

# IN THE NEWS

News for LTC Professionals  
in 100 Words-or-Less

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## THEY SAID IT:

***"They'll pursue the Washington Monument strategy, which is, you know, we're going to shut down the most highly visible, highly valued stuff first, and we're going to tell you that's what we're going to do and piss people off"*** Michael Cannon, health policy studies director at the Cato Institute predicting how the Biden Administration would handle a Congressional failure to fund the government.

***"We will very soon face the very difficult but real decision on permanent bed closures in this community and all the things that go along with that, including layoffs"*** John Murray CFO Loretto, a group of affiliated nonprofits with than 900 nursing home beds and 70% Medicaid census.

***"The closure of this highly regarded nursing home demonstrates the need for a vision and a plan for the future of nursing home care in the state"*** Mag Morelli, president of LeadingAge Connecticut after the Five-Star Hughes Health & Rehab in West Hartford announced it is closing

**Yogi: "It Ain't Over 'til It's Over," Well, It's Over (Sorta)**

Nursing homes Thursday marked the end of a devastating era in healthcare that nonetheless provided the sector with previously unimagined operating flexibilities.

Now that the COVID-19 public health emergency is over Providers will again have to get used to the three-day stay rule. Facilities will be testing for COVID at their own discretion; emergency preparedness drills have resumed; and the yet-to-be-finalized wind-down of a federal vaccine mandate for healthcare workers.

Many reporting, vaccine education and infection control and prevention requirements are still in effect.

For some, the PHE's end will also mean the end of much-needed supplemental pay.

McKnight's, 05/11/2023

## **You Can, But You Don't Have To, Do COVID Testing**

CMS has provided more guidance to nursing homes on how to conduct daily functions such as masking, testing and resident visits with the COVID-19 public health emergency gone.

Reminding providers that "visitation is allowed for all residents at all times," the agency Services updated its nursing home visitation guidance and canceled its August 2020 interim rule governing testing rules for nursing homes.

the COVID testing memo is no longer be in effect. Instead, providers should comply with "accepted national standards," such as CDC recommendations.

Testing of newly admitted residents and routine testing of asymptomatic staff will both now be at the discretion of facilities.

McKnight's, 05/09/2023

## **Man Charged in SNF Murder Will Not Stand Trial**

The Rhode Island Attorney General's Office said a man accused of killing his roommate in a Warren nursing home was deemed at a hearing last week incompetent to stand.

Robert Hill, 76, was charged with first-degree murder in the death of 81-year-old John Sullivan at Crestwood Nursing Home last month. Police said Sullivan was found unresponsive with pillow stuffing in his mouth.

According to police, Hill told staff that Sullivan tried to kill him first and that Sullivan was trying to kill him for five or 10 years. The attorney general said Hill was committed to a state behavioral hospital.

WJAR-TV, 05/08/2023

## **Staff Asking State to Help Keep Building Open**

Charlesgate Nursing Center in Providence, R.I. is slated to close by the end of the summer, and staff is calling on the state to intervene.

The facility is a Medicaid-only operation and as one employee said, "To put it plainly, we are there for them (Medicaid recipients) when other facilities will not take them in."

Davenport Associates, which owns the Charlesgate, cited "severe staffing shortages and shortfalls in state funding to sustain adequate care for its residents."

The Charlesgate complex also contains an assisted-living facility and several apartment buildings that offer independent living. Only the nursing home is closing.

The Providence Journal, 05/05/2023

## **Day One. New Owners. Cops Yes. EMS Yes. Staff No!**

Illinois is investigating whether neglect by new management, The Wealshire, LLC, was the reason a Chicago-area (Lincolnshire) nursing home was so understaffed that three residents were taken to the hospital.

An employee called 911 for help Monday (May 1) morning after only about one-third of the facility's total employees arrived for duty including none of the medical staff.

Local police and EMTs helped care for residents for a time.

Capitalfax, 05/03/2023

## **Resident Choked to Death Family Has Filed Suit**

Barbara Baranowski was on a prescribed "mechanical soft food diet," at Michigan's Bay City Comfort Care when she allegedly choked to death on uncut food - fries and a ham sandwich.

