

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

The gentleman will be notified.

NURSING RELIEF FOR DISADVANTAGED AREAS ACT OF 1999

Mr. SMITH of Texas. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 441) to amend the Immigration and Nationality Act with respect to the requirements for the admission of nonimmigrant nurses who will practice in health professional shortage areas.

The Clerk read as follows:

Senate Amendment:

Page 18, after line 5, insert:

SEC. 5. NATIONAL INTEREST WAIVERS OF JOB OFFER REQUIREMENTS FOR ALIENS WHO ARE MEMBERS OF THE PROFESSIONS HOLDING ADVANCED DEGREES OR ALIENS OF EXCEPTIONAL ABILITY.

Section 203(b)(2)(B) of the Immigration and Nationality Act (8 U.S.C. 1153(b)(2)(B)) is amended to read as follows:

“(B) WAIVER OF JOB OFFER.—

“(i) NATIONAL INTEREST WAIVER.—Subject to clause (ii), the Attorney General may, when the Attorney General deems it to be in the national interest, waive the requirements of subparagraph (A) that an alien’s services in the sciences, arts, professions, or business be sought by an employer in the United States.

“(ii) PHYSICIANS WORKING IN SHORTAGE AREAS OR VETERANS FACILITIES.—

“(I) IN GENERAL.—The Attorney General shall grant a national interest waiver pursuant to clause (i) on behalf of any alien physician with respect to whom a petition for preference classification has been filed under subparagraph (A) if—

“(aa) the alien physician agrees to work full time as a physician in an area or areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals or at a health care facility under the jurisdiction of the Secretary of Veterans Affairs; and

“(bb) a Federal agency or a department of public health in any State has previously determined that the alien physician’s work in such an area or at such facility was in the public interest.

“(II) PROHIBITION.—No permanent resident visa may be issued to an alien physician described in subclause (I) by the Secretary of State under section 204(b), and the Attorney General may not adjust the status of such an alien physician from that of a nonimmigrant alien to that of a permanent resident alien under section 245, until such time as the alien has worked full time as a physician for an aggregate of five years (not including the time served in the status of an alien described in section 101(a)(15)(J)), in an area or areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals or at a health care facility under the jurisdiction of the Secretary of Veterans Affairs.

“(III) STATUTORY CONSTRUCTION.—Nothing in this subparagraph may be construed to prevent the filing of a petition with the Attorney General for classification under section 204(a), or the filing of an application for adjustment of status under section 245, by an alien physician described in subclause (I) prior to the date by

which such alien physician has completed the service described in subclause (II).

“(IV) EFFECTIVE DATE.—The requirements of this subsection do not affect waivers on behalf of alien physicians approved under section 203(b)(2)(B) before the enactment date of this subsection. In the case of a physician for whom an application for a waiver was filed under section 203(b)(2)(B) prior to November 1, 1998, the Attorney General shall grant a national interest waiver pursuant to section 203(b)(2)(B) except that the alien is required to have worked full time as a physician for an aggregate of three years (not including time served in the status of an alien described in section 101(a)(15)(J)) before a visa can be issued to the alien under section 204(b) or the status of the alien is adjusted to permanent resident under section 245.”

SEC. 6. FURTHER CLARIFICATION OF TREATMENT OF CERTAIN INTERNATIONAL ACCOUNTING FIRMS.

Section 206(a) of the Immigration Act of 1990 (8 U.S.C. 1101 note) is amended to read as follows:

“(a) CLARIFICATION OF TREATMENT OF CERTAIN INTERNATIONAL ACCOUNTING AND MANAGEMENT CONSULTING FIRMS.—In applying sections 101(a)(15)(L) and 203(b)(1)(C) of the Immigration and Nationality Act, and for no other purpose, in the case of a partnership that is organized in the United States to provide accounting or management consulting services and that markets its accounting or management consulting services under an internationally recognized name under an agreement with a worldwide coordinating organization that is collectively owned and controlled by the member accounting and management consulting firms or by the elected members (partners, shareholders, members, employees) thereof, an entity that is organized outside the United States to provide accounting or management consulting services shall be considered to be an affiliate of the United States accounting or management consulting partnership if it markets its accounting or management consulting services under the same internationally recognized name directly or indirectly under an agreement with the same worldwide coordinating organization of which the United States partnership is also a member. Those partnerships organized within the United States and entities organized outside the United States which are considered affiliates under this subsection shall continue to be considered affiliates to the extent such firms enter into a plan of association with a successor worldwide coordinating organization, which need not be collectively owned and controlled.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SMITH) and the gentleman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. SMITH).

