CGFNS NURSE MIGRATION REPORT 2022:

Trends in Healthcare Migration to the United States

A report by CGFNS International, Inc.
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CGFNS
I N T E R N A T I O N A L®

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About CGFNS International, Inc.

CGFNS International Inc. (CGFNS) is an immigration neutral non-profit organization that helps foreign educated healthcare professionals live and work in their country of choice by assessing and validating their academic and professional credentials. CGFNS has served millions of nurses and healthcare professionals globally and is recognized as the world's leading credentials evaluation organization for nursing. CGFNS is a Non-Governmental Organization (NGO) in Consultative Status with the United Nations Economic and Social Council (ECOSOC), which serves as the central forum for international and social issues.

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Since 1977, CGFNS International, Inc. has served the global healthcare community through programs and services that verify and promote the knowledge-based practice competency of nurses and healthcare professionals. Over our tenure as a leading standards-setting and credentials evaluation organization for healthcare migrants, we have processed upwards of four million applications for health workers wishing to live and work in their country of choice. Through our Alliance for Ethical International Recruitment Practices and our advocacy among national and international stakeholders, we help protect migrating healthcare professionals through ensuring ethical recruitment practices and continuously monitoring the global landscape for developing trends in employment recruitment and workplace norms.

Throughout the past 45 years, we have become a global authority on nurse and health worker migration and cultivated decades of data pertaining to the demographics, pathways, and trajectory of migrating healthcare professionals. In the United States, where the majority of our applicants seek to migrate, there is a staggering lack of timely, quality, and contextualized information on our health worker immigrants beyond NCLEX pass-rates of foreign-educated nurses (FENs) and national surveys conducted by hospitals or government agencies (e.g., U.S. Health Resources and Services Administration and the U.S. Bureau of Labor Statistics). Outside of nursing, trends among the allied health professions are insufficient.

The inaugural report, *CGFNS Nurse Migration Report 2022: Trends in Healthcare Migration to the United States*, attempts to complement preexisting data and studies on our nursing and healthcare workforce, including those internationally educated, and identify new opportunities for future studies and collaborations. In a rapidly changing world, quality and up-to-date data collection and dissemination, as well as intra- and inter-professional collaboration is of the upmost importance. In releasing this report, we hope to identify key partners and stakeholders in governments, international organizations, the regulatory sphere, academia, the media, civil society and beyond. We look forward to releasing this report on an annual basis, building off of the previous year's findings, drawing comparisons and trends over time, and identifying new data points worth examining.

This report would not be possible without the bravery of nurses and healthcare workers around the world in making the decision to bring their skills, competence, and education across borders, providing new opportunities to themselves, their families, health systems, and the host communities in which they reside. May the contributions of our internationally educated healthcare workforce be recognized and highlighted so that we can ensure their safe, ethical migration and rightful integration into our workforce and community.

GLOSSARY

Alliance Code The Alliance Health Care Code for Ethical International Recruitment and Employment Practices is a voluntary code of practice for international healthcare recruitment firms to ensure ethical international recruitment practices of nurses being recruited into the U.S.	**Allied Health** Health care professions that are distinct from medicine and nursing. CGFNS International is an approved credentialing agency for the following allied health occupations: Physical Therapists, Occupational Therapists, Physician Assistants, Audiologists, Speech Language Pathologists, Clinical/Medical Laboratory Technicians, and Clinical/Medical Laboratory Scientists.
Credentials Evaluation The assessment of academic and professional degrees and certifications earned in one country to determine comparability and portability to another country; to identify deficiencies; and to ensure one's ability to practice to the full scope of their educational preparation, skills, and abilities.	**Credentials Evaluation Services (CES) Professional Report®** The CES Professional Report provides a detailed analysis of the credentials earned at multiple levels of nursing educated received outside of the United States. It includes a statement of comparability of a nurse's education when assessed against U.S. standards, which is then sent to the applicant's chosen U.S. State Board of Nursing. Nurses educated outside of the United States use CES to secure licensure and employment in the U.S.
Green Gard Also referred to as a permanent resident card, an identity document which shows that a person has permanent residency in the United States. Green card holders are formally known as lawful permanent residents of the U.S.	**EB-3 Visa** An employment-based, permanent residency visa (green card) that is intended for skilled workers, professionals, and other workers (e.g., healthcare workers).
Healthcare Migrant A healthcare worker who crosses international borders for work. Also referred to as foreign-educated health professional (FEHP) or internationally educated health professional (IEHP).	**H1-B Visa** A common temporary, nonimmigrant visa granted to individuals who wish to perform services in a specialty occupation (e.g., healthcare workers).
International Centre on Nurse Migration Strategic partnership between CGFNS International and the International Council of Nurses (ICN) which serves as a global resource for the development, promotion, and dissemination of research, policy, and information on global nurse migration.	**International Migrant** A person who resides in a country other than that of which they were born. Encompasses migrant workers, international students, refugees/asylees, among others. This report uses *international migrant* and *migrant* interchangeably.