Facility video submitted with a negligence lawsuit indicates Baranowski began choking, flailed her arms, then slumped in her chair and died.

Numerous staff passed by. She was not discovered for at least an hour. No CPR was initiated.

Other issues: when EMTs arrived, no staffer was posted to unlock the door, and the supervisor was babysitting her child in the facility and was too distracted to notice Baranowski's was choking.

MLive, 05/05/2023

## **IN THE TRENCHES – COVID-19 in the States, The SNFs, The World**

**THE WORLD:** Effective at 12:01AM Friday President Biden revoked requirements that most international visitors to the US be vaccinated against COVID-19 as well as similar rules for federal employees and contractors. The Administration's rules imposed in September 2021 requiring about 3.5 million federal employees and contractors to be vaccinated or face firing or disciplinary action have not been enforced for over a year after a series of court rulings (*Reuters*).

**CALIFORNIA:** A case was argued before the California Supreme Court Tuesday, to determine whether an employer can be held accountable for a spouse who becomes ill with COVID-19 brought home by a loved one. The LTC community with staff who worked in the most vulnerable COVID-19 settings are watching the case closely (*McKnight's*).

**CALIFORNIA:** Judges on the California Supreme Court said they were concerned that allowing employers to be sued when workers who contracted COVID-19 spread it to members of their households would unleash "an avalanche of litigation" against businesses. That, of course includes nursing homes where nationwide over a million workers contracted the disease (*Reuters*).

**AMERICA:** COVID was the fourth leading cause of death in the United States last year, dropping from its place as the third leading cause in 2020 and 2021, when virus fatalities were superseded only by heart disease and cancer. The National Center for Health Statistics reported unintentional injuries — a category that includes drug overdoses and car accidents — were responsible for more deaths than COVID last year and were the nation's third leading cause of death. Deaths from heart disease and cancer both rose in 2022, compared with 2021 (*The New York Times*).

**CAPITOL HILL:** The FDA has prevented about 350 device shortages thanks to authorities granted under COVID response laws that expired last week. Robert M. Califf, commissioner of the FDA told a Senate panel he'd like to

see the agency's powers to manage drug and device shortages extended beyond the COVID-19 PHE (*Bloomberg Law*).

**AMERICA:** U.S. Covid-19 hospitalizations and deaths are hovering near new lows. New subvariants are on the rise, and cutbacks in data reporting have clouded the view of recent trends. But the U.S. has broadly recorded declining numbers this year following a winter of less intense Covid-19 spread (*The Wall Street Journal*).

**MAINE:** The administration of Gov. Janet Mills has issued \$25 million in COVID-19 supplemental payments to 129 long-term care organizations to support their continued recovery from the pandemic. This is the second round of COVID-19 payments in Maine. In August 2022 the initial round of \$25 million was provided to nursing facilities and other long-term care facilities in this fiscal year for pandemic recovery (*Gov. Mills news release*).

**AMERICA:** In the just released Leapfrog Group's spring 2023 Safety Grades Rankings, the COVID-19 pandemic showed that U.S. hospitals need to improve patient safety by sharing best practices and becoming more resilient. The average risk of three hospital-associated infections — including MRSA — *Methicillin-resistant Staphylococcus aureus* — rose to a five-year high in U.S. hospitals during the pandemic. The average MRSA standard infection ratio increased by 37% (*Leapfrog Group*).

**THE WHITE HOUSE:** President Joe Biden has a vision for the next stage of his administration's pandemic response — if only he can find someone to lead it. A week before Biden is set to declare an end to the nation's public health emergency and dissolve his current Covid team, the White House still hasn't found a director to run the new office charged with keeping up the fight (*Politico*).

**AMERICA:** The CDC does not provide reinfection data but state-level data paints a varied picture. Data from New York shows that the about 8.5% of total

infections are reinfections. In Washington state, about 1% of all infections are reinfections as of October 2022, the latest date for which data is available (*ABC News*).