GENERAL LEAVE

Mr. SMITH of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, a number of hospitals with unique circumstances continue to experience great difficulty in attract-

ing American nurses. This is especially true of hospitals serving mostly poor patients in inner city neighborhoods and some hospitals in rural areas. H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999, was introduced by the gentleman from Illinois (Mr. RUSH) and has been drafted very narrowly to help precisely these kinds of hospitals. It would create a new temporary registered nurse visa program designated “H-1C” that would provide up to 500 visas a year and that would sunset in 4 years. Because it is so narrowly drafted, it is not opposed by the American Nurses Association.

To be able to petition for an alien, an employer would have to meet four conditions. First, the employer would have to be located in a health professional shortage area as designated by the Department of Health and Human Services. Second, the employer would have to provide at least 190 acute care beds. Third, a certain percentage of the employer’s patients would have to be Medicare patients. And, fourth, a certain percentage of patients would have to be Medicaid patients.

The House passed H.R. 441 on May 24, 1999. Two weeks ago, the Senate added two amendments to H.R. 441 and then passed the bill. The first amendment allows certain areas with a shortage of health care professions to have easier access to foreign physicians. The provision directs the Attorney General to waive, in the national interest, the labor certification requirement for certain alien physicians applying for visas in the employment-based third preference immigrant visa category. These national interest waivers will be available to those alien physicians who agree to work full time as a physician in an area or areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals or at a health care facility under the jurisdiction of the Secretary of Veterans Affairs. By allowing alien physicians and the medical facilities that employ them to avoid the labor certification process, this provision ensures that residents of areas with a shortage of health care professionals will have access to quality health care. Language is included requiring the alien physicians who benefit from a national interest waiver work as physicians for 5 years in areas with a shortage of health care professionals, an increase of 2 years from the requirement of current law.

The second amendment is a technical clarification to the L visa which is a temporary, nonimmigrant visa. The L visa permits an American company which is part of an international business to make intracompany transfers to this country from abroad of foreign executives, managers and employees with specialized knowledge.

In 1990, Congress in section 206(a) of the Immigration Act of 1990 made a

technical clarification to the L visa program to assure that international accounting firms and their related management consulting practices would qualify for use of the L visa. Congress believed that this clarification was needed because, for legal and historical reasons, these firms are not structured in the same way that most international corporations are structured. The laws of different foreign countries pertaining to the accounting profession have caused international accounting and associated management consulting businesses to be generally organized as partnerships held together by contracts with a worldwide coordinating organization. Congress made sure in 1990 that these international positions were not disadvantaged under the L visa program just because they were not structured like traditional corporations.

The second amendment makes sure that our immigration laws keep up with changes in the global economy. It simply assures that any international management consulting firm that separates from an international accounting firm but continues to keep the qualifying worldwide organizational structure may continue to use the L visa as it has in the past. Accordingly, no new category of visa is created and no new influx of L visa holders will occur. Attached to my remarks is an Interpretation of Technical Amendment which further explains this provision.

INTERPRETATION OF TECHNICAL AMENDMENT

“Collective” and “collectively” refer to a relationship between the accounting and management consulting firms or the elected members (partners, shareholders, members, employees) of the various accounting and management consulting firms inclusive of both accounting service firms and management consulting service firms or the elected members (partners, shareholders, members, employees) thereof.

An entity shall be considered to be “marketing its services under the same internationally recognized name directly or indirectly under an agreement” if it engages in a trade or business and markets its trade or business under the same internationally recognized name and one of the following direct or indirect relationships apply to the entity:

- (a) It has an agreement with the worldwide coordinating organization, or
- (b) It is a parent, branch, subsidiary or affiliate relationship to an entity which has an agreement with a qualifying worldwide coordinating organization, or
- (c) It is majority owned by members of such entity with an agreement and/or the members of its parent, subsidiary or affiliate entities, or
- (d) It is indirectly party to one or more agreements connecting it to the worldwide coordinating organization, as shown by facts and circumstances.

This provision is intended to provide the basis of continued L visa program eligibility for those worldwide coordinating organizations which may in the future divide or spin-off parallel business units which may independently plan to associate with a non-collective worldwide coordinating organization.

Mr. Speaker, I reserve the balance of my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Nursing Relief for Disadvantaged Areas Act of 1999. I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from Michigan (Mr. CONYERS) for shepherding this legislation through our full committee, I thank the chairman of the Subcommittee on Immigration and Claims, a committee on which I serve as the ranking member, and I particularly thank the distinguished gentleman from Illinois (Mr. RUSH) who had the insight and the leadership to bring this legislation forward.

It is important as we reflect upon and respect the nursing profession of this Nation that we also take into consideration any legislation of this type that would not in any way diminish their ability to serve those who are in need. We are here on the floor today to vote on two amendments passed by the United States Senate 2 weeks ago. This bill passed the full House on May 24, 1999.

The first amendment amends the Immigration and Nationality Act that would loosen residency requirements for foreign physicians who serve in underserved areas in the United States. For those physicians, it would provide waivers of the requirement that an employer sponsor individuals seeking to live and work in the United States. This is a good amendment, Mr. Speaker, as it will encourage physicians from other countries to aid the United States in areas and locales where there is a real health care shortage.