International Recruitment	Registered Nurse
The process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees from overseas. Recruitment firms are one of main pathways for nurse and healthcare migrants to travel to and secure employment in the United States.	An individual who has graduated from a state-approved school of nursing (or received CGFNS credentials evaluation), passed the NCLEX-RN Examination, and is licensed by a State Board of Nursing. For the purposes of this study, RN will be referred to in the context of the United States.
TN Visa A special nonimmigrant visa that offers expedited work authorization to citizens of Canada and Mexico, as per the 1994 North American Free Trade Agreement (NAFTA). In nurse migration, the primary users of TN visas are Canadian nurses seeking work in the U.S.	*VisaScreen® Service* CGFNS' Visa Credentials Assessment Service (*VisaScreen®*) is a comprehensive screening service for healthcare professionals seeking an occupational visa to work in the United States. Applicants who successfully complete the assessment receive an official ICHP Certificate which satisfies the U.S. federal screen requirements. CGFNS International is approved by the U.S. Department of Homeland Security (DHS) to validate the credentials of nine foreign healthcare professions for occupational visas.
Visa Retrogression Occurs when the cut-off date that determines visa availability moves backward instead of forward. Visa retrogression occurs when more people apply for a visa in a particular category or country than there are visas available for that month.	**WHO Code** Adopted in 2010 at the 63rd World Health Assembly, the WHO Global Code of Practice on the International Recruitment of Health Personnel seeks to strengthen the understanding and ethical management of health migrant recruitment through improved data, information, and international cooperation.

ABBREVIATIONS

Abbreviation	Definition
BLS	U.S. Bureau of Labor Statistics
BSN	Bachelor of Science in Nursing
CES	Credentials Evaluation Service
CGFNS	CGFNS International, Inc. (*formerly the Commission on Graduates of Foreign Nursing Schools)*
DHS	U.S. Department of Homeland Security
FEN	Foreign-Educated Nurse
FEHP	Foreign-Educated Health Professional
HHS	U.S. Department of Health and Human Services
HRSA	U.S. Health Resources and Services Administration
ICHP	International Commission on Healthcare Professions
ICN	International Council of Nurses
ICNM	International Centre on Nurse Migration
IDP	Internally Displaced People
IEN	Internationally Educated Nurse
IEHP	Internationally Educated Health Professional
IIRIRA	U.S. Illegal Immigration Reform and Immigrant Responsibility Act of 1996
IOM	International Organization for Migration
LPN	Licensed Practical Nurse
NAFTA	North American Free Trade Agreement
NCLEX	National Council Licensure Examination
NCSBN	National Council of State Boards of Nursing
OGH	Office of Global Health (U.S. Health Resources and Services Administration)
RN	Registered Nurse
SOWN	State of the World's Nursing Report (World Health Organization)
WHO	World Health Organization
USCIS	United States Citizenship and Immigration Services
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VS	*VisaScreen®*

EXECUTIVE SUMMARY

Purpose of the Report

The *CGFNS Nurse Migration Report 2022: Trends in Healthcare Migration to the United States*, attempts to complement preexisting data on our nursing and healthcare workforce, including those who are internationally educated, and to identify new opportunities for future studies and collaborations. Quality data on our health workforce is crucial to understanding the current landscape, preparing for future health emergencies, and implementing evidence-based policies at local, national, and international levels. Additionally, the report will highlight the contributions of healthcare migrants in the United States.

Context

This year was fraught with global crises and challenges that impact the flow of healthcare migrants and the state of health systems worldwide. The world has experienced increased migration, both labor and forced, driven in large part by political instability, economic opportunity, war and conflict, and natural disasters. COVID-19 continues to strain health workforces and has sparked a rise in the international recruitment of health personnel, creating opportunities for increased unethical practices. Finally, U.S. immigration policies, barriers, and deficiencies continue to impact immigration flows in all sectors, including healthcare.

Methods

The data in this study was derived from applicant information submitted to CGFNS International's VisaScreen® Service (VS) and Credentials Evaluation Services (CES) programs. VS and CES are the two leading pathways through which a foreign-educated nurse or healthcare professional can migrate to and work in the United States.

Findings

1. CGFNS received over 17,000 VS applications from 116 countries in FY 2022, a 44% increase from 2021 and 109% increase from 2018.

2. Health workers from the Philippines comprised nearly 60% of all VS applications; FEHPs from certain countries, such as India, are forced to wait years for visa processing and are seeking employment elsewhere.

3. The majority of VS applicants in 2022 were registered nurses (81%) and migrating on permanent, employment-based green cards (70%).

4. The top U.S. States where nurse migrants sought licensure were Texas, Illinois, Florida, Montana, and Maryland.

5. The majority of nurses applying for VS in 2022 possessed a baccalaureate nursing degree, or higher.

6. An increase in nurse and health worker migration should be expected. Immigration barriers in the U.S. as well as in sending countries further jeopardizes fragile health workforces around the world.

7. The international recruitment of health personnel is on the rise. Adherence to code of ethics such as the CGFNS Alliance Health Care Code can ensure fair and transparent recruitment of healthcare workers.