**NEW YORK:** An estimated two million New Yorkers — nearly one in four — lost at least one person close to them to COVID within the first 16 months of the virus's arrival, according to the data, which was collected in mid-2021 by federal census workers on behalf of the city. Nearly 900,000 New Yorkers lost at least three people they said they were close to, an open-ended category that included relatives and friends (*The New York Times*).

**OREGON:** The Oregon Health Authority said healthcare workers are no longer required to be vaccinated against COVID as of the end of the PHE, last Thursday. The mandate for educators, however, won't be lifted until June 17 — the last week of school (*KOIN-TV*).

**WISCONSIN:** The Wisconsin Supreme Court ruled Tuesday that hospitals should not be forced to prescribe ivermectin to COVID-19 patients. The case involves a patient who was placed on a ventilator due to complication from COVID-19 and wanted the drug which is not approved by the FDA. A lower court ordered the hospital to administer the medication after doctors refused to do so (*The Milwaukee Journal-Sentinel*).

**AMERICA:** The FDA and CDC recently announced that previously unvaccinated Americans can now receive only a single dose of the bivalent Moderna or Pfizer mRNA vaccines. To be clear, this is not saying they can choose to have one or two doses and be considered fully vaccinated either way (*Medpage Today*).

### **COVID-19, 05/12/2023**

**Global Cases – Deaths**  
765,903,278 – 6,927,378

**U.S. Hospitalizations – Deaths**  
6,143,551 – 1,127,928

**U.S. Updated Booster Doses**  
56,478,510 or 17% of U.S

*CMS & WHO*

## Connected to Lab in Wuhan

Three years after the Trump administration pressured the National Institutes of Health (NIH) to suspend a research grant to a U.S. group studying bat coronaviruses with partners in China, the agency has restarted the award.

The original 2014 version of the grant funded research into mixing various bat viruses to study severe acute respiratory syndrome (SARS).

The grant also funded research at the coronavirus research lab in Wuhan, China.

Trump called for its cancellation in April 2020 amid unsupported allegations that a lab leak at WIV started the COVID-19 pandemic. The Wuhan lab will not be involved this time.

*Science, 05/08/2023*

## San Diego Complaints Up Dings Down During COVID

Although it delayed investigations, the pandemic didn't stop residents or families of nursing homes in San Diego County, CA from filing complaints.

State data shows the number of complaints filed against San Diego County SNFs held relatively steady from 2019 to 2022, with 2,738, 2,549, 2,622 and 2,640 in each year respectively.

What did change was the number of deficiencies. In 2019, surveyors found 1,648 deficiencies, but that number plummeted to 393 in 2020, rose to 567 in 2021, and reached 812 in 2022.

As of Feb. 1, all but 11 complaints for all four years had been resolved.

*San Diego Union-Tribune, 05/06/2023*

## Man in SNF Four Hours Then Found in Resident's Bed

A man allegedly spent four hours inside an Iowa nursing home on April 5 before the staff found him partially undressed in bed with a female resident.

The intruder – identified as Michael James Beaver – interacted with the staff at Crestview Specialty Care in West

Branch before being found in the resident's bed.

One worker twice gave Beaver directions to the victim's room, another employee heard the woman crying out, "Help me" while being wheeled through the facility by Beaver.

Beaver has not been criminally charged, although he is currently facing a previous charge of indecent exposure.

*Iowa Capital Dispatch, 05/08/2023*

## Nursing Home & Staff Robbed at Gunpoint

Two gunmen, apparently former employees, robbed Oak Knoll Nursing Home in Birmingham Alabama last week.

Multiple employees were robbed, and the gunman stole keys to the narcotics cabinet and took drugs as well.

Police later arrested at least one of the alleged robbers and recovered most of the narcotics.

The facility was offering counseling to the employees.

*WBRC-TV, 05/05/2023*

## Connecticut SNF Facing Fines In Sexual Assault

Western Rehabilitation Care Center a Danbury nursing home is facing more than \$45,000 in fines after workers failed to report or investigate allegations that a CNA sexually assaulted a resident.

