

Mitigating COVID-19's Impact on H-1B Visa Recipients

Team #129

SUMMARY

We recommend that US Citizenship and Immigration Services ensure a 270-day universal suspension of unlawful presence for H-1B visa holders and reinstate premium processing at a discounted rate for healthcare professionals holding H-1B visas. These policies mitigate the impact of COVID-19 on H-1B holders and bolster the public health response to COVID-19.

BACKGROUND

Preliminary estimates suggest that nearly 125,000 H-1B visa holders will be forced to leave the country due to coronavirus-induced unemployment (Neufeld). Unemployed H-1B visa holders must leave the country within 60 days of their termination, or accrue unlawful presence (by overstaying their visa) and face obstacles to returning to the US in the future (Goldenberg). However, if H-1B recipients' home countries have banned international travel or if recipients' children are not citizens of their home country, they face a tough choice between violating their home country's laws or US law (Neufeld). Although USCIS is permitting extension of stay applications, select facilities have only recently reopened, creating a processing backlog of 2.3 million cases (LaCorte). The coronavirus threatens the progress of thousands of H-1B recipients waiting to receive a green card and businesses who have invested in H-1B nonimmigrants (Neufeld). Supplementing the economic crisis affecting nonimmigrants and businesses is the public health crisis stemming from a shortage of doctors and nurses. The American Association of Medical Colleges estimates that the US currently has a shortage of 20,400 physicians (American Association of Medical Colleges). An overburdened visa processing system will only exacerbate this shortage by needlessly preventing H-1B recipients from practicing medicine in the US.

PROPOSED RECOMMENDATIONS

We propose a 270-day universal suspension of "accruing unlawful presence" for H-1B visa holders during the COVID-19 outbreak in tandem with the reinstatement of premium processing at a discounted rate of \$560 for H-1B visa-eligible healthcare professionals.

SUPPORT FOR RECOMMENDATIONS

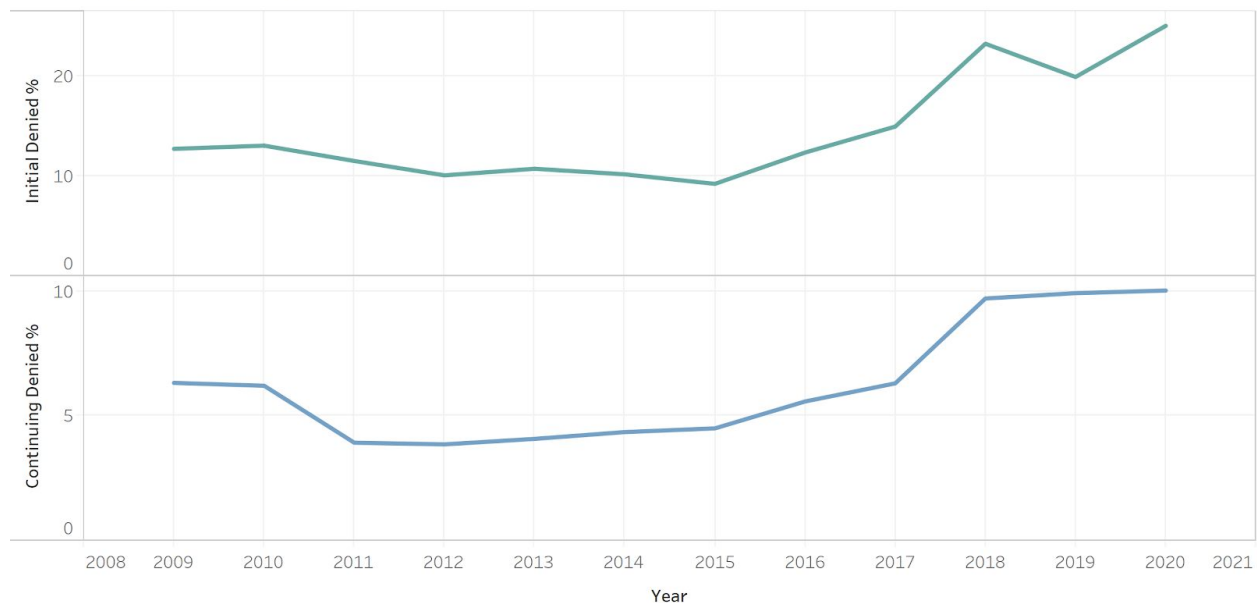
Economic Growth

Research has shown that H-1B workers increase productivity in the United States, generate economic activity, fuel innovation, and fill STEM worker shortages in the

United States (“The H-1B Visa Program”). Prior to COVID-19, America was projected to be short of 1.1 million STEM workers by 2024 (Varas), making H-1B workers vital to future growth and innovation in STEM industries.