INTRODUCTION

In what would have been Florence Nightingale's 200th birthday, the year 2020, designated as the International Year of the Nurse, marked one of the most significant years for the global nursing profession.[i] As the world grappled with the devasting COVID-19 pandemic, health systems, governments, and the public were reminded of the crucial role that nurses play in improving the health and wellbeing of all. In April 2020, the WHO released its momentous State of the World's Nursing report (SOWN) which, apart from presenting an unprecedented wealth of data on the global nursing workforce, acknowledged significant gaps in global workforce data. The report called on WHO Member States and other stakeholders to increase timely, accurate, accessible, and evidence-based data on their health workforces. [ii]

This call aligned with the broader agenda of the United Nations, specifically its *Better Data – for people and planet* initiative that highlights the need for more quality data to support the bettering of the lives of all. As identified in this agenda, quality data protects the world's most vulnerable, supports good policies, effective governments, and helps us prepare for and recover from global emergencies, such as the COVID-19 pandemic.[iii] More specifically, a recent report by the International Centre on Nurse Migration (ICNM) on the impact COVID-19 had on the global nursing workforce concluded that increased research and data collection at local, national, and international levels is fundamental for protecting the nursing workforce from future emergencies and providing hope for the future sustainability of the profession.[iv] It is within this context that the *CGFNS Nurse Migration Report* was born.

CGFNS International, Inc., formerly known as the Commission on Graduates of Foreign Nursing Schools (CGFNS), is the world's leading standards-setting and credentials evaluation organization for nursing and allied health professionals wishing to live and work across borders. CGFNS services nurses and healthcare workers, universities, regulatory bodies, and other institutions in all regions of the world, through which it has developed and maintained a robust database on global nurse migration, education, accreditation, and regulation.

The *CGFNS Nurse Migration Report 2022* synthesizes yearly trends in nursing workforce, migration, and education. As representative of the bulk of our business, the report will focus on that of nurse and healthcare worker migration to the United States. Specifically, it will provide timely, accessible, and impactful demographic data on healthcare immigrants in the United States. As the world emerges from the COVID-19 pandemic, quality data on our health workforce is crucial for understanding the current landscape, preparing for future health emergencies (e.g., pandemics, workforce shortages, natural disasters, climate crises), and implementing evidence-based policies at local, national, and international levels. Additionally, the report will highlight the contributions of healthcare migrants in the United States.

BACKGROUND

The year 2022 has been fraught with global crises and challenges that impact the flow of healthcare migrants and the state of health systems and workforces worldwide. To better contextualize the data and findings of this report, a brief reflection on the global context from the previous year is worthy of consideration. Key highlights from the previous year include:

- Increased migration, both labor and forced, driven in large part by political instability and economic opportunity, war and conflict, natural disasters, and climate emergencies
- An ongoing pandemic further straining the world's heath workforces and the subsequent rise in international recruitment which creates opportunities for increased unethical practices
- New immigration policies and challenges in the U.S. that impact migration flows in all sectors

Increased global migration

Though the pandemic caused significant disruptions to human mobility around the world, due in large part to border shutdowns and immigration restrictions, global migration has seemingly returned to its normal numbers in 2022 and is only expected to increase. While humans have always crossed borders in search of better lives and opportunities, improvements in transportation infrastructure and communications technology has facilitated significant flows of workers, students, and families. In 2022, more than 280 million people are estimated to live outside of their country of origin, a significant increase from 221 million in 2010 and 173 million in 2000.[v]

> *Box 1. Definitions*
>
> An **international migrant** is defined as a person who resides in a country other than that of which they were born. Though not defined by international law, the term encompasses an array of legal categories including migrant workers, international students, refugees/asylees, among others. This report uses international migrant and migrant interchangeably.
>
> With respect to healthcare worker migration, nurses (and allied health professionals) who cross international borders for work are referred to **foreign-educated nurses** (foreign-educated healthcare professionals), **internationally educated nurses** (internationally educated healthcare professionals), or **nurse migrants** (healthcare migrants). While the terminology around this group differs among jurisdictions, cultures, and languages, this report will use nurse migrant, foreign-educated nurse, and internationally educated nurse interchangeably.

While the flow of "regular" migration (e.g., workers, students) has steadily increased, so has the number of forcibly displaced persons, especially in the past year. Intensifying wars and conflicts (e.g., Ukraine, Myanmar, Burkina Faso, Ethiopia-Eritrea), political and economic instability (e.g., Afghanistan, Central America, Venezuela, and Haiti), as well as climate crises and natural disasters (e.g., Pakistan, Nigeria, Australia, and various Pacific Island States), have driven up the global forced displaced population from 89.3 million in 2021 to 101.1 million in 2022, the highest number in history.[vi] The category of displaced persons includes internally displaced persons (IDPs), refugees, asylum seekers, among other legal categories. With respect to nurses and health workers, it should be recognized that these groups are often on the front lines in providing care to these populations and, in some cases, have been forcibly displaced themselves. In light of the ongoing conflict in Ukraine, CGFNS launched its *Passport2Liberty*[1] initiative to restore the lost or destroyed credentials of refugee nurses wishing to practice in the United States.

Continued health crises and strained health systems

Though the situation around COVID-19 has improved significantly in 2022 as a result of the increased global deployment of vaccines, the world faces several challenges that have arisen from the past two years. As of November 2022, there have been over 630 million cases of COVID-19 globally, including more than 6.5 million deaths, and nearly 13 million vaccine doses administered.[vii] The numbers, particularly in areas with inaccurate reporting mechanisms, are likely to be much higher and the impacts of the pandemic will be felt for years to come.

