

October 18, 2005

The Honorable Arlen Specter  
Chairman, Judiciary Committee  
United States Senate  
224 Dirksen Senate Office Building  
Washington, D.C. 20510-6275

Dear Chairman Specter:

On behalf of the American Hospital Association (AHA) and our 4,800 member hospitals, health systems and other health care organizations, and our 33,000 individual members, I am writing to express our support for language in your reconciliation “mark” that would immediately increase available visas for employment-based immigrants.

The shortage of well-educated health care professionals, particularly nurses, is critical. Everyday it affects the ability of hospitals, nursing facilities, assisted living residences, home health agencies and public health clinics to provide the care people need. According to a recent AHA survey, at least 126,000 registered nurses (RNs) are needed today to fill vacancies in our nation’s hospitals. In addition, the Health Resources and Services Administration projects that, absent aggressive intervention, the supply of RNs in our country will fall 29 percent below the nation’s anticipated needs by the year 2020.

Another AHA survey of hospitals across the nation concluded that nursing shortages are contributing to emergency department overcrowding, emergency department diversions, increased wait times for surgery, discontinued patient care programs or reduced service hours, delayed discharges, and canceled surgeries. While hospitals are working with nursing programs, community colleges, universities and the federal government to provide incentives to increase the number of domestic nursing graduates, supply falls far short of demand. Well-qualified, internationally educated nurses are essential to help fill this need.

The AHA supports the recapture of 90,000 unused visas from the past four years, the retention of the 50,000 Schedule A visas approved in May, and the exemption of spouses and children of employment-based immigrants from the numerical limitations on available visas. Under current law, children and spouses of employment-based immigrants count



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against these limitations, leaving fewer visas available for needed workers. According to the Office of Immigration Statistics, of the 85,969 EB-3 visas used in fiscal year 2004, 52 percent were used for dependents.

Your proposal also includes a provision that “recaptures” previously authorized but unused H-1B nonimmigrant visas. Because nurses do not qualify for H1-B visas, this will have little impact on the nursing shortage. However, it would help hospitals in addressing workforce shortages in other health care professions such as physical and occupational therapists, which do qualify for H-1B status.

We are concerned about the new fee of \$500 on each petition especially so because of the effect it would have on hospitals with high volumes of Medicare and Medicaid patients. However, we understand the use of the reconciliation vehicle requires a budgetary impact. We can only support the fee increase in the context of the increased supply of needed immigrant employees that the proposal provides. We would strongly oppose any attempt to keep the fee revenue without providing increases in employment-based visas.

We urge the Committee to act immediately to help ensure that hospitals can continue to rely on highly qualified foreign RNs as they work to address their serious staff shortages and meet the needs of their patients and communities.

Sincerely,

Rick Pollack  
Executive Vice President