

November 20, 2024

The Honorable Mike Johnson
Speaker
United States House of Representatives
Washington D.C., 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington D.C., 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
Washington D.C., 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington D.C., 20510

Dear Speaker Johnson, Majority Leader Schumer, Minority Leader McConell, and Minority Leader Jeffries:

On behalf of the 38 undersigned organizations, we are writing to strongly support inclusion of the bipartisan Conrad State 30 and Physician Access Reauthorization Act (H.R. 4942/S. 665) and Healthcare Workforce Resilience Act (H.R. 6025/S. 3211) in the end-of-year package.

The shortage of physicians in this country is growing more urgent each year. Over 80 million Americans live in areas that lack access to a primary care physician, and disparities across health specialties also continue to grow. For example, one-third of Black Americans live in areas that lack sufficient access to a cardiologist. We are committed to promoting access to preventive medicine that keeps patients healthy and able to manage their health conditions. Unfortunately, without sufficient access today, more Americans will face worse health outcomes because they lack access to health care in their communities.

By 2036, the United States will face a shortage of up to 86,000 physicians. In that same time, there will be significant growth in the number of Americans aged 65 and older who will need more health care and access to more types of physicians. The growing demands on health care systems require Congress to take steps to prepare to meet the needs of all patients. We continue to advocate for increasing the number of graduate medical education slots, minimizing administrative burdens on physicians and practices, and recognizing the vital role international medical graduates play in our health care system.

A growing number of physicians are nearing the traditional retirement age or will over the next decade. While investments in GME will help to mitigate some physician shortages, it could take up to 15 years before a physician is educated, trained, and seeing patients. As a result, increasing the total number of Medicare supported GME slots cannot be the only solution to addressing shortages, particularly in underserved areas.

That is why we support strengthening the Conrad 30 waiver program. For 30 years, the Conrad 30 waiver program has incentivized approximately 20,000 highly skilled physicians to practice

medicine in rural and underserved areas. A key part of the success of the current program is its flexible design that allows each state to customize how it allocates its 30 waivers to respond to its unique needs.

Without a Conrad 30 waiver, IMG physicians on a J-1 visa are required to return to their country of origin for at least two years before applying for another visa or green card. In exchange for the waiver, they must practice in a federally designated underserved area for at least three years.

Reauthorizing this program would provide critical updates to the program. In addition to gradually increasing the number of available waivers per state if certain thresholds are met, it would clarify and improve the waiver process for IMGs and employers by expanding the timeframe between when individual receives a waiver and when they must begin work to allow for time to complete their medical education and receive employment authorization.

These overdue changes will make it easier for employers to recruit and retain physicians who are practicing in underserved areas. It also clarifies the incentives for physicians to pursue a waiver, who would better understand the waiver process and employment obligations.

The Healthcare Workforce Resilience Act would initiate a one-time recapture of up to 40,000 unused employment-based visas – 25,000 for foreign-born nurses and 15,000 for foreign-born physicians – so they can strengthen and provide stability to the U.S. health care system. This legislation would allow for thousands of international physicians who are currently working in this country on temporary visas with approved immigrant petitions to adjust their status. This crucial policy change, which concludes three years after the date of enactment, will enable these physicians to continue serving patients ensuring every American can access needed care.

Foreign-born physicians are an invaluable component of the U.S. health care system, comprising nearly 1 in 5 of active U.S. physicians. H-1B physicians practicing vital specialties like geriatric medicine and nephrology also make up approximately 50 percent of active physicians. These realities should compel Congress to immediately take steps to address health workforce shortages and strengthen the highly successful Conrad 30 program that has incentivized U.S.-trained foreign physicians to rural and underserved areas for 30 years.

Thank you for your consideration. If you have any questions, please contact Kelly McCone with the American Academy of Neurology at kmcccone@aan.com or Eli Greenspan with Physicians for American Healthcare Access (PAHA) at egreenspan@foleyhoag.com.

Sincerely,

Alliance for Headache Disorders Advocacy
ALS Association
Ambulatory Surgery Center Association
American Academy of Family Physicians

American Academy of Neurology
American Academy of Physical Medicine and Rehabilitation
American Association of International Healthcare Recruitment
American Association of Neuromuscular & Electrodiagnostic Medicine
American Brain Coalition
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Radiology
American Gastroenterological Association
American Headache Society
American Hospital Association
American Medical Association
American Psychiatric Association
American Society of Neuroradiology
Anxiety and Depression Association of America
Association for Advancing Physician and Provider Recruitment
Association of University Professors of Neurology
College of American Pathologists
Economic Innovation Group
Federation of American Hospitals
Hydrocephalus Association
International Bipolar Foundation
International Medical Graduate Taskforce
M-CM Network
Miles for Migraine
MLD Foundation
National Ataxia Foundation
Niskanen Center
North American Neuro-Ophthalmology Society (NANOS)
Physicians for American Healthcare Access (PAHA)
Premier Inc.
Society of Hospital Medicine
SynGAP Research Fund, DBA curesyngap1
The Society of Thoracic Surgeons