The global demand for nurses and healthcare workers was undoubtedly exacerbated by the pandemic. The WHO SOWN report estimated the overall global shortage of nurses to be 5.9 million in 2018, 90% of which were identified to be in low- and middle-income countries.[viii] More recent research by the International Centre on Nurse Migration (ICNM), a collaboration between CGFNS International and the International Council of Nurses (ICN), concluded a much more severe shortage as a result of the pandemic.[ix] The WHO supported these findings and pushed the global scarcity of nurses and midwives to nine million, or higher, by 2030.[x] The United States, as with most developed countries, is not immune to this; experts predict a U.S. nursing shortage well over one million by 2030, a figure that will likely grow in light of an aging population, faculty shortages, and increased pandemic-related burnout and retirement.[xi]

As a result of increased healthcare worker shortages, and in line with historical trends, governments, health systems, and recruiters are increasingly relying on foreign-educated healthcare professionals (FEHPs) to bring their skills, competencies, and education across borders to ease strained health systems. It's well reported that foreign-educated nurses and healthcare workers bring significant

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[1] For more information on this initiative, please visit: www.passport2liberty.org.

economic, cultural, and professional benefits to workforces.[xii] In 2020, CGFNS International and its [Alliance for Ethical International Recruitment Practices](#) (The Alliance) division conducted a study on the current state of U.S. health worker recruitment. The study, and subsequent follow-up surveys conducted by the Alliance found that, while significant improvements have been made to the international recruitment industry, the recent expansion of international recruitment has led to an influx of new, less experienced agencies and increasing rates of high contract breach fees, inadequate orientation, and a misalignment of expectations regarding work environment and location.[xiii] Nearly three years since the start of the pandemic, several bad practices in international nurse recruitment are reemerging, for example, high contract breach fees, and these bad practices could increase as health worker recruitment increases around the world.

In light of this, policymakers and nurse leaders should take immediate action to mitigate the harms of unscrupulous recruitment practices by unethical actors. [xiv] At the national level, governments should regularly assess the capacity of its health workforce and nurse education system to meet increasing demands and to foster sustainable healthcare workforces. [xv] At the international level, multilateral agreements, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code), serve as worthwhile top-down mechanisms to mitigate unethical recruitment trends and practices at the national level. In instances of decentralized governments and health systems, such as in the United States, innovative grassroots, bottom-up initiatives serve as ethical checkpoints to ensure the safety and well-being of healthcare worker migrants. The CGFNS Alliance and its voluntary Health Care Code for Ethical International Recruitment and Employment Practices (Alliance Code) advocates for the protection of foreign-educated healthcare professionals in the United States through the private sector.[xvi] Today, the Alliance estimates that almost 60% of nurses being recruited into the United States are coming in through an Alliance certified recruitment firm adhering to its Code.

U.S. immigration policies and challenges

The final trend is pandemic-related impacts on U.S. immigration policy that continue to affect the flow of labor migrants in all sectors. Though healthcare workers were exempt from the pandemic-driven U.S. border closures, many still faced additional obstacles in their migration journey as embassies, consulates, and testing centers closed. In addition, family-based visas were not issued due to border, office, and embassy closures. To address this bottleneck/gridlock, the U.S. rolled over all unused visas from the previous year into the total allotted employment-based (EB) visas for FY 2022. Though this has been standard practice for decades, the massive amounts of unused family-based visas during the pandemic resulted in the annual limit of EB visas to nearly double in FY 2021 (262,288 visas) and again in 2022 (281,507 visas). This, coupled with continued staffing and structural issues in U.S. embassies and departments that issue visas (i.e., United States Citizenship and Immigration Services), has contributed to

a significant backlog of visa processing capabilities. This will have continued impacts on health worker migration as the majority of FEHPs entering the U.S. today do so with EB visas.

Box 2: Common U.S. Visa Categories for FEHPs

EB-3 Visa is an employment-based, permanent residency visa (green card) that is intended for skilled workers, professionals, and other workers.

H1-B Visa is a common temporary, nonimmigrant visa granted to individuals who wish to perform services in a specialty occupation.

TN Visa is a special nonimmigrant visa that offers expedited work authorization to citizens of Canada and Mexico, as per the 1994 NAFTA. In nurse migration, the primary users of TN visas are Canadian nurses seeking work in the U.S.

The above global trends and contexts witnessed in 2022 impact, whether directly or indirectly, the global flow of nurses and healthcare professionals. Through this, one can better understand the following trends and data relative to nurse and health worker immigration to the United States.

METHODS AND LIMITATIONS

The following data was derived from applicant information submitted to CGFNS International's *VisaScreen®* Service (VS) and Credentials Evaluation Services (CES) programs. VS and CES are the two leading pathways through which a foreign-educated nurse or healthcare professional can migrate to and work in the United States.

This report primarily utilizes data from the 2022 fiscal year but may reference data collected since 2018.[2] This data is only representative of those foreign-educated health professionals applying to or certified by CGFNS's *VisaScreen®* service (VS). Once granted a VS certificate, there is no guarantee that the individual completed their migration to the United States. This data is not a comprehensive representation of all foreign-educated health professionals coming into the U.S. in 2022 but does provide valuable data as a limited proxy in the absence of a national tracking system. It is also noteworthy to mention that the VS data does not reflect the total FEHP supply of the countries named, but rather the supply able to apply during a given U.S. visa cycle, which is limited and regulated by U.S. immigration policies.

