

# Promoting Economic Mobility for Immigrants and Refugees with International Credentials

## Background

The United States currently lacks a national immigrant and refugee integration strategy. Nearly 50 percent of recent immigrants hold a bachelor's degree or higher.<sup>[i]</sup> Yet, about two million internationally educated immigrants are either unemployed or underemployed, resulting in a loss of more than \$10 billion in unrealized federal, state, and local taxes.<sup>[ii]</sup>

Ensuring that immigrants and refugees reach their professional and educational goals in the U.S. is beneficial to our communities and the economy. Businesses struggling to fill gaps in their labor force will gain the talent necessary to compete and grow;<sup>[iii]</sup> immigrants and their families will benefit from improved economic opportunities; and, ultimately, communities across the country and the overall economy will benefit from increased consumer spending, fiscal contributions, and improved services.<sup>[iv]</sup>

The U.S. health sector is also significantly disserved by the underutilization of the skills and talents of immigrants and refugees. According to the Migration Policy Institute, a nonpartisan think tank, 263,000 immigrants and refugees with degrees in health care are underemployed or unemployed in the U.S. Of these immigrants, 165,000 were trained in another country. At the same time, the linguistic and cultural assets of immigrant health workers are increasingly in demand with the growing diversity of the U.S. population. Immigrant physicians, researchers, nurses, health aides, and hospital workers can make unique and sizable contributions to the future vitality of the country's health care system.<sup>[v]</sup>

Yet, despite the critical role internationally trained health care workers can play to alleviate health care shortages, complex, costly, and time-consuming barriers to relicensure often stand in the way. For example, to obtain medical licenses in the U.S., doctors with international credentials must redo residency programs—and compete for scarce residency slots—and in some states spend more time in residency programs than their U.S.-educated peers.

Currently, an estimated 79 million Americans live in federally designated primary care Health Professional Shortage Areas (HPSAs).<sup>[vi]</sup> Internationally trained health professionals are poised to help fill this gap.

Recognizing the essential skills and experience that internationally trained health professionals offer, governors in six states exercised their emergency authority to temporarily allow health care professionals

## Key Data

Research from the Migration Policy Institute shows the following:

- An estimated 263,000 immigrants and refugees with health care training are unable to obtain licensure in the U.S., including 165,000 people who earned their credentials in another country.
- Approximately two million people, making up 25 percent of college-educated immigrants in the labor force, are underemployed or unemployed.
- Internationally educated immigrants experience a higher rate of underemployment (29 percent) than immigrants educated in the U.S. (21 percent).
- Underemployment among internationally trained immigrants and refugees results in the loss of approximately \$39.4 billion in earnings and an additional \$10.2 billion in taxes annually.<sup>[vii]</sup>

## Administrative Recommendations

- Improve access to workforce training for internationally trained immigrants and refugees. Workforce development agencies often lack the in-house expertise necessary to serve the unique needs of immigrant and refugee job seekers. The U.S. Department of Labor (DOL), U.S. Department of Education (ED), and the Office of Refugee Resettlement in the U.S. Department of Health and Human Services (HHS) should all work together to strengthen and expand adult education and workforce development programs that are equipped to serve immigrant and refugee professionals.
- Increase funding to address gaps in services for adult English language learners who hold international credentials. Provide funding and technical assistance to English language acquisition programs serving internationally trained immigrants and refugees who seek to obtain the professional English skills they need to restart their professions in the U.S.
- Improve pathways for internationally trained health professionals to rejoin their professional fields. Relevant federal agencies, including HHS, DOL, and ED, should promote access to health care career counseling and training opportunities to reduce barriers to internationally trained health professionals entering the health care workforce. The administration should also promote opportunities for clinical preparation for international medical graduates (IMGs) who need U.S. clinical experience to qualify for U.S. residencies, and support the provision of dedicated primary care residency slots for internationally trained immigrants who are willing to serve in rural or underserved areas.
- Support state and local communities in advancing the work of immigrant professional integration. Over the past decade, states and local communities have taken the lead in promoting programs and policies that support the economic integration of immigrant professionals, often under the oversight of statewide or local offices of new Americans (ONAs) and welcoming initiatives. The administration should work with relevant federal agencies including DOL, HHS, ED, and the U.S. Department of Commerce to expand technical assistance, grant funding, and provide other support to strengthen the capacity of state and local governments

