

March 20, 2008

Senator Kent Conrad
530 Hart Senate Office Building
Washington, DC 20510

Dear Senator Conrad:

We, the undersigned organizations, support S.2672, the Conrad State 30 Improvement Act and believe it is crucial to ensuring access to health care for thousands of communities across America.

America's medical schools produce approximately 18,000 graduates each year and all of those physicians enter America's graduate medical training programs at teaching hospitals across the country. Those hospitals train the bulk of America's primary and specialty care physicians.

After all American medical students find places in residency and fellowship programs, approximately 5,000 to 7,000 slots remain open. The top graduates of foreign medical schools are permitted to apply for these positions. A large proportion of these international medical graduates (IMGs) enter on J-1 visas. A key requirement for these doctors is that they return to their home countries for two years upon completion of their program. A doctor agreeing to serve three years in a medically underserved community can remain in the US, however, with the support of an interested federal agency or, under the Conrad 30 J-1 waiver program, a state health agency.

On June 1, 2008 the Conrad 30 J-1 waiver program will sunset. This will have a devastating impact on thousands of communities around America. For many of the country's most underserved communities, the Conrad program is their only hope for attracting a physician. The problem has gotten worse over the last few years as a national physician shortage has gotten more and more severe. While the medical community has started to address the problem by planning for more medical schools, experts doubt that we'll see the first graduates of such planned programs actually begin post-training employment for at least another 10 to 15 years.

S.2672 will permanently reauthorize the Conrad 30 program. The program was established in 1994 on a pilot basis and after 14 years, every state has now created a Conrad 30 program. The program has cost taxpayers little while bringing some of the most qualified young doctors in the country to communities that would often have no doctor at all.

S.2672 also makes other very needed changes to physician immigration rules. Over the last two decades, an increasingly greater proportion of physicians have entered the country on H-1B visas. H-1B visas do not have a home residency requirement like the J-1. But they do have an annual limit and many doctors on H-1Bs find themselves in a position of having to leave the country anyway because there are no H-1B visas left.

Many of these physicians are recruited to highly developed countries experiencing physician shortages similar to the US.

S.2672 would allow H-1B physicians to participate in the Conrad 30 program and receive an exemption from the H-1B visas limit in exchange for working in an underserved community for three years. Today, H-1B physicians not only lack an incentive to work in such areas, but they are actually prohibited from accepting such positions because of a lack of a visas number. To make up for the increased demand on Conrad 30 slots, the bill allows for the program to grow in proportion to the number of slots requested.

S.2672 will also allow states more flexibility in placing physicians. Under current rules, 5 of a state's 30 slots may be used by facility's located physically outside of a designated shortage area, but which can demonstrate it is serving an underserved population. This allows regional hospitals that serve a large population spread across a geographic area with numerous shortage areas to qualify. It also allows academic medical centers to use the program. Many of these facilities offer highly specialized physicians who serve an entire state.

Finally, the Conrad State 30 Improvement Act provides for an exemption to the limit on green cards that can sometimes result in a physician waiting five to ten years in a queue for permanent residency. The lack of certainty regarding their future in this country has led many highly qualified doctors to leave underserved communities and seek work abroad. S.2672 would provide an exemption from such quotas for doctors who complete service under the Conrad 30 program and would dramatically increase the likelihood that a doctor will choose to remain in the United States.

We congratulate you on offering this important legislation and strongly support your effort to ensure America's medically underserved communities have access to the health care resources they need.

Sincerely,

Immigration Voice
National Cooperative of Health Networks Association
National Health Care Access Coalition
National Organization of State Offices of Rural Health
National Rural Health Association
National Rural Recruitment and Retention Network (3RNet)
North Dakota Hospital Association