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[2] The U.S. government fiscal year 2022 (FY 2022) refers to the period between October 1, 2021, and September 30, 2022

Data from CGFNS' Credentials Evaluation Service (CES) depicts where foreign-educated health professionals are seeking licensure in the U.S. but cannot confirm whether the license was finalized or whether the individual still practices in that state, as the final determination of status lies with the state board of nursing. Additionally, CES applicants are able to apply to more than one state at a time and may hold licenses in multiple states.

DATA AND FINDINGS

CGFNS VisaScreen® Applications – 2022

The *VisaScreen®* program witnessed a record number of applications in 2022, due in large part to the pandemic and U.S. visa expansions. In total, 17,354 applications were received from 116 countries, an

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[3] Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) requires specific healthcare professionals to complete a screening program before they can receive either a permanent or temporary occupational visa, including Trade NAFTA status.

increase of 44% from 2021 and 109% since 2018 (Figure1). Though border closures and pandemic-driven complications impacted numbers in 2020, applications have remained on a steady rise since 2018.

Out of the 17,354 applications received, 11,382 (66%) VS certificates were issued in 2022. An additional 752 VS certificates were issued on renewed applications from the previous year, bringing the total number of VS certificates issued in FY 2022 to 12,134. VS applications may be renewed if all requirements are not met within a year. These requirements include submitting documentation from schools and licensing authorities, as well as passing English proficiency exam scores and confirmation of passing NCLEX or the CGFNS Certification Program®.
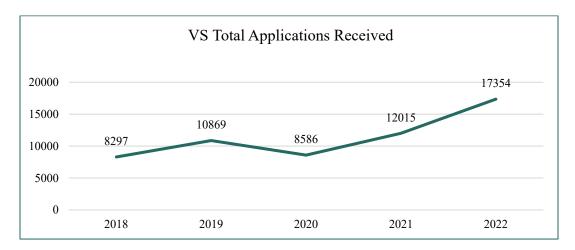

VS Total Applications Received

Figure 1: CGFNS *VisaScreen®* Applications Received 2018-2022
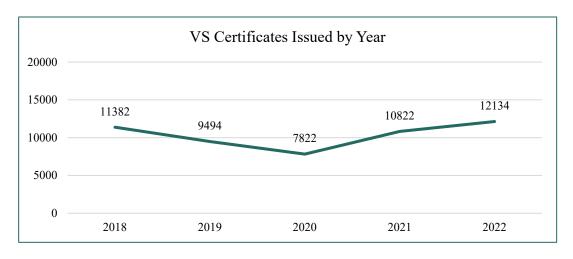

VS Certificates Issued by Year

Figure 2: Total Number of *VisaScreen®* Certificates Issued by Year, 2018-2022

Top Sending Countries of VisaScreen® Applicants – 2022

VisaScreen® certificate applications remain largely concentrated among applicants, with 96% of all applicants being educated in the top ten countries and over half being educated in the Philippines. Canada ranks second overall with 15% but is 43 percentage points below the Philippines. The U.S. ranks third with 7% of the total, reflecting the number of health professionals that have been educated in the U.S., but still require a visa to practice in the country.

This geographical concentration is consistent with data collected on VS certificate recipients in the past five fiscal years (FY2018-FY2022). In 2022, certified VS recipients educated in the Philippines, Canada, India, Kenya, and Nigeria made up 82% of the total number of VS applications certified, with recipients from the Philippines more than tripling the number of any other country. Since 2018, VS recipients from the Philippines have always at least doubled that of Canada, which has remained as the second most common country of education.
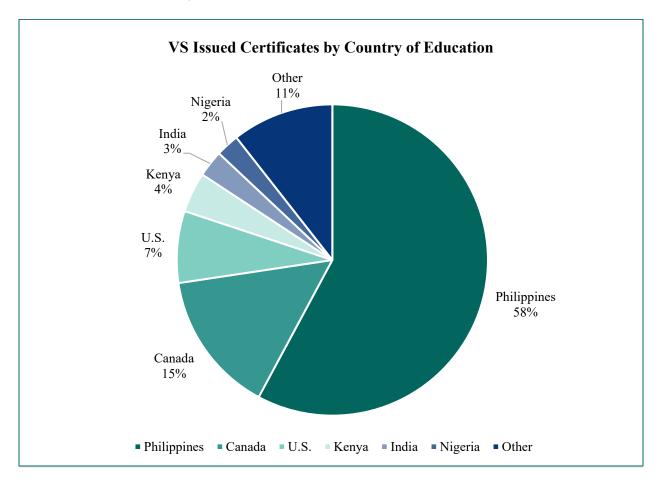

