IMG TASKFORCE

INTERNATIONAL MEDICAL GRADUATE TASKFORCE

About Our Organization

The International Medical Graduate (IMG) Taskforce comprises professionals in medicine and law who are dedicated to helping Americans in rural and other physician-shortage areas obtain the basic medical services they so desperately need and deserve. Among other goals, we strive to educate national and state policy makers, administrative officials, and the American public on the need for fair and reasonable laws for allowing international medical graduates to become licensed as physicians and to begin or continue their medical careers in the United States. We work on behalf of universities, teaching hospitals, medical centers, and clinics of all sizes, and on behalf of international medical graduates seeking necessary authorizations. Given the inherent complexities and constant shifting of underlying laws and policies, we also collegially support each other. Ultimately, we share a deep desire to ensure that Americans in underserved areas and underserved populations of the United States receive adequate health care services.

A central goal of the IMG taskforce is to educate national and state policy makers, administrative officials, and the American public on the need for fair and reasonable laws that allow international medical graduates to become licensed physicians and to begin or continue their medical careers in the United States. To this end, we develop key relationships with legislators and policy makers in both federal and state government agencies in order to ensure that the needs of international medical graduates are considered in the development of policy and law. Members of the IMG Taskforce lend their unique expertise in physician immigration matters to promote the best interests of international medical graduates in these areas.

The IMG Taskforce has been a major force in the physician immigration legislation and policy over the last several years. Current advocacy efforts seek to address the need for Conrad 30 reauthorization, visa retrogression, nonimmigrant and immigrant visa caps, and other issues of concern to international medical graduates their patients, and their employers.

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April 2011

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 undeserved 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 Improvements**
  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 making the program permanent and enacting a floating mechanism to increase physician slots in response to proven demand on a state-by-state basis. We also support provisions to protect participating physicians from non-compliant employers. Finally, we support technical corrections to permit physicians to carry out their Conrad service in any lawful status authorized by Immigration.

- **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. We also support expanding the significance of such service, by exempting participating physicians from the H-1B cap, re-setting the 6-year clock on the H-1B limit of stay upon the beginning of their service, and exempting them and their dependents from per-country immigrant visa or "green card" limitations.

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.

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H-1B Cap Exemption Overview – IMGT Action Update

What is an "H-1B visa"?

The H-1B visa is a visa that permits physicians and certain other professionals to carry out professional services in the United States. The H-1B visa also permits international medical graduates to participate in medical residencies and fellowships within the U.S.

What is the H-1B "cap"?

The H-1B cap is a limit on the number of first-time H-1B petitions that can be approved in a given fiscal year. Ever since the H-1B limit returned to its current level of 65,000 new H-1Bs per year, the H-1B cap has been reached long before June 30th, when most graduate medical education programs end. This means that no new cap-subject H-1Bs are available for start dates between July 1 and the beginning of Immigration's new fiscal year.

What is an H-1B cap exemption?

Certain H-1B visas can be exempt from the H-1B cap based on the location of employment. The law provides that H-1B service to be carried out at a college or university or at a non-profit organization related to or affiliated with a college or university is not to be subject to the H-1B cap. Historically, teaching hospitals, community hospitals, federally qualified health centers and other safety net providers that host training programs for colleges or universities have been granted the H-1B cap exemption for their H-1B professionals.

What has changed about the H-1B cap exemption?

The law (the Immigration and Nationality Act) has not changed, nor have the regulations regarding the H-1B cap (8 CFR § 214.2 (h)(8)). However, an internal appellate body within Immigration called the "AAO" recently released an unreported decision that had a uniquely narrow view of H-1B cap exemption for teaching hospitals, community hospitals and other non-profit organizations that provide training for healthcare professionals. The decision denied cap exemption for a community hospital that had affiliation agreements with institutions of higher education to train nursing students. The decision held that only organizations owned or controlled by an institution of higher education would be eligible for cap exemptions.

