

Healthcare Workforce Resilience Act: Is Relief On the Way for Physicians and Nurses?

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On May 5, 2020, a bipartisan group of senators, including Senator David Perdue (R-GA), Todd Young (R-IN), John Cornyn (R-TX), Dick Durbin (D-IL), Chris Coons (D-DE), and Patrick Leahy (D-VT), introduced the [Healthcare Workforce Resilience Act \(Senate Bill 3599\)](#). The goal of the proposed legislation is to temporarily address the country's shortage of doctors and nurses, strengthen the [healthcare workforce](#), and improve healthcare access during the [COVID-19 crisis](#).

The Healthcare Workforce Resilience Act would allow the U.S. Citizenship and Immigration Services to "recapture" up to 40,000 immigrant visas (or green cards) that were available, but unused, between 1992 and 2020. These visas would be available to 25,000 nurses and 15,000 physicians, who are currently unable to finalize their green card applications due to green card backlogs. Because of these backlogs and depending on their country of birth, many nurses and physicians have to wait more than 10 years before they can finalize their green card applications, allowing them to live and work in the United States on a permanent basis. In the bill, these immigrant visas will not be subject to the per-country limitations and will be issued in the order of their priority dates (i.e., based on how long they have been on the waiting list for a green card).

For those nurses and doctors applying at consulates abroad, the bill requires their employers to provide a letter attesting that the hiring of a foreign national has not and will not displace a U.S. worker. The bill also instructs the Department of Homeland Security and the Department of State to expedite processing of these applications. To qualify, an I-140 immigrant petition must be filed within 90 days of the end of the national emergency declaration for COVID-19, which went into effect on March 1, 2020, and is still in effect for an indeterminate time into the future.

The bill will likely go through a series of reviews in committee and before the full Senate, where content and provisions can be changed. It has also been discussed, though is not certain at this time, that the bill could be included in a Phase 4 COVID-19 bill, but that bill is currently hotly contested with no timeline in sight for resolution and moving forward. The bill will also likely have to go through the House, and the House is not currently in session.

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