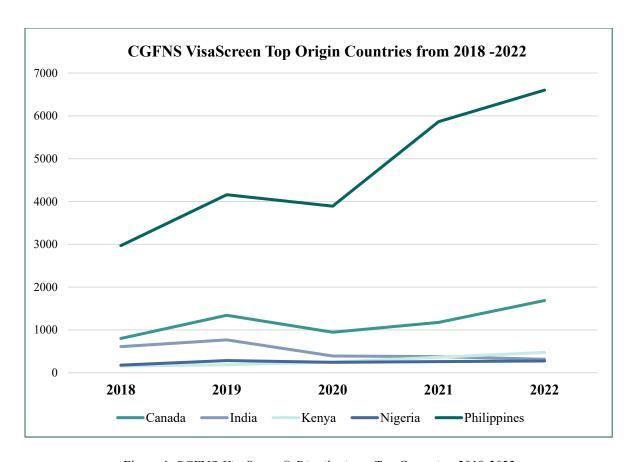Figure 3: CGFNS *VisaScreen®* Applications by Country of Education, 2022

Figure 4: CGFNS *VisaScreen® Distribution – Top Countries, 2018-2022*

Education Level of CGFNS VisaScreen® Nursing Applicants – 2022

Regarding the education levels of nurse immigrants applying for *VisaScreen*® in 2022, trends can be drawn based on an assessment of the top sending countries' nursing education requirement for licensure. Of the top 10 sending countries, four countries, which represent three fourths of the total share of applicants, require a baccalaureate nursing degree in order to practice—The Philippines, Canada, Jamaica, and Korea. From this assessment, of the nurses applying for VS in 2022, around 75% were educated in countries that require baccalaureate nursing degrees.

Top Professions of CGFNS VisaScreen® Applicants – 2022

VisaScreen® certification is open to nurses and other allied health professionals. This year, 81% of VS certificates were issued to registered nurses (RNs) and 15% were issued to clinical laboratory scientists. Licensed practical nurses (LPNs), clinical laboratory technicians, occupational therapists, physical therapists, and speech language pathologists collectively made up 4% of all VS applicants in 2022.
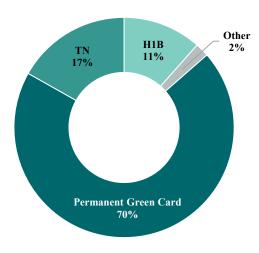
2022 Visa Category Breakdown

Figure 5: FEHP Visa Category Breakdown, 2022

Visa categories are also significantly concentrated, with 70% of issued VS certificates being for applicants seeking permanent green cards (e.g., EB-3 visas), while TN (17%) and H1-B (11%) visas being the only other categories with significant numbers.

To meet immigrations requirements, VS applicants must submit passing English exam scores, with exceptions only for those educated in, or with significant work experience in English-speaking countries.[4] In 2022, 98% of VS certificates included English scores, with the top choice of English exam being IELTS (88%). The U.S. Health Resources and Services Administration (HRSA), Office of Global Health (OGH) recently updated the list of approved testing services and minimum passing scores to demonstrate proficiency in the English language for FEHPs seeking an occupational visa to work as a healthcare practitioner in the United States; these changes were implemented for the CGFNS *VisaScreen®* program in August 2022.
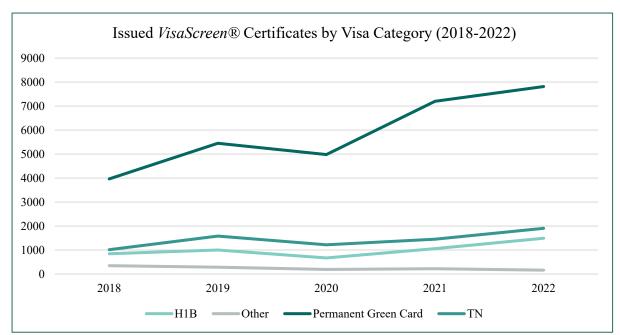

Figure 6: Issued *VisaScreen®* Certificates by Visa Category, 2018-2022

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[4] This is true also for certain U.S. accredited schools operating in other countries.

Top U.S. States of Destination for CGFNS CES Nurse Migrants – 2022

CGFNS Credentials Evaluation Service (CES) Professional Report® numbers in 2022 show that the top U.S. States where foreign-educated nurses were interested in seeking licensure were Texas, Illinois, Florida, Montana, and Maryland.[5] As expected these numbers are largely driven by Filipino CES applicants, the majority of whom were seeking licensure in either Texas or Illinois.
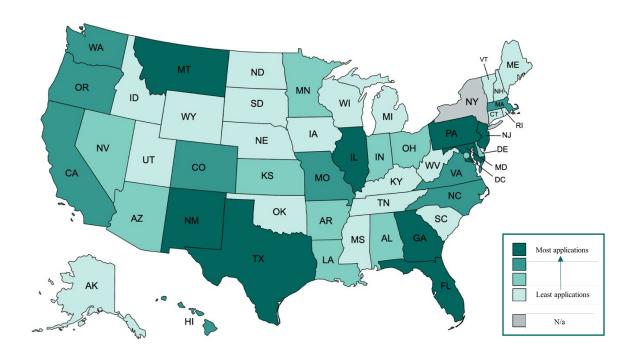

Figure 7: Top U.S. States of Destination for CGFNS CES Nurse Migrants, 2022

DISCUSSION

With respect to foreign-educated health professionals in the U.S. workforce, there are significant gaps in the monitoring and data collection that limit interested stakeholders' (e.g., governments, health systems, academia, the public) ability to fully understand the size, demographics, and characteristics of this community. At the national level, there are several studies that attempt to portray the current state of U.S. nursing workforce including the U.S. Bureau of Labor Statistics (BLS) Occupational Handbook, the Health

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[5] New York State, though likely to be a high recipient of FENs, utilizes CGFNS' *Credentials Verification Service for New York State (CVS-NY)*, a separate service from CES which is not reflected in these numbers.

