**American College of Physicians Statement**
**House Committee on the Judiciary, Subcommittee on Immigration and Citizenship**
**"Is There a Doctor in the House?**
**The Role of Immigrant Physicians in the U.S. Healthcare System"**
**February 15, 2022**

On behalf of the American College of Physicians, we appreciate the opportunity to share our statement to the House Committee on the Judiciary, Subcommittee on Immigration and Citizenship concerning the recent hearing on the role of immigrant physicians in the U.S. health care system. We thank Subcommittee Chair Lofgren and Ranking Member McClintock for hosting this hearing to examine how international medical graduates (IMGs) can reduce the shortage of physicians in this country and expand access to care for our patients who reside in underserved areas. We urge Congress to enact the following measures outlined in this statement to expand the immigrant physician workforce especially during this pandemic as their role is even more important to care for the hundreds of thousands of patients battling COVID-19.

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 161,000 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 like diabetes, heart disease and asthma.

IMGs are currently serving on the frontlines of the U.S. health care system, both under J-1 training and H-1B work visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs help to meet a critical workforce need by providing health care for underserved populations in the United States. They are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas and in poor underserved urban areas. In addition, adherence to care improves when patients experience greater comfort and higher levels of patient satisfaction with care from physicians "who look like them." This element of diversity to the physician workforce is helpful and necessary to the health care for an increasingly diverse patient population.

The COVID-19 global pandemic continues to take a toll on virtually all aspects of the U.S. economy and health care system, including physicians. Internal medicine specialists, in

particular, 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 this fight against COVID-19 and deliver primary care.

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 the following measures to expand the role of IMGs in the physician workforce.

**Approve The Conrad State 30 and Physician Access Reauthorization Act**
We support legislation to expand access to care in underserved areas of this country through the **Conrad State 30 and Physician Access Reauthorization Act (H.R. 3541, S. 1810).** This bipartisan legislation 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 urge Congress to approve the Conrad State 30 and Physician Reauthorization Act without delay to expand access to care for our patients who reside in underserved areas.**

The College has long recognized the value of IMGs and their contributions to health care delivery in this country. Under current law, foreign doctors on J-1 educational visas must return to their home country upon completing medical residency and wait two years before they can apply for a new visa or green card. Many IMGs provide care in medically underserved areas by participating in J-1 visa waiver programs, including the Conrad 30 waiver program that allows J-1 foreign medical graduates (FMGs) trained in the United States to remain in the country after completing their residency if they practice in an underserved area for three years. 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 immigration policies as well as those set forth in our National Immigration Policy and Access to Health Care policy paper.

**Enact The Healthcare Workforce Resilience Act**
**We support bipartisan legislation, the Health Care Workforce Resilience Act (H.R. 2255, S. 1024) 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 employment-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 to doctors and nurses, the Healthcare Workforce Resilience Act 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.

**Support the Dream and Promise Act**

ACP remains supportive of the 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.

We are pleased that the Biden Administration has issued a proposed rule that strengthens the Deferred Action for Childhood Arrivals (DACA) program to ensure that undocumented children in this program will not be a priority for deportation. We remain concerned that the Department of Homeland Security proposed rule, if finalized, could be overturned by future Administrations. **That is why we support the Dream and Promise Act of 2021, H.R. 6, which would provide a pathway to U.S. citizenship for undocumented individuals, who were brought to the United States when they were only 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. We urge the Senate to approve this legislation so that it may be sent to the President and signed into law.

**Conclusion**

As we enter our third year of the global COVID-19 pandemic, it is clear that we can no longer afford to wait to enact the reforms outlined in this statement to reduce the physician workforce shortage and expand access to care in this country. We appreciate the efforts of this Committee to address these reform issues during this hearing and we look forward to working

with you to move these measures forward so that they may be signed into law. If you have any questions regarding this statement please do not hesitate to contact our Senior Associate for Legislative Affairs Brian Buckley at bbuckley@acponline.org.