The other amendment, Mr. Speaker, deals with the L visa. The L visa is temporary, a temporary nonimmigrant visa allowing a U.S. company which is part of an international business to make intracompany transfers from overseas of foreign executives, managers and employees with specialized knowledge of America. In 1990, Congress clarified that international accounting firms and their related management consulting practices would be able to use the L visas. The effect of this amendment would be to make sure that any international management consulting firm that separates from an international accounting firm yet continues to maintain the qualifying worldwide organizational structure may continue to use the L visa even if it is no longer connected to an accounting firm.

The registered nurse temporary visa program was created by the Immigration Nursing Relief Act of 1989 and expired in September 1997. The Immigration Nursing Relief Act was enacted in response to a nationwide shortage of nurses sufficient to disrupt the delivery of services to patients in some of the health care institutions and to potentially place patients in jeopardy.

I support H.R. 441, because it creates a new registered nurse temporary visa program that would sunset after 5 years. It would limit the number of visas that can be issued to 500 a year and hospitals would be able to petition for an alien nurse to those in need. H.R. 441 would serve to decrease the nursing shortage in the United States and set up an H-1C visa program.

I would also like to note that the American Nursing Association does not oppose this bill and supports the time limits placed on this bill. Additionally, we will be working with them to ensure that the elements of this bill will ultimately serve its purpose to help those in need of nursing care.

Again, the bill's sponsor's leadership on this issue has been tenacious. He has worked on this issue for well over a year to limit the shortage of health care professionals not only in the First Congressional District of Illinois but in the inner cities and rural communities across this Nation. I support this amendment as it is employer and employee friendly, Mr. Speaker.

I urge my colleagues to support H.R. 441 as amended by the Senate.

Mr. Speaker, I would like to thank the gentleman from Texas, Congressman LAMAR SMITH, the Chairman of our Immigration and Claims Subcommittee on which I serve as Ranking Member, and Congressman BOBBY RUSH, the gentleman from Illinois who had the insight and the leadership to bring this legislation forward. I also would like to thank Mr. HYDE and Mr. CONYERS for passing this bill out of the full Judiciary Committee.

We are here on the floor today to vote on two amendments passed by the U.S. Senate two weeks ago. This bill passed the full House on May 24, 1999. The first amendment amends the Immigration and Nationality Act that would loosen residency requirements for foreign physicians who serve in underserved areas in the United States. For those physicians, it would provide waivers of the requirement that an employer sponsor individuals seeking to live and work in the United States. This is a good amendment Mr. Speaker, as it will encourage physicians from other countries to aid the United States in areas and locales where there is a real health care shortage. This will not displace American doctors.

The other amendment Mr. Speaker deals with the L visa. The L visa is a temporary, nonimmigrant visa allowing a U.S. company which is part of an international business to make intra-company transfers from overseas of foreign executives, managers, and employees with specialized knowledge to America. In 1990, Congress clarified that international accounting firms and their related management consulting practices would be able to use the L visas. The effect of this amendment would be to make sure that any international management consulting firm that separates from an international accounting firm, yet continues to maintain the qualifying worldwide organizational structure, may continue to use the L visa even if it is no longer connected to an accounting firm.

The Registered Nurse Temporary Visa Program was created by the Immigration Nursing

Relief Act of 1989 and expired in September 1997. The Immigration Nursing Relief Act was enacted in response to a nationwide shortage of nurses sufficient to disrupt the delivery of services to patients in some of health care institutions and to potentially place patients in jeopardy.

I support H.R. 441 bill because it creates a new registered nurse temporary visa program that would sunset after 5 years. It would limit the number of visas that can be issued to 500 a year and hospitals would be able to petition for an alien nurse to serve those "in need."

H.R. 441 would serve to decrease the nursing shortage in the United States, and set up a new H1-C visa program.

I would also like to note that the American Nursing Association does not oppose this bill and supports the time limits placed on the bill.

I now would like to yield five minutes to the bill's sponsor Mr. RUSH of Illinois, again whose leadership on this issue has been tenacious as he has worked on this issue for well over a year, to limit the shortage of health care professionals not only in the 1st Congressional District of Illinois, but in the inner cities across this nation.

I support these amendments as they are employer and employee friendly, Mr. Speaker. I urge my colleagues to support H.R. 441, as amended by the Senate.

Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. RUSH).

Mr. RUSH. Mr. Speaker, I want to thank the gentlewoman from Texas for yielding this time to me.