Resources Services Administration (HRSA) National Sample Survey of Registered Nurses (NSSRN), and the annual report of the National Council of State boards of nursing (NCSBN). However, given the decentralized nature of the U.S. national health system, there is irregular and inconsistent tracking of our foreign-educated healthcare workforce apart from NCSBN's reporting on NCLEX pass rates of internationally educated nurses (IENs).

Given an increasing national and global shortage of nurses and health workers, regular and accurate monitoring of our healthcare workforce, particularly those that are foreign-educated, is now more crucial than ever. Through accurate reporting on FEHPs in the United States, we can gain a clearer picture of the current realities and future trends of this workforce as well as an understanding of their immense contributions made to strained health systems across the country.

The doubling of VisaScreen® applications: 2018 – 2022

The 109% increase in *VisaScreen®* applications since 2018 reflects the impact of several events driven by the nursing shortage and compounded by the start of the COVID-19 pandemic in early 2020. The healthcare industry was not as impacted by border closures as other industries, however the 22% dip in applications between the 2019 and the 2020 fiscal years shows that, despite exemptions for healthcare workers, many healthcare migrants were affected, likely by embassy, consulate, and testing center closures. Following 2020, FEHP migratory flows recovered quickly, with a 40% increase in FY 2021 as the pandemic continued and the U.S. contended with an increasing nursing shortage. The announcement of the increased visa cap to recapture visas that were not realized during the pandemic led to the even steeper 44% increase in FY 2022. While the demand for migrant nurses is expected to continue to rise, the visa cap increase has not been extended and will return to regular levels in 2023. Resulting in bottlenecks that are being witnessed at all levels of the immigration infrastructure (e.g., U.S. embassies and USCIS visa processing), to regulatory bodies (e.g., State Boards of Nursing), to credentials evaluation organizations (e.g., CGFNS).

Nurses seeking permanent green cards continue to dominate the pool of FEHP migration to the U.S.

While CGFNS offers *VisaScreen®* services to nine healthcare professions,[6] nurses, particularly registered nurses (RNs), continue to dominate the pool of VS applicants each year and, in 2022, comprised 81% of all VS applications. As for clinical/medical laboratory scientists, which made up 15% of our VS applicants in 2022, the higher numbers reflect a growing demand for this profession in the U.S. While there are several immigration and visa pathways a FEHP may take to live and work in the United States, the majority of VS

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[6] CGFNS International is an approved credentialing agency for the following nine (9) occupations: Registered Nurses, Licensed Practical or Vocational Nurses, Physical Therapists, Occupational Therapists, Physician assistants, Audiologists, Speech Language Pathologists, Clinical/Medical Laboratory Technicians, and Clinical/Medical Laboratory Scientists

applicants in 2022 sought work through permanent green cards (EB visas), as opposed to other temporary visas (e.g., TN or H1-B), reflecting increased intentions of FEHPs to practice in the United States on a more permanent basis. As a note, other healthcare professionals may not go through the *VisaScreen®* process, if for example they enter the U.S. on family-based or refugee visas.

Top Sending Countries – Actual Supply vs. Immigration Barriers

As noted above, the top sending countries for VS applicants remains relatively unchanged, with the Philippines comprising nearly 60% of all applications, followed by Canada (15%), Kenya (4%), India (3%), and Nigeria (3%). Interestingly, applicants educated in the United States made up 8% of all VS applications in 2022, indicating a significant portion of international students earning nursing degrees in U.S. schools of nursing.

While Filipino-educated nurses and healthcare professionals continue to make up the majority of healthcare migrants seeking work in the United States, this is not necessarily representative of the true supply of healthcare workers willing to practice in the United States. Rather, this demonstrates continued challenges and complexities in the U.S. immigration system, particularly as it relates to healthcare workers. Due to visa backlogs, restrictive country caps, and long waiting times, immigrants from countries with high amounts of migrants seeking work in the United States are often left waiting for one or two decades for visa selection and processing. This phenomenon, known as visa retrogression, greatly impacts Indian-educated healthcare workers who, due to country caps, are waiting in line with engineers and tech workers seeking work in the United States. As a result, global migration flows of Indian nurses and health workers have shifted, as these workers are increasingly opting to bring their skills and education elsewhere, such as to the United Kingdom, Canada, and the Gulf Region.