The current administration’s resistance to the H-1B program, as evidenced by increasing visa denial rates and recent executive orders restricting the H-1B program, presents a political obstacle to our recommendations (Figure 1). This opposition claims that the H-1B system takes jobs from American workers. However, our policy recommendation does not contradict reforms focused on limiting attempts to undercut American workers, but rather focuses on growing the American economy and protecting Americans’ health.

H-1B Denial Rates by Year



The trends of sum of Initial Denied % and sum of Continuing Denied % for Year.

Figure 1 - Data taken from USCIS’s H1-B Employer Data Hub - which includes metrics per fiscal year for the number of Initial H-1B Visa petition denials and applications as well as for Continuing H-1B petitions (such as workplace transfer).

Without a 270-day suspension of “accruing unlawful presence,” the US may lose up to 125,000 H-1B visa-holders, many of whom work in computer-related fields. Analyses of the Great Recession demonstrated that preventing 178,000 H-1B visa holders from entering computer-related fields eliminated the opportunity to create 231,224 tech-related jobs for U.S.-born workers in the following two years due to corporate expansion stunted by lack of “adequate talent” (Peri et. al.) Additionally, H-1B

recipients constitute large percentages of inventors of patents and researchers in Ph.D. programs (Nowrasteh).

H-1B visa holders' contributions to the American economy imply that more forgiving H-1B policies would stimulate a struggling economy, earning the current administration valuable political capital in an election year.

Increasing and Efficient Redistributing Foreign-Born Healthcare Workers

The healthcare system depends heavily on the H-1B program: ¼ of current US doctors are immigrants, many of whom practice on visas (Rose). Additionally, eight companies that are currently developing a coronavirus vaccine, such as Gilead Sciences and Regeneron, received 3,310 scientists through the H-1B program ("The H-1B Visa Program") over the past decade. The dearth of physicians, as outlined in Table 1, will hit especially hard as COVID-19 cases continue to surge (Figure 2) and as the US attempts to redistribute physicians to aid underserved communities (Siegler and Maps 1-3, Appendix).

Occupational Group	U.S. Citizen Workers	Percent of Total Workers	Total Projected Shortage	U.S. Citizen Shortage
Healthcare Practitioners and Technical	7,887,464	95.8%	730,469	699,789

Table 1. Healthcare shortage. Source: American Action Forum

National Forecast

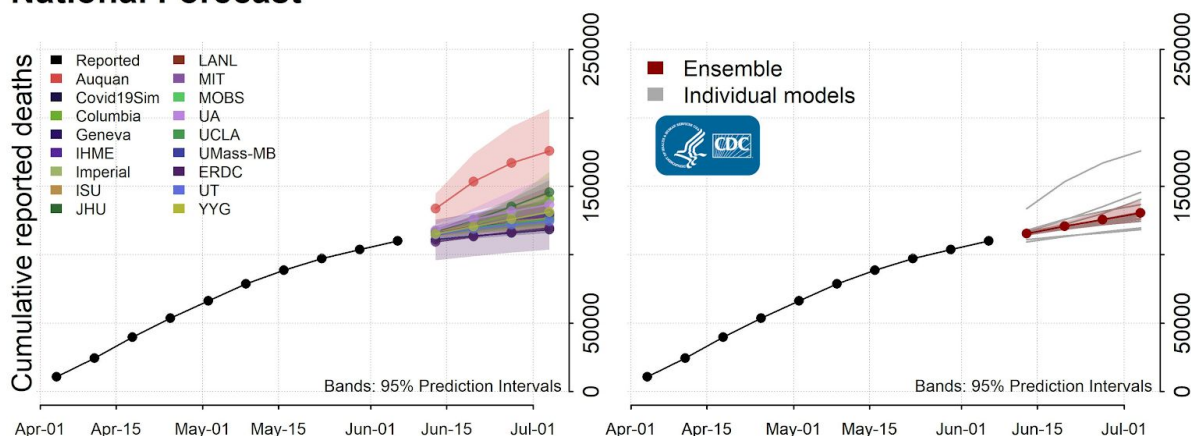


Figure 2 - Visualizations of the CDC coronavirus death data in the US - along with predicted deaths from mid-June onwards from various models. The ensemble graph combines these models into a

joint prediction. The ensemble prediction states 130,558 cumulative reported deaths by the end of the 4-week prediction period ending on June 27th (with 109,901 reported deaths on May 23rd).

