Federation of American Hospitals®

Policy Paper

FAH Healthcare Immigration Priorities

Current shortages of physicians, nurses and other allied health professionals are expected to worsen by alarming rates over the next decade. This largely will be driven by soaring demand as tens of millions of newly insured Americans begin accessing the healthcare system and Medicare enrollment increases by an estimated 30 percent. Critical partners in delivering high quality care in hospitals, and to the communities they serve, have been and will continue to be foreign nurses, allied health professionals and physicians.

The FAH supports addressing through legislation a number of issues impacting hospitals' ability to recruit and retain qualified foreign nurses and allied health professionals, including reauthorizing the H-1C visa program, eliminating the need for Labor Certification prior to EB2 approval for Occupational Therapists, returning "Speech and Language Pathology" to an approved occupation for the Canadian/Mexican TN trade visa and creating a specific block of EB3 (or some other class) visas specifically for nurses.

We also strongly support addressing the nation's growing physician shortage, predicted to reach as high as 20,000 in the next few years, by expanding visa options for American-trained foreign physicians. Currently, more than a quarter of the physicians in training in this country are educated abroad. The vast majority of those physicians (typically 5,000 to 7,000 per year) enter the U.S. on J-1 and H-1B visas. Improving access to these non-immigrant visas is critical to ensuring our healthcare system can meet the growing needs of Americans, especially those in underserved areas, in the years to come.

The FAH supports strengthening the physician immigration system by:

1. **Permanently authorizing the Conrad J-1 program.**
2. **Creating a new mechanism to increase the size of the Conrad program for states that can demonstrate they have more demand for doctors to work in their shortage areas than the thirty available slots.**
3. **Assisting Academic Medical Centers** - Creation of an additional 10 Conrad waivers per state that can only be used by academic medical centers, provided that the work performed by the doctor is in the public interest.
4. **Making Technical fixes** – Clarify requirement that doctors begin work within 90-days of receiving J waiver so that doctors are not faced with chronologically impossible requirements; Permit doctors to do their J waiver service in any authorized status, rather than just H-1B; Clarify that spouses and children are not subject to the 2-year home country return requirement; Extend the concept of "dual intent" to J-1 physicians; and, Clarify that foreign medical degrees qualify as "advanced degrees" to meet the requirements of obtaining an EB-2 green card.
5. **Addressing H-1B "cap gap"** – Doctors who would lose their visa status due to the timing gap between when they finish their training, apply for an H-1B and

begin working, will maintain their status until the beginning of the next fiscal year.

6. **Expanding H-1B Cap Exemptions** – For physicians serving in medically underserved areas, VA facilities, Native American health facilities, and other facilities in the public interest, including any hospital or medical facility which provides ACGME or AOA-accredited graduate medical education or receives GME payments from CMS.