Mr. Speaker, I want to also thank the gentlewoman from Texas for all of the work that she has done on behalf of this bill at the committee level and at the subcommittee level. I want to thank the gentleman from Illinois (Mr. HYDE), the chairman of the committee, for all his work. I want to also thank the ranking member the gentleman from Michigan (Mr. CONYERS) for all the work that he did on behalf of this bill, and also I want to thank the gentleman from Texas (Mr. SMITH), the chairman of the subcommittee, for all the work that he did on behalf of this bill.

Mr. Speaker, as the sponsor of the Nursing Relief for Disadvantaged Areas Act of 1999, I also support certain provisions that were added in the Senate by unanimous consent and that enjoy strong bipartisan support. Specifically, I refer to a provision added by Senator HATCH which is merely a technical clarification to the L visa.

As my colleagues know, the L visa is a temporary, nonimmigrant visa. The technical amendment permits an American company which is part of an international business, to transfer managers and employees to the United States from a foreign country. This amendment allows American companies to remain competitive.

Additionally, another provision added by Senators LOTT and DASCHLE allow foreign doctors to work for 5 years in disadvantaged areas, provided, and I repeat, provided that no Amer-

ican doctors are available to perform these jobs.

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I want to assure my colleagues that these amendments will not take jobs away from our American doctors and these amendments are within the spirit of this legislation.

Hence, I rise today to encourage my colleagues to vote for H.R. 441, as amended by the Senate. As you may know, my reason for introducing and encouraging support for this legislation is quite simple. It will assist the underserved communities of this Nation by providing adequate health care for their residents.

Today there are some areas in this country which experience a scarcity of health professionals. Even though numbers indicate that no nursing shortage exists nationally, such an area exists in my district, the First District of Illinois. The Englewood community, a poor, urban neighborhood with a high incidence of crime, is primarily served by one hospital, and that hospital is the St. Bernard's Hospital. This small community hospital's emergency room averages approximately 31,000 visits per day. Fifty percent of their patients are Medicaid recipients and 35 percent receive Medicare.

The Immigration Nursing Relief Act of 1989 created the H-1A visa program in order to allow foreign-educated nurses to work in the United States. The rationale for the H-1A program, as acknowledged by the AFL-CIO, the American Nurses Association and others, was to address spot shortage areas. St. Bernard's hospital utilized the H-1A program to maintain an adequate nursing staff level.

The H-1A program was vital to St. Bernard's continued existence. Prior to this program, St. Bernard hired temporary nurses. As a result, the hospital's nursing expenditures increased by approximately \$2 million in an effort to provide health care to its patients in 1992. This additional cost brought St. Bernard's close to closing its doors.

The H-1A visa program expired on September 30, 1997. Currently, no program exists that would assist hospitals such as St. Bernard's in their efforts to retain qualified nurses. My legislation merely seeks to close a gap created by the expiration of the H-1A program.

H.R. 441 prescribes that any hospital which seeks to hire foreign nurses under these provisions must meet the following stringent criteria: number one, be located in a health professional shortage area; number two, have at least 190 acute-care beds; number three, have a Medicare population of 35 percent; and, number four, have a Medicaid population of at least 28 percent.

Mr. Speaker, these are stringent requirements. This bill needs the support

of the Members of this body, and I encourage Members of this body to support this legislation and support H.R. 441.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I urge all Members to vote to concur to the Senate amendment to H.R. 441 that will enable the bill to go to the President's desk and become the law of the land.

Mr. HYDE. Mr. Speaker, I want to commend our colleague BOBBY RUSH for introducing this important bill and working over the last two years to ensure its enactment into law.

Two years ago, Representative RUSH and I were approached by St. Bernard Hospital and Health Care Center in Chicago. The hospital, which is the only source of health care for an entire impoverished section of the City of Chicago, was having great difficulty attracting sufficient American nurses. St. Bernard's and a number of other inner-city hospitals, perhaps because of the high crime rates in their neighborhoods, were having this problem. So were a number of rural hospitals. St. Bernard's felt that its only viable option to fully meet its nursing needs was to employ foreign nationals.

There isn't a nationwide nursing shortage in the United States. So, there does not appear to be the support to implement a broad-based nurse visa program. However, a narrowly crafted program to help out hospitals in need is eminently justified. This is exactly what H.R. 441 accomplishes. The bill would create a new temporary registered nurse visa program designated "H-1C" that would provide up to 500 visas a year and that would sunset in four years.

To be able to petition for an alien nurse, a hospital would have to meet four conditions. First, it would have to be located in a health professional shortage area as designated by the Department of Health and Human Services. Second, it would have to have at least 190 acute care beds. Third, a certain percentage of its patients would have to be Medicare patients. Fourth, a certain percentage of patients would have to be Medicaid patients.

H.R. 441 meets an undisputed need. Thus, it is not opposed by the American nurses association. I was pleased to move the bill through the Judiciary Committee, and I urge my colleagues to support it.

Mr. SMITH of Texas. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and concur in the Senate amendment to H.R. 441.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.