

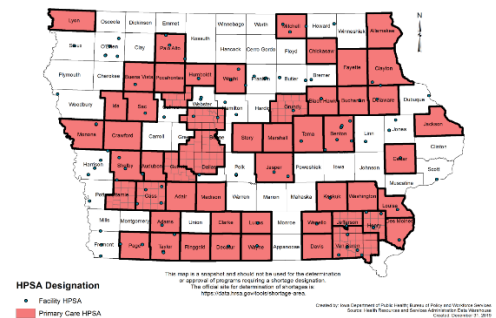
Increase J-1 Visa Waivers

- Iowa currently utilizes all 30 J-1 visa waivers provided by the Conrad 30 program and has a waitlist of IMG physicians who want to remain in Iowa and care for their patients.
- Expansion of the Conrad 30 program should include the reallocation of unused waivers and an increase to the base state allotment of J-1 visa waivers to 40 or 50.
- Allowing the reallocation or increase of J-1 visa waivers would enable the immediate retention of physicians desiring to continue their work in Iowa's rural and underserved communities, and ensures the investment made into their education continues its return.

What are the issues?

The Association of American Medical Colleges projects that the United States will face a physician shortage of between 37,800 to 124,000 physicians in 12 years. Although this is a projected shortage of both primary care and specialty providers, it doesn't mean Americans aren't already facing a physician shortage. There are currently over 20 million rural Americans that are living in a federally designated health professional shortage area (HPSA).² As for Iowa, 97 of its 99 counties are either partially, or entirely in a shortage area and it ranks 45th in the nation for the number of active physicians per 100,000 population.

Iowa: Federal Primary Health Care Shortage Designations



Source: Iowa Department of Public Health

These statistics exemplify the difficulties Iowa's rural communities are facing in recruiting and retaining physicians. Many of which will utilize International Medical Graduates (IMG) to help fill these physician vacancies, taking advantage of J-1 visas to recruit internationally trained physicians into residency and fellowship programs; and waivers, as available, to allow these physicians to remain in the area to practice without having to return to their home country before qualifying for permanent residence visas.

The availability of J-1 visa waivers – exceptions to the requirement that IMG physicians return to their home country for a period of two years – is created, and limited, by the Conrad 30 program. This federal program provides each state with a base allotment of 30 J-1 visa waivers on a yearly basis and requires that the recipient of this waiver is a J-1 physician working in a federally designated health professional shortage area within the state providing the waiver. Beyond these requirements, the program allows each *State's* Department of Health or its equivalent to administer the program as it sees fit. Meaning each state will prioritize recipients based on where they are experiencing the greatest physician shortages or on practice areas that are a priority for the state.

This allows states like Iowa, where IMG physicians account for approximately 20% of Iowa's physician workforce, to utilize the full 30 J-1 visa waivers and have a waitlist of applicants on a yearly basis. However, not all states utilize the full 30 J-1 visa waivers, and because the program is administered independently by each state these unutilized waivers simply go to waste. Which in turn leaves Iowa, and other states, to force these J-1 physicians to return to their home country for a period of two years before they are eligible for another visa or permanent residency visa. Losing any return on the investment that the state made into the individual, as well as the investment that the individual made into forming relationships with the patients of Iowa's rural communities.

Why is this important?

The physician workforce shortage is a problem Iowa is currently facing. Increasing the utilization and/or allotment of J-1 visa waivers is an established and proven means for rural and underserved communities to recruit and retain physicians. Which will in turn decrease the physician shortage, provide greater access to care for individuals, and improve patient safety as providers are able to practice in safer conditions. Additionally, expanding the Conrad 30 program keeps individual who are trained in the state, working within the state; instead of forcing Iowa trained professionals to leave.

Legislative Ask

- **Support the bi-partisan Directing Our Country’s Transfer of Residency Slots (DOCTORS) ACT**
Cosponsored by Senator Ernst (R-IA) and Klobuchar (D-MN)
 - This will enable reallocation of unused waivers of the foreign residency requirement for certain J visa waiver holders, specifically International Medical Graduates physicians.
 - Consider legislative opportunities that not only allow the transfer and full utilization of existing J-1 visa allocations, but also those that increase the base state allowance of J-1 visa waivers to 40 or 50.
- **Support the Healthcare Workforce Resiliency Act**
Bi-partisan bill recently introduced; Senator Ernst being part of the original sponsor group.
 - This will authorize the “recapture” of 40,000 unused employment visas and direct them to the critical shortage of physicians (15,000) and nurses (25,000).

Iowa Implications

Increasing the number of J-1 visa waivers available can immediately impact the physician shortage. Iowa placed all 30 slots during the previous application cycle, with a waitlist of individuals wanting to remain in Iowa to continue caring for their patients. Put simply, there are IMG physicians seeking to practice in Iowa, only limited by the number of available waivers. Therefore, by increasing the available J-1 visa waivers, Iowa can increase the presence of physicians in underserved areas, improve patient access to the care they need, and benefit from the investment made into these individuals training.

Sources

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7. *J-1 and Done? A Review of Available Waiver Options for J*. Brendan J. Venter. [J-1 and Done? A Review of Available Waiver Options for J-1 \(harrisbeach.com\)](https://www.harrisbeach.com/j-1-and-done-a-review-of-available-waiver-options-for-j-1/)