Both a speech therapist, who suspected the abuse and the administrator whom she alerted are mandatory reporters and should have reported the alleged abuse directly to the state's Protective Services for the Elderly.

Months later when the allegation came to light police initiated a criminal investigation and the state Department of Public Health issued immediate jeopardy citations.

The illicit contact had apparently been ongoing for months. The CNA was fired.

*CT Mirror, 05/09/2023*

## ONE COLUMN

### International Recruitment Won't Solve Staffing Crisis

Food for thought and debate, from an article in *Health Affairs* by

Y. Tony Yang, Roy A. Thompson & Allison P. Squires

The notion that the United States is experiencing a nursing shortage is a popular narrative, but it is perhaps one that ignores a more nuanced phenomenon. The real issue is that nurses do not want to work in places where they are undervalued and underappreciated, driving an inequitable distribution of nurses across the country.

The high rates of travel nursing in the US, where nurses fulfill temporary roles at health care facilities across the country, is a symptom of employers who do not value their employees.

This is exemplified by the fact that some employers hire travel nurses at twice the pay rate of their current employees. Such practices are a major affront to those committed and regular staff nurses who oftentimes worked overtime, often without or minimal pay, and made many personal sacrifices during the COVID-19 pandemic.

Organizations that struggle to retain their nurses likely have poor management practices (such as inadequate staffing, punitive work cultures, lack of or limited inclusion of nurses in policy decisions, and so forth), and this is reflected in the 27 percent vacancy rate nationally.

Recruiting internationally educated nurses (IENs) to fill vacancies is a popular solution that seems easier than fixing problematic organizational cultures that are unsupportive of nurses. It will not, however, solve the underlying problem of poor management practices that result in high nurse turnover rates and contribute to the current staffing crisis.

The following sections provide a synthesis of why international recruitment alone will not solve the latest US nursing staffing crisis.

*Health Affairs, 05/04/2023*

Continued on last page .....  
after "[Briefly in the News](#)"

## Hospital To Break Ground On New LTC Facility

The Sidney hospital in rural Southwest Nebraska, will break ground on a new \$21 million long-term care facility this week.

The facility, on the hospital campus, will have 63 beds, a memory care unit as well as a direct-connecting walkway to the hospital.

Hospital CEO Jason Petik says the new facility will feature private rooms, an innovative communications system, and strong safety features.

The new long-term care facility is projected for completion in the fall of 2024.

News Channel Nebraska – Panhandle, 05/09/2023

## Insurance Company Will Get Out Its Checkbook

A federal judge has ruled Arch Specialty Insurance must pay the total renovation costs for DeSoto Health and Rehab in Arcadia, FL, a facility that was damaged in Hurricane Irma in September 2017.

The original estimate for the repairs was \$1.23 million, but in 2018, the state and DeSoto County both notified the operator that to comply with all codes the facility would have to be demolished and remodeled.

Arch argued the statute of limitation had run out five years after the storm. The Judge ruled that the clock started ticking when the state ordered the demolition in 2018.

McKnight's, 05/02/2023

## Nurse Workforce Dwindling May Be Down 20% in 3 Years

During the pandemic, nearly 100,000 U.S. registered nurses called it quits, a new survey shows. A combination of stress, burnout, and retirements created a perfect storm for the exodus.

Even worse, another 610,000 registered nurses (RNs) said they had an "intent to leave" the workforce by 2027, citing those same reasons. And an additional 189,000 RNs younger than 40 years reported similar intentions, the study from the National Council of State Boards of Nursing (NCSBN) revealed.

All tolled this means about one-fifth of the 4.5 million registered nurses nationally could leave the health care workforce during a short time period.

Physicians Weekly, 04/16/2023

## NY Providers Say "Thanks" But it Ain't 'Nuff

Nursing homes and hospitals across New York are in line for the largest Medicaid reimbursement rate increase in recent years as part of the new state budget.

Nursing homes, who asked for a 20% boost, are getting a Medicaid rate increase of 6.5%, while hospitals will receive a 7.5% boost.

But, providers, trade groups and labor unions say that increase is just a drop in the bucket compared to what will be needed moving forward especially since the Covid-19 pandemic that left many health care facilities in financial disarray.

