

The US already faces a health care workforce shortage – immigration policy could make it worse

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As Americans gather for holiday celebrations, many will quietly thank the health care workers who keep their families and friends well: the ICU nurse who stabilized a grandparent, the doctor who adjusted a tricky prescription, the home health aide who ensures an aging relative can bathe and eat safely.

Far fewer may notice how many of these professionals are foreign-born, and how immigration policies shaped in Washington today could determine whether those same families can get care when they need it in the future.

As an economist who studies how immigration influences economies, including health care systems, I see a consistent picture: Immigrants are a vital part of the health care workforce, especially in roles facing staffing shortages.

Yet current immigration policies, such as increased visa fees, stricter eligibility requirements and enforcement actions that affect legally present workers living with undocumented family members, risk eroding this critical workforce, threatening timely care for millions of Americans. The timing couldn't be worse.

A perfect storm: Rising demand, looming shortages

America's health care system is entering an unprecedented period of strain. An aging population, coupled with rising rates of chronic conditions, is driving demand for care to new heights.

The workforce isn't growing fast enough to meet those needs. The U.S. faces a projected shortfall of up to 86,000 physicians by 2036. Hospitals, clinics and elder-care services are expected to add about 2.1 million jobs between 2022 and 2032. Many of those will be front-line caregiving roles: home health, personal care and nursing assistants.

For decades, immigrant health care workers have filled gaps where U.S.-born workers are limited. They serve as doctors in rural clinics, nurses in understaffed hospitals and aides in nursing homes and home care settings.

Nationally, immigrants make up about 18% of the health care workforce, and they're even more concentrated in critical roles. Roughly 1 in 4 physicians, 1 in 5 registered nurses and 1 in 3 home health aides are foreign-born.

State-level data reveals just how deeply immigrants are embedded in the health care system. Consider California, where immigrants account for 1 in 3 physicians, 36% of registered nurses and 42% of health aides. On the other side of the country, immigrants make up 35% of hospital staff in New York state. In New York City, they are the majority of health care workers, representing 57% of the health care workforce.

Even in states with smaller immigrant populations, their impact is outsized.

In Minnesota, immigrants are nearly 1 in 3 nursing assistants in nursing homes and home care agencies, despite being just 12% of the overall workforce. Iowa, where immigrants are just 6.3% of the population, relies on them for a disproportionate share of rural physicians.

These patterns transcend geography and partisan divides. From urban hospitals to rural clinics, immigrants keep facilities operational. Policies that reduce their numbers – through higher visa fees, stricter eligibility requirements or increased deportations – have ripple effects, closed hospital beds.

While health care demand soars, the pipeline for new health care workers could struggle to keep pace under current rules. Medical schools and nursing programs face capacity limits, and the time required to train new professionals – often a decade for doctors – means that there aren't any quick fixes.

Immigrants have long bridged this gap – not just in clinical roles but in research and innovation. International students, who often pursue STEM and health-related fields at U.S. universities, are a key part of this pipeline. Yet recent surveys from the Council of Graduate Schools show a sharp decline in new international student enrollment for the 2025-26 academic year, driven partly by visa uncertainties and global talent competition.

If this trend holds, the smaller cohorts arriving today will mean fewer physicians, nurses, biostatisticians and medical researchers in the coming decade – precisely when demand peaks. Although no major research organization has yet modeled the full impact that stricter immigration policies could have on the health care workforce, experts warn that tighter visa rules, higher application fees and stepped-up enforcement are likely to intensify shortages, not ease them.

These policies make it harder to hire foreign-born workers and create uncertainty for those already here. In turn, that complicates efforts to staff hospitals, clinics and long-term care facilities at a moment when the system can least afford additional strain.

The hidden toll: Delayed care, rising risks

Patients don't feel staffing gaps as statistics – they feel them physically.

A specialist appointment delayed by months can mean worsening pain. Older adults without home care aides face higher risks of falls, malnutrition and medication errors. An understaffed nursing home turning away patients leaves families scrambling. These aren't hypotheticals – they're already happening in pockets of the country where shortages are acute.

The costs of restrictive immigration policies won't appear in federal budgets but in human tolls: months spent with untreated depression, discomfort awaiting procedures, or preventable hospitalizations. Rural communities, often served by immigrant physicians, and urban nursing homes, reliant on immigrant aides, will feel this most acutely.

Most Americans won't read a visa bulletin or a labor market forecast over holiday dinners. But they will notice when it becomes harder to get care for a child, a partner or an aging parent.

Aligning immigration policy with the realities of the health care system will not, by itself, fix every problem in U.S. health care. But tightening the rules in the face of rising demand and known shortages almost guarantees more disruption. If policymakers connect immigration policy to workforce realities, and adjust it accordingly, they can help ensure that when Americans reach out for care, someone is there to answer.

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