immigration alone won't solve the shortage, but it is where Congress can move fastest.

We ask that Congress:

PROTECT the caregivers working legally today.
UNBLOCK the caregivers who are already in line.
EXPAND legal pathways for the workers we need.

ONE: PROTECT THE CAREGIVERS WORKING LEGALLY TODAY

The numbers: Immigrants comprise more than 30% of long-term care workers, including more than 20% of nursing assistants and 20% of nursing home RNs. They stay in their jobs longer, lowering recruitment costs, and providing critical continuity of care.

The disruption: Sudden status loss — as with Haiti temporary protected status (TPS) — hits immediately: one LeadingAge member lost 40% of dietary aides and 15% of certified nurse aides (CNAs) overnight. Regulatory shifts such as the Department of Homeland Security (DHS) ending automatic employment authorization extensions throw workforces into flux.

Statutory stability for lawfully employed caregivers. DHS should be required to include a workforce-impact review in any employment-authorization rulemaking.

What we need: Current vehicles: HR 1689 (Gillen-Lawler) / S 4814 (Markey): would require the Secretary of Homeland Security to designate Haiti for TPS. House passed 224-204, April 2026 (10 R votes); pending in the Senate, blocked from unanimous consent.

TWO: UNBLOCK THE CAREGIVERS ALREADY IN LINE

The numbers: Employment-based green cards are capped at 140,000 a year, with 7% per country (about 9,800). In top nurse-sending countries, the wait is 3-4 years, even under the accelerated review process for critical fields ("Schedule A"). When the demand exceeds supply and the State Department adjusts available totals of visas ("Retrogression"), thousands of visa cases can be pushed back 6-18 months without warning.

The disruption: Providers wait years for a qualified nurse because of birthplace and backlog, not qualifications or need.

What we need: Expand Schedule A to certified nurse aides and home health aides. This is administrative — no legislation required — and it saves 12-18 months per case. Recapture unused visas for health care. Raise per-country caps or exempt health care workers.

Current vehicles: Healthcare Workforce Resilience Act (S 2759 / HR 5283) (Cramer-Durbin / Bacon-Schneider): recaptures up to 25,000 nurse and 15,000 physician visas; creates none. Endorsed by the American Hospital Association (AHA) and the American Medical Association (AMA). Also HR 7961 (Lawler, Bishop Jr., Salazar, Clarke): exempts health care H-1Bs from proclamation-based entry restrictions and future fees.

THREE: EXPAND LEGAL PATHWAYS FOR THE ACTUAL WORK

The numbers: No existing visa category fits aide-level occupations where need is often the highest. H-1B requires a degree, H-2B requires temporary need, and the EB-3 (which does work for some skilled positions) is capped economy-wide at 10,000 visas for "unskilled" workers.

The disruption: In addition to the wait times described above for the EB-3 visas that do fit our needs, providers cannot recruit for the hardest-to-fill roles at all. In rural counties, international recruitment is often the only option, and it is largely closed.

What we need: A visa category built for caregiving as it is performed: year-round, often without a degree requirement, with real protection for workers and employers.

Current vehicles: Essential Workers for Economic Advancement Act (HR 5494) (Smucker-Cuellar): new H-2C classification, 36 months with two renewals, 65,000 first-year cap. Also State-Sponsored Visa Pilot Program Act (Kelly-Curtis): state-run nonimmigrant visa program with federal oversight. Also Dignity Act (HR 4393) (Salazar-Escobar): legal status and work authorization for long-term undocumented immigrants, a permanent residence pathway for those who entered as minors, and a higher per-country ceiling for employment-based visas. 39 cosponsors (20 D / 19 R), Problem Solvers Caucus-endorsed, May 2026.

IMMIGRATION IS ONE TOOL

Immigration reform is just one part of LeadingAge's 2026 workforce agenda. Any new pathway should carry transparency, recruiter oversight, and real worker protections, and it should sit alongside adequate Medicaid reimbursement and competitive wages. For the full set of priorities, including nurse aide training, student loan access, and reentry for internationally trained professionals, see https://leadingage.org/topic/workforce/ at LeadingAge.org.