

## POSITION STATEMENT

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# English Language Proficiency for Credentialing Excellence: The Hidden Dimension of Practice Competency for Migrating Nurses and other Health Professionals

### ● Background

The English language proficiency (ELP) requirements for foreign health care workers seeking occupational visas to enter and work in the United States were first enacted in Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), where ELP was highlighted as a key requirement for protecting patient safety. This foresight of insisting on an ELP standard that foreign health care workers must meet for visa screening purposes, while novel at the time, has been corroborated by subsequent health workforce research that speaks to how a health care worker's lack of language proficiency can imperil patient safety. Continued vigilance on this ELP standard is a necessary component of patient safety.

Under Section 343, health care workers seeking these visas must achieve minimum scores on an approved ELP test unless they received their education in certain English-speaking countries that have been granted exemptions from the ELP requirement. The original ELP tests included in Section 343 were TOEFL, TOEIC, and IELTS. Since then, other English proficiency tests—MET, OET, Cambridge English Qualifications (B2 First, C1 Advanced, or C2 Proficiency Exams), and PTE Academic—have been approved by HRSA for meeting this ELP requirement. Although HRSA established specific ELP requirements for health care workers at three distinct levels, these requirements have not been validated for the respective professions in the context of the U.S. healthcare environment. In addition, each ELP test has its own cut scores that were set either in an idiosyncratic approach by each test provider or based on standard-setting studies conducted for other purposes and in contexts other than U.S. healthcare. Although a variety of standard-setting studies have been completed, differences in their panelist composition and methodology as well as the recency of their research make it difficult to combine results from the studies.

TruMerit™ values its role as an ardent steward of the visa screening mandate. The inability to achieve consistency in ELP standards over the years has led us to take action by bringing public and industry-wide attention to the need for uniformity in standards for English language proficiency assessment for the migrating health workforce. The absence of a consistent standard that international health care workers must meet to satisfy eligibility requirements will hinder our ongoing efforts to protect patient safety. We need to take a leadership role in working directly with the ELP test providers, with other approved credential evaluation organizations, and with HRSA to achieve a consistent standard for public safety.



To address this critical need for consistency in English language proficiency standard, we convened all ELP test providers at our headquarters in Philadelphia to study this matter in January 2025. We have been encouraged by the consensus achieved during this first ELP convening (which was the first of its kind) and HRSA's willingness to consider our report based on the recommendations of this expert panel. The recommendations include an immediate adjustment in cut scores from the respective tests based on completed research and a longer-term study to set new cut scores for these migrating health care workers within the U.S. healthcare contexts.

## ● TruMerit's position on ELP assessment

TruMerit (until recently, known as CGFNS International) was established in 1977, with the support of nursing professional organizations, to evaluate foreign-educated nurses to determine their likelihood of success in being admitted to the nursing workforce in the United States. Although we have expanded the scope of our services to include health care professionals from additional disciplines, we have remained steadfast in our original mission to safeguard public interest, and more specifically to protect patient safety, while ensuring fairness and equity in access to global mobility and career opportunities for nurses and other health care professionals worldwide.

To uphold the gold standard that undergirds our approach to evidence-based credential assessment and defines our excellence in credentialing for the migrating health workforce, we play a multiplicity of roles. We serve as an impartial arbiter of these standards when we are in a position to do so, and we serve as a fierce advocate to rally support for achieving excellence when our voice matters.

ELP assessment is not commonly viewed as a critical component of credentialing in the overall assessment of education comparability for migrating health care workers who have received that training outside a destination country. It is often relegated as an optional requirement for eligibility to practice. TruMerit takes the position that ELP assessment, the silent partner of credentialing, is critical to communicative effectiveness central to the functioning of a multidisciplinary care team and the safe delivery of that care to patients.

### TruMerit upholds the following principles and practices as essential to credentialing excellence.

1. ELP test providers must commit to a process of self-vigilance and self-regulation to achieve the highest standard of excellence.
2. ELP tests providers must ensure that ELP tests are available and accessible worldwide.
3. ELP test providers must administer tests in a fraud-free, secure environment.
4. ELP test providers must work collaboratively in the ELP assessment community through standard-setting and concordance protocols to ensure that the migrating health care workers are meeting the required standards regardless of the test chosen.
5. ELP test providers must validate the assessment for intended use. In the case of health care workers migrating to work in the United States, ELP test providers must validate the assessment for intended healthcare contexts in the United States.
6. ELP tests must be high-quality tests supported by research and scientific evidence.
7. ELP test score reporting must include both an integrated score across the four language skills measured and individual subskill scores.