

IMG TASKFORCE

INTERNATIONAL MEDICAL GRADUATE TASKFORCE

March 2012

U.S. PHYSICIAN SHORTAGES & IMG-BASED LEGISLATIVE SOLUTIONS

Physician Shortages

- Millions of Americans in rural areas and low-income urban communities experience persistent, severe physician shortages.
- Physician residency slots have remained artificially frozen at 1997 levels, while the U.S. population continues to increase in size and age. This has resulted in a current physician shortage of thousands of physicians across specialties, particularly in primary care specialties.
- The US will soon face an epic shortfall of physicians nationwide, with or without the repeal of health care reform. The American Association of Medical Colleges had predicted a shortfall of 39,600 physicians by 2015 prior to health care reform. After the enactment of health care reform, the AAMC updated its predication to a gap of 63,000 physicians within the same timeframe.

The Gap-Filling Role of IMGs

- U.S.-trained international medical graduates, or “IMGs”, can help mitigate existing and impending physician shortages.
- IMGs, and particularly IMGs who are in the U.S. on temporary, non-immigrant visas have provided a gap-filling role within the physician workforce. Visa-holder IMGs are more likely than their U.S. counterparts to
 - serve medically underserved populations, including minority, rural and low-income urban populations;
 - accept Medicare, Medicaid and SCHIP patients;
 - provide direct patient care; and
 - specialize in primary care.
- IMGs are key to the success of rural Critical Access Hospitals, physician residency programs, and several other safety net providers.

Legislative Proposals

Our organization urges bi-partisan, budget-neutral legislative improvements to leverage IMGs as a resource, largely through technical corrections within the context of existing legislation. None of the legislative proposals we promote require federal or state governments to compensate IMG physicians for their services.

Legislative Goal: Increase Physician Access for the Medically Underserved

- **Conrad 30 J Waiver Program – Reauthorization and Expansion (S. 1979)**
The Conrad 30 J Waiver Program has attracted thousands of IMG physicians into rural and inner city areas and has provided tens of millions of medically underserved Americans to

physicians since its establishment in 1994. We support the Conrad State 30 Improvement Act (S. 1979), for permanent reauthorization and expansion of the program.

➤ **Physician National Interest Waiver Improvements**

The Physician National Interest Waiver category provides a 5-year path to lawful permanent residence, or the “green card”, for IMGs who work in medically underserved areas and at Veterans Administration facilities. We support legislative corrections that would permit Conrad 30 J Waiver and other physicians to remain in their underserved communities, including specialists, physicians carrying out FLEX-based service, and physicians who provide service under more than one single 5-year contract.

Legislative Goal: Mitigate Physician Shortage in U.S.

➤ **Resident Physician Shortage Reduction Act of 2011 (S. 1627)**

While U.S. medical education is finally expanding, such expansion is meaningless as a path to mitigating current and impending physician shortages if CMS-funded residency slots continue to remain frozen at 20th Century levels. We enthusiastically support the Resident Physician Shortage Reduction Act, which would increase the total available slots by 15,000 residency slots, to bring the U.S. physician supply closer to the actual and future needs of a growing and aging population.

Legislative Goal: Correct Current Legislative and Adjudicative Inefficiencies

IMGs and the health care facilities that employ them require clear and consistent rules in order to best serve the American public.

➤ **Legislative Clarification of H-1B Cap Exemptions**

We support incorporating into law a list of easily identifiable public interest facilities for H-1B cap exemptions, including teaching hospitals, community health clinics, Critical Access Hospitals, Federally Qualified Health Centers and other safety net providers. This would promote year-round continuity of care for the vulnerable populations served by such institutions.

➤ **Legislative Clarification of H-1B “Employment”**

Physicians often must render medical services at more than one location and at facilities not wholly owned by their employers. Immigration has recently questioned such arrangements as akin to “job shops” and subjected physician petitions to complex, multi-factor tests. We support a simple, readily verifiable definition of H-1B employment for physicians to promote their ability to treat patients on an as-needed, where-needed basis.

➤ **Correct Current Legislative Inefficiencies**

Physicians and their employers are negatively impacted by inconsistencies in the current patchwork quilt of immigration law. We support a one-time set of legislative corrections relating to dual intent, M.B.B.S. degrees, LCME-accredited medical graduates, and U.S. graduate medical education as equivalent to other U.S. graduate education.