

Strengthening the Role of International Medical Graduates in Providing Access to Health Care for Rural America

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National Rural Health Association

The J-1 visa allows foreign medical graduates (FMGs) to pursue graduate medical education in the U.S. Upon completion of their residencies, international medical graduates (IMGs) on the J-1 visa are required to return to their country of origin or last country of residence for at least two years before seeking a different immigration status. This requirement can be waived (J-1 visa waiver) if a U.S. government agency or state Department of Health requests the waiver.

Until recently, the U.S. Department of Agriculture (USDA) requested waivers for physicians who agree to serve in a rural Health Professional Shortage Area (HPSA) not otherwise "fully served." But as of February 27, 2002, the USDA terminated its involvement in sponsoring foreign research scientists and recommending waivers of the home residency requirement for foreign physicians. In light of the events of September 11, 2001, the USDA said it did not have the staff to ensure security considerations were resolved.

The USDA announced on April 16, 2002 that it would process the pending 86 J-1 visa waiver applications at the time of the February announcement. It was also announced that a White House interagency taskforce had been formed to review the J-1 visa program for foreign physicians.

Department of Health and Human Services Secretary Tommy Thompson has indicated interest in his department possibly taking over the J-1 visa waiver program. (In December 2002, Secretary Thompson announced that HHS would begin reviewing applications from community health centers, rural hospitals and other health care providers to waive return-home requirements for foreign physicians.)

J-1 visa waiver physicians serve many rural areas of the country, with many being the sole health care provider in those areas.

- From 1994-2001, there were 3,098 J-1 visa waivers granted to USDA applicants, with all but 571 being rural.

- From 1998-2001, there were 314 J-1 visa waivers granted to Appalachian Regional Commission applicants

- From 1998-2001, there were more than 1800 J-1 visa waivers granted to state Conrad-20 applicants, approximately 62% in rural areas. More than 44 states (the number as of March 25, 2002) participate in this program, which places physicians in either HPSAs or Medically Underserved Areas (MUAs)
- J-1 visa waiver physicians are currently providing care to over 4 million people living in underserved areas of rural America.
- If all IMGs currently in primary care practice were removed, one out of every five "adequately served" non-metropolitan counties would become underserved.
- Without IMGs, the number of rural counties with no primary care physicians would rise from 161 to 212.
- In 1996, IMGs represented the following percentages of primary care physicians in counties classified by shortage status: In whole county HPSAs, 18.7% In partial county HPSAs, 15.2% In non-HPSA counties, 14.3%

The impact of the USDA decision is to remove one of several federal agency options that addressed health care needs in rural areas in several states. Work must be continued to ensure that the access problem that already exists in rural health care is not worsened by the USDA's withdrawal from the J-1 visa waiver program.

Policy Recommendations

- The NRHA supports the creation of an inter-agency task force made up of representatives of the USDA, Immigration and Naturalization Service, State Department, and Dept. of Homeland Security to find a balance between security interests and the needs of underserved rural communities for access to health care, which is often provided by J-1 visa waiver physicians.
- The NRHA encourages other government agencies besides the USDA to become more active in the J-1 visa waiver program, and is supportive of the Department of Health and Human Services taking on oversight of the program.
- Continue the Conrad-20 program, and expand the current limit of 20 physicians per state per year to 40 per state per year. (In 2002, Congress reauthorized this program and raised the number of physicians placed per state per year to 30.)

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-Encourage State Offices of Rural Health to continue their participation in the process of recommending waivers for J-1 physicians, particularly in reviewing and approving the sites for placement.

-Develop a national management information system by DHHS to monitor the placement of all federally obligated physicians including J-1 visa waiver physicians and NHSC practitioners obligated under federal and joint state-federal scholarship and loan repayment programs. Include appropriate data such as their location during the period of their service obligation and their practice location upon completion of that commitment.

-The NRHA recommends continued participation by federal agencies in the J-1 Visa Waiver Program. If multiple agencies are involved in recommending waivers in the same geographic area, coordination of effort should be assured, whether through the auspices of a federal agency, a national contract, or state governments.

The NRHA drew heavily upon the work of Keith J. Mueller, Ph.D, and the Rural Policy Research Institute in compiling this Policy Brief. For further information on this topic, see the following policy paper: "The Immediate and Future Role of the J-1 Visa Waiver Program for Physicians: The Consequences of Change for Rural Health Care Service Delivery" published April 2002 by RUPRI's Special J-1 Visa Waiver Program Task Force, Keith J. Mueller, Ph.D., Principal Author. <http://www.rupri.org/pubs/archive/reports/P2002-3/index.html>

Questions in regard to this policy brief should be directed to the NRHA Government Affairs Office at 703/519-7910

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