In response to the excessive hurdles posed by H-1B policy, in March, the Massachusetts delegation to Congress called for expedited processing of medical visas and for a simplified "redeploy[ment]" procedure (Massachusetts Congressional Delegation).

To financially enable the delegation's demands, we propose discounting premium processing for healthcare professionals to \$560 from \$1440. COVID-hit, cash-strapped hospitals will then be better able to sponsor physicians through the H-1B process.

Furthermore, this policy acts as a safety net for a second wave of COVID-19 that is both financially sound and consistent with some public opinions of COVID-19 ending. In 2018, around 2.6 million immigrants were employed as health-care workers (Batalova), corresponding to at most a \$22,900,000 loss in premium fees for the USCIS, a relatively minimal cost for the US government to mitigate the financial impacts of a second COVID wave (see Appendix Note 1).

IMPLEMENTATION & FUTURE ACTIONS

In 2019, 15891 healthcare workers submitted H-1B visa applications ("H-1B"). Assuming that healthcare H-1B visa applications have changed in 2020 at roughly the same rate as all visa applications, we expect at most 11000 new priority applications per year during the pandemic ("Monthly"). By universally suspending the ability of H1-B visa holders to accrue unlawful presence, potentially up to 125,000 unemployed H-1B visa holders would no longer need to file extension requests, significantly reducing USCIS processing time. The processing time freed up by the universal suspension policy would then be reallocated towards premium processing of H-1B visas for healthcare professionals and processing of the 11000 new applications. Thus, while the USCIS would have to rearrange its human resources to focus more on H-1B visa applications in the healthcare field in response to this policy, our two policy recommendations would result in less work for the USCIS as a whole. Because our two policy recommendations are temporary, they are subject to change given the development of a COVID-19 vaccine.

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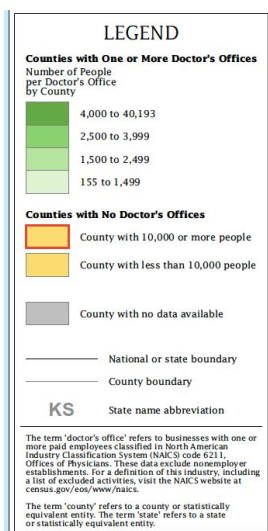
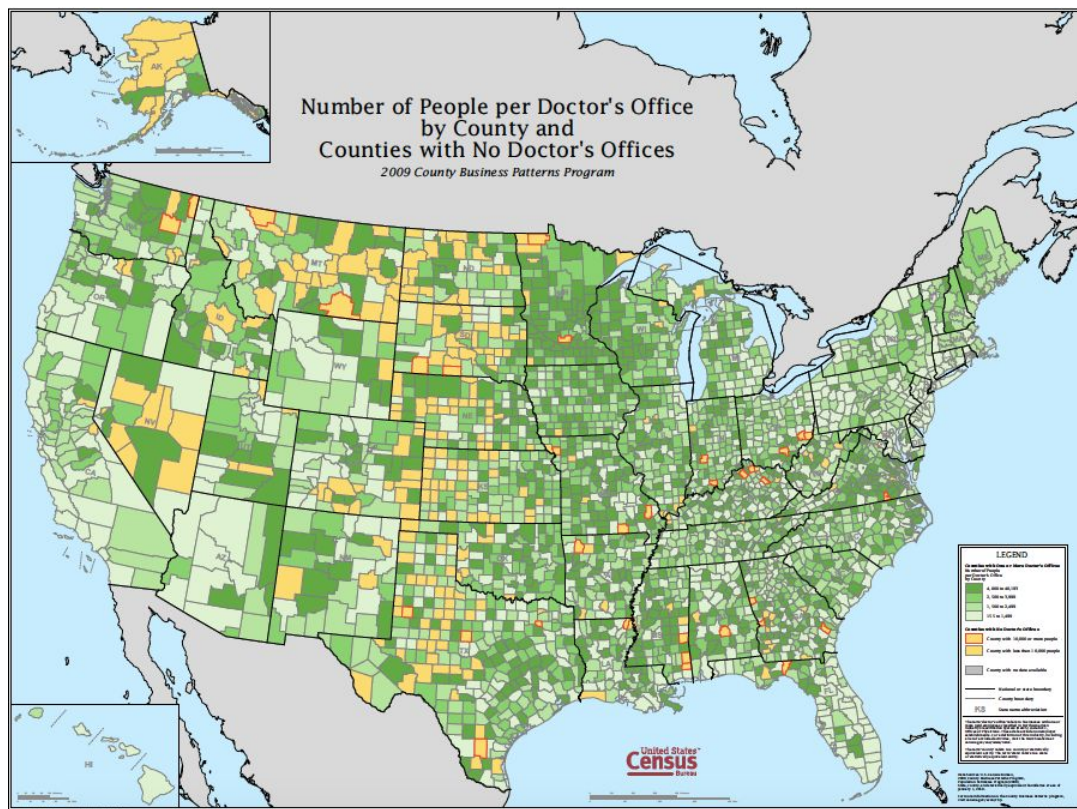
APPENDIX