- Reduce barriers to occupational licensure by supporting the reviewing and updating of states' licensing processes to ensure that immigrants and refugees are not disproportionately affected. Researchers and policymakers in recent years have focused on the potential of licensing reform to reduce barriers to in-demand licensed occupations and increase economic mobility across states.<sup>8</sup> A model of federal support for these efforts began in 2016 when DOL announced that a consortium of states would receive funding to focus on populations disproportionately affected by occupational licensing requirements. Those populations include work-authorized immigrants, individuals with criminal records, members of the military, veterans and their spouses, and dislocated workers.<sup>9</sup> The project has grown to 16 states, received bipartisan support, and is coordinated by the National Conference of State Legislatures, the National Governors Association, and the Council of State Governments.
- Increase access for immigrants and refugees who wish to participate in apprenticeship programs. Apprenticeship programs are gaining increased attention as an effective means of training individuals at varying skill levels in a wide range of occupations. In 2019, DOL announced \$100 million in grant funding to strengthen industry-recognized apprenticeship initiatives and expand access to these opportunities to all Americans. DOL should ensure that such federally funded apprenticeship programs provide equal access to immigrant and refugee workers. These apprenticeship programs should include contextualized English instruction geared to students of varying education levels and competency-based recognition of prior training and work experience. Greater investments should also be made in pre-apprenticeships and work-based learning models tailored to immigrants and refugees who are English language learners.
- Restore funding for the Workforce Innovation and Opportunity Act (WIOA) to historic levels. Fully funding WIOA workforce development training and adult education programs will help to enable vulnerable populations, including underemployed immigrant professionals, to complete training, acquire English language skills, and meet the local and regional talent needs of businesses across the country.
- Increase support for the Refugees. The refugee resettlement sector in the U.S. is highly focused on rapid attachment to the workforce, which often means putting refugees with international credentials in jobs that do not meet their skillsets. The Refugee Career Pathways program was established by the Office of Refugee Resettlement in 2018 to address the obstacles faced by resettled refugees in relaunching their careers in the U.S. The federal government should augment support for this program and offer comprehensive pre-arrival information on career pathways and occupational relicensure as well as access to English language learning opportunities while refugees await resettlement. In addition, federal funding is needed to support training for ORR-funded case managers and job developers who assist refugees with international education and experience. Lastly, the time frame for refugee assistance should be extended.

## Conclusion

The federal government must take the steps necessary for immigrant and refugee integration and inclusion to ensure opportunities for immigrants and refugees to contribute their professional skills and training. The

Notes:

[i] Migration Policy Institute, New Brain Gain: Rising Human Capital among Recent Immigrants to the United States (July 2017), available at:

<https://www.migrationpolicy.org/research/new-brain-gain-rising-human-capital-among-recent-immigrants-united-states>.

[ii] Immigrants and the New Brain Gain: Ways to Leverage Rising Educational Attainment

[iii] New American Economy, “Head of Employment Agency Says to Grow, U.S. Companies Need Foreign STEM Grads” (May 23, 2017),

<https://www.newamericaneconomy.org/feature/head-of-employment-agency-says-to-grow-u-s-companies-need-foreign-stem-grad>.

[iv] Hadya Abdul Satar, Refugees Contribute: Strategies for Skilled Refugee Integration in the U.S. (Chicago, IL; Upwardly Global), [https://www.upwardlyglobal.org/wp-content/uploads/2017/12/RefugeesContribute\\_StrategiesforSkilledRefugeeIntegration.pdf](https://www.upwardlyglobal.org/wp-content/uploads/2017/12/RefugeesContribute_StrategiesforSkilledRefugeeIntegration.pdf).

[v] Michele Waslin, “Why Foreign-Born Healthcare Workers Are Needed to Fill Gaps in the Midwest,”

Immigration Impact (March 29, 2016), <https://immigrationimpact.com/2016/03/29/foreign-born-healthcare-workers-needed-fill-gaps-midwest/#.Xh1tHy2cbfY>.

[vi] U.S. Health Resources and Services Administration, “Shortage Areas,”

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

[vii] Untapped Talent.

[viii] Department of the Treasury Office of Economic Policy, Council of Economic Advisers, and Department of Labor, Occupational Licensing: A Framework for Policymakers (Washington, DC: The White House, 2015),

[https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing\\_report\\_final\\_nonembargo.pdf](https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf).

[ix] June 2016 White House Fact Sheet: “New Steps to Reduce Unnecessary Occupation Licenses that are Limiting Worker Mobility and Reducing Wages”.