



Statement for the Record
American College of Physicians
Senate Committee on the Judiciary, Subcommittee on Immigration, Citizenship and Border
Security
Hearing on “Flatlining Care: Why Immigrants Are Crucial to Bolstering Our Health Care
Workforce”
September 14, 2022

On behalf of the American College of Physicians (ACP), we appreciate this opportunity to submit a statement about the forthcoming hearing that will examine the important role of immigrants in the U.S. health care system. We would like to provide the physician perspective on this critical workforce issue and offer recommendations on ways to reduce the shortage of physicians in this country and expand access to care for our patients in underserved areas. We applaud the leadership of both Chair Padilla and Ranking Member Cornyn in convening this hearing.

The American College of Physicians (ACP) is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease and asthma.

The Physician Workforce Shortage

The COVID-19 global pandemic continues to take a heavy toll on virtually all aspects of the U.S. economy and health care system, including physicians. Internal medicine specialists have been and continue to be on the frontlines of patient care during the pandemic. Many physicians were asked to come out of retirement to provide care, and there continues to be an increasing reliance on medical graduates, both U.S. and international, to serve on the frontlines in the fight against COVID-19.

According to the Association of American Medical Colleges (AAMC), before the Coronavirus crisis, estimates were that there would be a shortage of 17,800 to 48,000 primary care physicians by 2034. A [report](#) by the National Academy of Sciences, Engineering and Medicine calls on policymakers to increase our investment in primary care as evidence shows that it is critical for achieving health care’s quadruple aim (enhancing patient experience, improving

population, reducing costs, and improving the health care team experience). Now, with the closure of many physician practices and near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative to assist those clinicians serving on the frontlines by adopting measures to expand the role of International Medical Graduates (IMGs) in the physician workforce.

IMGs play an integral role in the delivery of care to patients across this nation, both under the J-1 training and H-1B work visa programs. IMGs including H-1B physicians, are more likely to practice in underserved areas and become primary care physicians, making them critical to addressing worsening physician shortages¹². Additionally, a [study](#) by Penn Medicine researchers indicated that patients who shared the same racial or ethnic background as their physician were more likely to be satisfied with their care and give the maximum patient rating score. ACP believes that a diverse, equitable, and inclusive physician workforce is crucial to promote equity and understanding among clinicians and patients and to facilitate quality care, and it supports actions to achieve such diversity, equity, and inclusion, as noted in its 2021 position paper on [Disparities and Discrimination in Health and Health Care](#).

Expanding the Physician Workforce

Congress plays an important role in supporting programs that facilitate access to care by expanding the physician workforce. The College stands ready to work with lawmakers to advance legislation toward that end, and we urge Congress to expedite passage of these bills:

- **The Conrad State 30 and Physician Access Reauthorization Act (H.R. 3541, S. 1810)**
The federal Conrad 30 waiver program allows J-1 IMGs trained in the United States to remain in the country after completing their residency if they practice in an underserved area for three years. ACP supports this bipartisan legislation that would extend the authorization for the program for three years and would simplify the process for obtaining a visa, enhance important workplace protections for physicians, and increase the number of waivers available to states beyond the current allotment of thirty waivers, if certain requirements are met. We also appreciate that the bill would allow spouses of doctors in this program to work in the United States. We support the reauthorization of this program without delay, and also believe that it should be made permanent to give physicians with J-1 visas certainty that they may continue to practice in underserved areas. We urge Congress to consider the permanent reauthorization of the Conrad 30 J-1 visa waiver program in the context of broader immigration reform consistent with our position paper on [National Immigration Policy and Access to Health Care](#).

¹ Thompson MJ, Hagopian A, Fordyce M, Hart LG. Do international medical graduates (IMGs) "fill the gap" in rural primary care in the United States? A national study. J Rural Health. 2009 Spring;25(2):124-34. doi: 10.1111/j.1748-0361.2009.00208.x. PMID: 19785577. Available at: [Do international medical graduates \(IMGs\) "fill the gap" in rural primary care in the United States? A national study - PubMed \(nih.gov\)](#)

² The National Resident Matching Program. Results and Data: 2020 Main Residency Match. 2020. Available at: https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM_Results_and-Data_2020-1.pdf

- **The Healthcare Workforce Resilience Act (H.R. 2255, S. 1024)**

ACP supports this bipartisan legislation that would recapture 40,000 unused visas and use them to provide additional green cards to 15,000 physicians and 25,000 professional nurses. The visas, which would not count towards the annual limit and would be recaptured from a pool of over 200,000 employment-based visas left unused between 1992 and 2020 would provide a pathway to employed-based green cards and quickly address one of the health care system's most pressing needs. By recapturing a limited number of unused visas from prior years and allocating them, this legislation offers the advantage of not only addressing the physician shortage that existed before the pandemic but recognizing that the shortages are growing more severe as the need for clinicians becomes greater with each passing day. It is an extremely timely response to the continued risk imposed by the COVID-19 pandemic. We remain concerned that many internal medicine physicians who are working in this country with approved temporary immigration status are facing delays in obtaining their employment green cards, due to a backlog in the green-card approval process. Physicians with temporary immigration status may face limitations in the number of hours they can work and treat patients at a time when their help is needed to care for patients with COVID-19.

- **The Dream and Promise Act of 2021 (H.R. 6)**

ACP supports this legislation that would provide a pathway to U.S. citizenship for undocumented individuals, who were brought to the United States when they were children. Without the full protections afforded to them by the Dream and Promise Act, these students and physicians could potentially be forced to discontinue their studies or their medical practice and may be deported. We are especially troubled by the plight of these individuals because they are needed in the medical field to treat an increasingly racially and ethnically diverse patient population and have the background to fulfill the cultural, informational, and linguistic needs of patients.

ACP has long-standing policy supporting the federal Deferred Action for Childhood Arrivals (DACA) program that grants protections from deportation for undocumented individuals who were brought to the United States when they were children if they meet certain residency requirements. Without the protections granted by DACA, we remain greatly concerned about the possible future deportation of undocumented medical students, residents, fellows, practicing physicians, and others who came to the United States through no fault of their own.

Executive Action on Public Charge

ACP is also pleased that the U.S. Department of Homeland Security (DHS) published a [final rule](#) on September 8, 2022 that [restores](#) a responsible public charge policy ensuring that immigrants who qualify for safety net programs can seek health care, food and nutrition assistance, housing or other help without putting their immigration applications at risk. The final rule will be effective on December 23, 2022. Pending a more thorough review of the final rule, ACP

[supports](#) this action by DHS as a positive step forward in supporting the health and well-being of the immigrant population.

Conclusion

ACP appreciates this opportunity to comment on these important issues that will help expand the physician workforce and improve access to care. If we can serve as a resource on policies that impact health care delivery or primary care, please feel free to contact Jonni McCrann at jmccrann@acponline.org.