Note 1: Taking the 2.6 million immigrants in 2018 as an upper bound for the number of immigrants in 2020, this would result in (2.6 million immigrants) * (1% of immigrants that are H-1B holders) * (\$1440 original fee - \$560 new fee) = 22.88 million dollars in lost premium fees.

Map 1: Physician's Offices per Capita by County

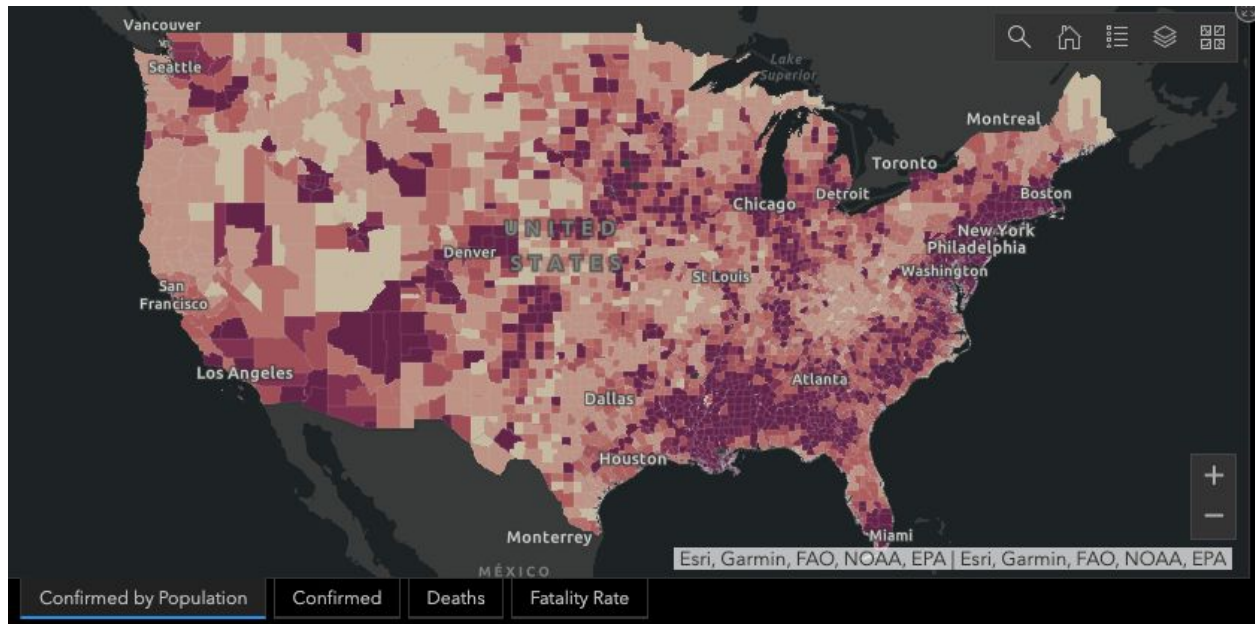
Source: US Census -

https://www2.census.gov/geo/maps/special/CBP2009/CBP2009_PeoplePerDocOffice.pdf



Map 2: Confirmed cases per 100,000 by County

Source: Johns Hopkins - <https://coronavirus.jhu.edu/us-map>



Map 3: COVID cases per 100 physicians by county

Source: Texas Observer - <https://www.texasobserver.org/covid-19-texas-map/>

In some rural counties like Deaf Smith, the ratio of cases-to-physicians is tenfold of the ratio in urban counties like Harris.