April 14, 2011

VIA FEDERAL EXPRESS

United States Department of Homeland Security
U.S. Citizenship and Immigration Services
Attn: N-400
2501 S. State Highway 121 Business
Suite 400
Lewisville, TX 75067

RE: N-400 Application for Naturalization
APPLICANT: Hadi Kassimali LADAK
ALIEN NUMBER: A073 780 667

Dear Sir or Madam:

Enclosed please find the N-400 Application for Naturalization of Hadi Kassimali Ladak, M.D., a citizen of Pakistan. Dr. Ladak has been a lawful permanent resident of the United States since September 19, 2005. In conjunction with this application, please find enclosed the following listed items:

1. Form G-28 Notice of Entry of Appearance as Attorney;
2. Two identical photographs of the Applicant;
3. Copy of Applicant's Permanent Resident Card and
4. One check in the amount of $680 for the Form N-400 Filing fee and biometrics.

As detailed on the enclosed Form N-400, Dr. Ladak meets all the criteria for eligibility found at 8 C.F.R. Section 316.2. Should you require any further information regarding this application, please contact me directly.

Sincerely,

Stephen G. Sturgeon

cc: Hadi Kassimali Ladak, M.D.

Enclosures

HCS/jmd

How has the change affected hospitals and other non-profit employers of international medical graduate (IMG) physicians?

Immigration has denied H-1B cap exemptions to teaching hospitals and other safety net providers, on the basis that such facilities are not owned or controlled by colleges or universities. The affiliation agreements for teaching programs, including robust, longstanding medical residency programs, are now being deemed insufficient as a basis for cap exemption.

This trend, were it to continue, has several implications. One is that new H-1B medical residents and fellows would not be permitted to begin their graduate medical education (GME) in the U.S. prior to October 1, 2011. This, in turn, would create disruption in the established school-year cycle, which traditionally begins and ends in summertime. In addition, teaching hospitals, community health centers, and similar organizations would not be able to bring on board new H-1B professionals, including attending physicians and training program faculty members, without waiting for the next fiscal year to begin on October 1. This is particularly troublesome for the continuous employment of much-needed fully licensed attending physicians, as fully licensed physicians typically have a gap between the end of their graduate medical training in the summer and the beginning of the new Immigration fiscal year on October 1.

What are the recent interim procedures put into place by USCIS with respect to H-1B petitions seeking cap exemption based on affiliation?

In response to feedback from stakeholders and U.S. legislators stemming from recent erroneous denials of H-1B cap exemption, USCIS recently issued a press release stating it was reviewing its policy regarding affiliation-based cap exemption. The press release stated USCIS will give deference to prior determinations of affiliation-based H-1B cap exemption, if such determinations were made after June 2006, the date of a non-binding USCIS memorandum. The USCIS requires that petitioners seeking cap exemption based on affiliation submit proof of previously approved cap-exempt petitions, any documentation that was submitted in support of the claimed cap exemption, and a statement attesting that their organization was approved as cap-exempt on the basis of affiliation since June 6, 2006.

Although USCIS has taken a step in the right direction with its statement affording some deference to a specific set of previously approved petitioning entities, several questions remain in the near term which could adversely affect non-profit entities seeking H-1B cap exemption based on affiliation.

The USCIS press release fails provide reliable, binding guidance for teaching hospitals and other cap-exempt petitioners needing to file H-1B petitions for start dates prior to October 1. The press release simply provides for "deference to prior determinations" of

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VIA FEDERAL EXPRESS
United States Department of Homeland Security
U.S. Citizenship and Immigration Services
Attn: N-400
2501 S. State Highway 121 Business
Suite 400
Lewisville, TX 75067

RE: N-400 Application for Naturalization
APPLICANT: Farah Hadi LADAK
ALIEN NUMBER: A098 732 977

Dear Sir or Madam:

Enclosed for filing please find the N-400 Application for Naturalization of Ms. Farah Hadi Ladak, a citizen of Pakistan. Ms. Ladak has been a lawful permanent resident of the United States since September 19, 2005. In conjunction with this application, please find enclosed the following listed items:

1. Form G-28 Notice of Entry of Appearance as Attorney;

2. Two identical photographs of the Applicant;

3. Copy of Applicant's Permanent Resident Card; and

4. One check in the amount of $680 for the Form N-400 filing fee and biometrics.

As detailed on the enclosed Form N-400, Ms. Ladak meets all the criteria for eligibility found at 8 C.F.R. Section [illegible]. Should you require further information regarding this application, please contact me directly.

Attorney at Law

cc: Ms. Farah Hadi Ladak