The Buffalo News, 05/01/2023

## Indiana Law – Faster to LNHA, Relief from Agencies

A new Indiana law prohibits conversion fees that staffing agencies have been charging nursing homes for making agency fill-in staff permanent.

That, after one Indiana provider with 15 facilities paid \$100,000 in conversion fees last year.

The bill also reduced licensing requirements for long-term care administrators, allowing relevant work experience or education to count toward the overall training hours. It also creates "reciprocity for those individuals holding a license from the National Association of Long-Term Care Administrators" (NAB).

After both houses of the Indiana legislature passed the bill unanimously, Gov. Eric Holcomb quickly signed it.

McKnight's, 05/05/2023

*"The most terrifying words in the English language are: I'm from the government and I'm here to help."*

*~ Ronald Reagan*

## Briefly IN THE NEWS

The Food and Drug Administration has approved the first-ever vaccine - *Arexvy* - for protection against respiratory syncytial virus (RSV) for adults 60+. Like flu, RSV, like flu, is highly contagious and typically leads to mild symptoms, but it can be deadly. Researchers found the vaccine also reduced the risk of developing severe RSV-associated lower respiratory tract disease by 94.1% (*McKnight's*).

LGBTQ youth, and particularly those who are transgender and non-binary, continue to be at high risk of attempting suicide. The fifth annual survey published by The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ youth, found that 41% seriously considered attempting suicide in the past year, including half of transgender and nonbinary young people. That's down slightly from last year's 45% of LGBTQ youth who seriously considered suicide (*The Houston Chronicle*).

Get Granny online! A study published in the Journal of the American Geriatrics Society suggested that older people who regularly used the internet were less likely to develop dementia. The researchers saw this association after about eight years tracking 18,154 adults between the ages of 50 and 65 who did not have dementia when the study period began (*CNN*).

The U.S. Bureau of Labor statistics indicate that since January 2020, roughly 400,000 nursing home and assisted living staff have quit since the COVID-19 pandemic. The desperate need for more caregivers continues with both LTC sectors slow to recover (*Spectrum News*).

Omega Healthcare Investors is well on its way to recovering from the pandemic. One-third of the REIT's facilities have now recovered to a pre-pandemic occupancy level; one-quarter of core facilities that have not yet recovered are at or above 84% occupancy. The company also this quarter purchased five facilities in West Virginia (*McKnight's*).

**Continued from ONE COLUMN ....**

## Challenges

The assumption, on the part of hospital and other health care facility/system administrators or policy makers, that IENs would accept the same subpar working conditions that are causing US-trained nurses to leave clinical practice in US health systems is offensive. It has deep roots in racism, xenophobia, and sexism. It is racist and xenophobic to assume that IENs—most of whom belong to racial and ethnic minoritized groups and have different heritage from US nurses—would tolerate substandard working conditions because they are “foreigners.”

It is sexist to assume that immigrant women, who constitute the majority of IENs, would accept poor working conditions when their US counterparts would not. Nurses, regardless of their countries of origin, quit their jobs because they have been mistreated and undervalued.

Given the persistent anti-immigrant sentiment in news headlines, which frequently depict a society that is openly hostile to immigrants mainly from racial and ethnic minoritized groups, why would they choose to work in such a country?

Despite the ongoing issues with working conditions and the hostility toward minoritized immigrants, the reality is that existing structural barriers make it much harder to hire IENs than hospital and long-term care recruiters would like to believe.

Several barriers have to do with the credentialing process for IENs, which includes a review of educational transcripts to assess educational equivalency and nursing licensure exams. According to the latest nursing licensure exam statistics (NCLEX-RN), the pass rates for IENs have been steadily declining since 2010. This general downward trend is due, in part, to changes in the test format that have increased the difficulty of the exam, and in part to educational gaps (such as differences in nursing curricula) in the entry-level training of many IENs.

In 2021, fewer than half of all first-time IEN NCLEX-RN test takers (18,524 in total)

passed the exam—compared to 86 percent of US baccalaureate graduates taking the test for the first time, whose pass rates were driven downward by the “COVID effect” that year.

