

May 30, 2018

L. Francis Cissna  
Director, U.S. Citizenship and Immigration Services  
20 Massachusetts Avenue, NW  
Washington, DC 20529

Dear Director Cissna,

The undersigned organizations are greatly concerned about the imminent healthcare repercussions of delays in H-1B visa processing due to increased scrutiny of prevailing wage data for incoming non-U.S. international medical graduates (IMGs) who have accepted positions in U.S. Graduate Medical Education (GME) programs. Our understanding is that the U.S. Citizenship and Immigration Services is requesting additional evidence and in some cases denying applications that use data from the Association of American Medical Colleges (AAMC) Survey of Resident/ Fellow Stipends and Benefits Report. The Department of Labor (DOL) has data on most occupations, including physicians, but not medical residents. As a result, DOL has previously approved the use of AAMC resident stipend data for these purposes.

All GME training programs in the U.S. start on or before July 1 of each year. When incoming medical residents are delayed or visas are denied, it is not only disruptive to training programs, but it impacts patient care as teaching hospitals rely on these medical residents to provide care. IMGs who are not U.S. citizens or permanent residents and seek entry into U.S. GME programs must obtain a visa that permits clinical training to provide medical services. Most enter the U.S. on a J-1 Exchange Visitor visa or an H-1B visa. Approximately one quarter of non-U.S. IMGs training in the U.S. do so on H-1B visas. For at least one internal medicine training program, 60% of incoming medical residents are on H-1B visas so the impact of a delayed start and possible denials would be devastating to their physician workforce capacity.

We urge you to expedite review of pending H-1B applications by non-U.S. IMGs who have been accepted to postgraduate training programs in order to avoid unnecessary delays and uncertainty affecting their timely entry. Since the DOL previously approved the use of AAMC resident stipend data for prevailing wage determinations, we believe such data should continue to be accepted. We understand that the U.S. has a legitimate public interest in conducting careful reviews of applications for visas from foreign nationals and non-U.S. IMGs cannot be automatically assumed to be exempt from such scrutiny. We hope you can reach an appropriate balance that allows non-U.S. IMGs to contribute to U.S. healthcare service needs without subjecting them to unnecessary delays in the absence of specific and credible evidence.

Sincerely,

Alliance for Academic Internal Medicine  
American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Obstetricians & Gynecologists  
American College of Physicians  
American Psychiatric Association  
Council of Academic Family Medicine

cc: Department of Homeland Security  
Department of Labor