Beyond the United States, immigration and policy issues equally impact the global flow of nurses and health workers. In response to growing health worker shortages, several countries have introduced nursing and healthcare specific visa categories for foreign-educated workers seeking work abroad. Mechanisms like this not only encourage more healthcare migrants to seek work in their countries, but significantly lessen common immigration barriers and wait times for these groups, as are commonly experienced in the U.S. immigration system. Additionally, more restrictive policies in sending countries are worth noting. In response to increased healthcare worker emigration out of the Philippines coupled with a rising healthcare workforce shortage, the Philippine Government set an initial annual deployment cap of 5,000 healthcare workers but has since raised it to 7,500 amid increasing pressure from nurses and health workers seeking work abroad due to higher wages and a lack of decent work in the Philippines. Before the pandemic, upwards of 15,000 to 20,000 health professionals left the Philippines annually to work abroad.[xvii]

Global and Domestic Shifts Towards Baccalaureate Nursing Education

Of the healthcare workers that sought migration to the United States in 2022, 75% were educated in countries that required baccalaureate nursing degrees as entry to practice, highlighting the elevated educational levels of our foreign-educated nursing workforce. Even in countries which do not mandate bachelor's degrees, such as India, many baccalaureate programs are available, and a considerable percentage of their workforce is at the baccalaureate level. While there are three typical routes to becoming a registered nurse in the United States—diploma, associates, and bachelor's degree—bachelor's in nursing science (BSN) degrees are increasingly becoming the preferred pathway into the profession. In 2021, NCSBN found that over 65% of RNs in the United States were prepared at the baccalaureate level, or higher.[xviii] Per its *BSN in 10* law, New York State now requires BSN degrees or higher in order to maintain licensure as a registered professional nurse. These trends, both globally and in the United States, are worth monitoring as conversations continue around nursing scope and licensure.

Trends and Predictions

The data presented in this report introduces an interesting conversation around the state of the U.S. healthcare workforce and the current realities and future trends of our FEHP workforce. Though slowed during the pandemic, global migration, particularly labor migration, is on the rise and expected to increase in years to come. Today, one in eight people in the world, or one billion, are migrants. This, in addition to a booming demand for healthcare workers in all regions due to increased health emergencies, aging populations, and retention issues, points to a future tsunami of global healthcare worker migration.

Though the fragility of global migration was exposed during the pandemic, healthcare workers were generally exempt from border shutdowns and immigration restrictions, as countries were desperate to combat the pandemic. Still, several immigration challenges and barriers persist, both in the United States and around the world. These barriers are worth recognizing as we consider the future state and availability of foreign-educated health workers to fill shortages. Currently, due to long processing times, backlogs, and limited visa categories specifically for health workers, FEHPs are seeking employment outside of the U.S. where they are more readily and quickly welcomed. The U.K., for example, which is roughly one fourth the size of the U.S. population, actively recruits upwards of 50,000 FENs per year, a number far beyond the current numbers and capabilities of the United States. As demonstrated by the doubling of *VisaScreen®* applications in 2022, there is both a high demand for FEHPs, as well as a strong desire among FEHPs to practice in the U.S., but insufficient visa supply and capacity of the current U.S. immigration system. Beyond U.S. immigration deficiencies, policies in typical sending countries, as with the Philippines' annual health worker deployment cap, can disrupt typical migration flows without agile mitigation.

CONCLUSION

As duly demonstrated during the COVID-19 pandemic, the global health workforce, especially those who migrate, play a pivotal role in the health, safety, and resilience of populations across the globe. In alignment with global calls for increased quality data from the UN, WHO, and ICN, the *CGFNS Nurse Migration Report 2022* attempts to fill the void of a general lack of reliable, up-to-date, and contextualized data around healthcare migration to the United States. Through collecting and analyzing this year's data from our *VisaScreen®* and Credentials Evaluation Services (CES), as well as identifying and assessing the leading trends in global health, migration, and healthcare, several conclusions can be made:

1. In light of a global increase in migration as well as an increased demand for nurses and healthcare workers in all regions of the world, a surge in nurse and health worker migration should be expected. Still, immigration barriers, both in the United States and among sending countries, threaten the stability and sustainability of these migration flows, further jeopardizing fragile health workforce situations around the world.

2. In 2022, the United States witnessed a significantly higher flow of healthcare immigrants as compared to 2018 (109% increase in VS applications). However, as the FY 2022 visa increase was prompted by a temporary increase in allotted visas by the U.S. government, FEHP immigration will likely return to normal numbers in FY 2023.

3. The Philippines remains the highest sending country of healthcare workers, particularly nurses, to the United States (nearly 60% of all VS applications in 2022). Though the next highest countries are seemingly sending many less migrants, this is not necessarily representative of the true supply of FEHPs willing to practice in the U.S. Rather, this exposes persistent challenges with the U.S. immigration system such as visa backlogs, long waiting times, and restrictive country caps. As a result, FEHPs forced to wait years for a U.S. visa are seeking employment in more favorable countries such as Canada, the U.K., and in Gulf states.

4. A significant majority of FEHPs applying for VS in 2022 were registered nurses (81%). Of these applicants, the preferred visas were permanent, employment-based green cards (EB-3 visas), as opposed to temporary visas such as TN and H1-B visas.

5. The majority of FENs applying for VS in 2022 possessed baccalaureate degrees in nursing, or higher, echoing the global shift towards bachelor's degrees in nursing science as requirements for licensure.

6. As the international migration of health personnel increases, we can expect increased efforts to recruit health workers, which poses challenges and threats to ethical international recruitment. CGFNS' Alliance for Ethical International Recruitment Practices, through its Code and advocacy of the WHO Code, is increasing efforts to ensure the fair and transparent recruitment of nurses and health workers into the United States and around the world. The individual healthcare professional's right to decent, safe, and ethical work across borders should be recognized and protected.[xix]

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