The Philippines remains the top country, but like India, it has not achieved a pass rate above 50 percent for more than a decade. Puerto Rico, in the third spot, would seem like a logical place to invest in workforce development given the significant need for Spanish-speaking nurses in the US; however, Puerto Rico has a low exam pass rate, possibly due to the language barrier IENs can face at exam time (the credentialing exam is offered only in English, which can be a significant hurdle for speakers of other languages).

The top four Sub-Saharan Africa countries are either on the World Health Organization’s (WHO) critical health worker shortage list or at risk of a shortage due to brain drain. Canada, Korea, and Jamaica respectively have the highest pass rates in the group and are not on the WHO’s critical health worker shortage list.

Furthermore, as of April 1, 2023, a new NCLEX format has been implemented, which places greater emphasis on clinical judgment—something that may favor IENs with experience. Passing rates for IENs may change, although not necessarily for the better.

When an IEN passes NCLEX, the next step is to obtain a work visa or an employer-based green card. For that, most IENs will need a bachelor’s degree. As a result, the number of annual potential applicants available for recruitment is only about 8,663. This is a very small pool, and it is insufficient to address the estimated 203,200 nursing vacancies that currently exist throughout the nation.

Therefore, efforts must be made to retain the estimated 152,000 US-educated nurses who graduated in 2021 and passed the NCLEX-RN on the first attempt. Retaining these nurses will have a far greater impact on the nursing shortage than only attempting to recruit IENs.

The legal employment options for IENs also present another structural barrier. IENs can gain entry into the US via two main avenues: Schedule A or the H-1B

visa. Registered nurses and physical therapists fall under the fast-track Schedule A designation, which exempts them from certain steps in the employer-sponsored green card process.

Typically, US employers must first conduct a “test of the labor market” by advertising the position to determine if there are any qualified US workers for the job. If no qualified US workers apply, the employer can proceed with sponsoring a foreign worker for a green card based on an offer of employment. For registered nurses and physical therapists, the Schedule A designation assumes that there are not enough qualified US workers, and employers are exempt from conducting the labor market test. This exemption can save six to 12 months off of the normal employer-sponsored green card process.

Despite the Schedule A designation, the green card process for IENs can still take a significant amount of time, ranging from one to six years due to a backlog of applicants from certain countries such as the Philippines. Furthermore, the H-1B visa, which does not include registered nurse (RN) positions under its “specialty occupation” designation, limits options for foreign nationals to work in the US while their green card applications are being processed. As a result, it may take several years for an IEN to relocate and be ready to work, which discourages employers from hiring them. Looking at the US’s nearest neighbors, a “TN” work visa is an option for recruiting Canadian nurses, but recruiting Mexican nurses is not viable due to low NCLEX exam pass rates.

Recently, some employers have chosen a new hiring strategy for IENs by only hiring those with bachelor’s degrees. This strategy is based on Department of Labor guidance that considers a bachelor’s degree as the “typical entry-level education” for RNs, which could open up a secondary immigration path (in addition to the Schedule A designation, which does not require a bachelor’s degree) through the H-1B process allowing US employers to employ foreign workers in “specialty occupations.” Nonetheless, this option is risky because previously established guidance, under which RNs do not qualify as a specialty

occupation, is still used as a basis to deny H-1B petitions for general RN positions.

Furthermore, IENs encounter multiple obstacles in the US workforce, including issues with collegiality, burnout, racism, and job restrictions. These nurses are often placed in hospitals with staffing shortages, which results in lower-quality care, heavier workloads, and a greater risk of burnout. Unlike their US-born counterparts, IENs immigrating to the US must navigate differences in culture, language, and nursing practices, which can lead to feelings of alienation and discrimination from patients and coworkers.

To address these issues, transitional education programs are designed to facilitate the cultural and practice transition of IENs. These programs help nurses establish credit, access financial systems, obtain housing, and access ongoing support for cultural transitions in practice. These programs, however, are in addition to standard orientation programs and add to the overall recruitment costs, which can exceed \$100,000 per IEN recruited—not counting recruiter fees and other onboarding expenses.

Furthermore, unethical recruiters may try to trap IENs into punitive multiyear contracts, which is against the WHO Global Code of Practice on the International Recruitment of Health Personnel and US employment law. Nurses have challenged the validity of unfair nurse residency contracts based on their liquidated damages provisions, which are standard clauses in nursing contracts for a minimum set term (usually around two to three years) with a financial penalty for breach of the contract. While these provisions are structurally embedded in the recruitment process, IENs who sign such contracts are agreeing to higher levels of liquidated damages (a pre-determined sum of money that an employee must pay to their employer in the event that they breach the terms of their contract). Domestic residency contracts typically specify damages of \$5,000 to \$10,000, whereas IENs face damages of \$20,000 to \$30,000.

These provisions make it challenging for IENs who may wish to transfer between

facilities to alleviate workload or find a better cultural fit, yet there have been recent challenges to these provisions. In the fall 2019, a judge in the Eastern District of New York found a health care facility liable under the federal Trafficking Victims Protection Act based largely on a \$25,000 liquidated damages provision in its contracts with Filipino nurses. The judge noted that the damages would have taken the plaintiff almost nine months to pay off, with no other expenses, and there was no showing that recruiting expenditures came anywhere close to the amount demanded. This is a developing area of law with little precedent, and employers that are considering recruiting IENs should carefully examine these issues.

### **Recommendations**

To achieve an equitable solution for IEN recruitment, there are several federal-level policy solutions that could be implemented. Firstly, health care organizations should be incentivized to retain their US-educated workforce, with nurse retention becoming a part of organizational performance benchmarking. High nurse retention rates should be rewarded as they are likely to lead to better overall patient health outcomes.

Secondly, nursing could be designated as a Science, Technology, Engineering, and Mathematics (STEM) field, which would create additional work visa options for IENs (such as making it easier to qualify for the H-1B visa). As of 2022, nursing is not on the US Immigration and Customs Enforcement list of STEM fields despite its contributions to science.

Thirdly, recruitment could be prioritized based on population health needs, with a focus on populations who speak languages other than English. This would involve prioritizing nurse recruitment and facilitating employment options based on language skills to better meet the needs of local populations. For example, a health care system could prioritize recruitment efforts toward Spanish-speaking IENs who can effectively communicate with the local Hispanic/Latinx population.

A fourth solution would be to require organizations that hire IENs to have culturally humble transitional education programs to support nurses during their

first two years of work in the US. This would ensure that the investment in the recruitment process pays off in the long term through sustained employment.

A fifth solution would be to leverage the skills of “hidden” IENs. These persons are educated as nurses in their own country and currently reside in the US but have been unable to become credentialed in the US. Consequently, they are underemployed and often working as home health aides or not in health care. These underemployed IENs are primarily women who are English proficient/may be multilingual, highly skilled, and usually legally present in the United States. Yet, they face structural barriers to employment due to their foreign-acquired degrees. Estimates suggest there may be up to 20,000 of these nurses from Latin America alone living and working in the US. Possible approaches to reducing underemployment among IENs include supporting programs that build skills and promote occupational progression, creating paid internships, and providing career counseling. Broadly, these are known as “bridge training” programs that help people transition from one career into another or get themselves established in a new country working in the same career.

Finally, federal funders, such as Health Resources and Services Administration or the Agency for Health care Research and Quality, and state funders need to support more research on effective retention strategies for nurses. Research should delve deeper into the root causes of poor retention rates and test solutions from the organizational psychology and management sciences literature.

### **IENs Alone Are Not the Answer**

IENs play a vital role in the US health care system but relying heavily on their recruitment to address the national nursing staffing crisis is not a sustainable solution. It is like trying to use a Band-Aid to stop a hemorrhaging wound—it may provide temporary relief, but it will not work in the long run. Instead, it would be more beneficial to focus on retaining the existing workforce while also creating more equitable and accessible pathways to employment for IENs.

By doing so, we can address the staffing crisis in a more comprehensive and sustainable manner.