E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

06-Jun-1996 07:25am

TO: Diana M. Fortuna

FROM: Cheryl D. Mills
Office of the Counsel

SUBJECT: RE: GAO

We concluded that since GAO is asking primarily policy questions, it would be best if they were answered in writing. I will forward the questions to you; if you could do a draft that represents your department's position on the questions and return it to me by monday, that would be great.

The questions will come up to you today.

DRAFT

1. I convened a large meeting with several agencies in December 1995, including the Department of Health and Human Services, Department of Agriculture, Department of Housing and Urban Development, the Appalachian Regional Commission, the Immigration and Naturalization Service, and the U.S. Information Agency, as well as congressional staff. The purpose of the meeting was to discuss the various agencies' current activities on J-1 visa waivers and how we might make them more consistent. At that meeting, there was a clear consensus that the agencies needed to work together on this issue.

After that meeting, lower level staff from the relevant agencies began to meet to discuss how to ensure that agencies were using appropriately consistent criteria for taking action on the waivers, to identify any appropriate legislation or regulation needed, and to ensure that the waivers serve the carefully targeted purpose of providing needed health care to underserved areas.

Because the staff group has been productive and seemed to be on the right track, I have not reconvened that large group since then, although it is possible we may reconvene at some point. I have attended a few other meetings on specific topics related to J-1 visa waivers with some of the agencies, and with congressional staff.

The staff group has come up with a number of recommendations for how to improve the program. (See answer to Question 4 below.) My understanding is that they are continuing to work on outstanding issues.

2. While the model of having a single Federal agency or the states handle all J-1 waiver requests is probably a valid one, we have not embraced this as the only possible model. As long as agencies take consistent approaches to the waiver process, the current model should work.

3. There may be legitimate reasons for agencies to have somewhat different criteria for acting on visa waiver requests, depending on the mission of the agency, but by and large the criteria should be the same or quite similar. Any differences among agencies should not encourage program "shopping" by foreign physicians. In the case of the new state-run program, states acting on visa waiver requests must operate within the standardized congressional framework for that program.

4. The agencies are working on a package of changes, including legislative, regulatory, and administrative actions. These include proposed legislation to extend the enforcement mechanisms of the state-based waiver program to the agency-based waivers; regulatory action to define precisely agency criteria for approving waivers and to prohibit foreign physicians from applying for more than one waiver at a time; and administrative and record-keeping improvements that will allow HHS and other agencies to have a fuller picture of how effectively J-1 visa waivers are assisting underserved areas.

We have made efforts to attach the legislative proposal to various vehicles this year. I believe that USIA has recently published or will soon publish a proposed rule reflecting the regulatory recommendations of the staff group.

5. My understanding is that this is one of the issues that the agencies are looking at. I am not sure if they have any proposals in this area as yet.

6. The Administration generally believes that J-1 visa waivers can be an important tool to get health care services to underserved areas, in conjunction with other HHS programs to accomplish this goal and with an appropriate administrative structure. It does appear that the problem is more a maldistribution of physicians in this country than a physician shortage in a national sense. A combination of market change and government policy may improve this situation over time. In the meantime, however, many areas of the country are medically underserved, and we believe that a carefully run J-1 program can serve to ameliorate this problem.

7. It is difficult to devise limits that are not arbitrary, but it is certainly worth considering. Clearly waivers should not be approved in excess of the need, as defined by the HPSA and MUA designations. It does appear to make sense to limit the specialties to primary care or those closely related to primary care (such as OB/GYN) as much as possible.

United States General Accounting Office
GAO **Fax Transmittal Sheet**

To:(name and address)

Cheryl Mills
Office of the General Counsel
White House

Telephone No. (202) 456-7900 **Fax Telephone No. (202)456-1647** **Date 5/29/96**

From:(name and address)

Kim Yamane, Evaluator
GAO/Seattle Field Office

Telephone No. (206)287-4772 **Fax No. (206)287-4872** **e-mail: yamanep.sro@gao.gov**

Subject:

Topics of Discussion for GAO Review of International Medical Graduates Practicing Under Visa Waivers

Additional Information

The U.S. General Accounting Office is conducting a review of international medical graduates who are practicing in the United States after having the return home requirement of their J-1 visas waived. Key questions for this assignment include whether federal and state waiver programs are effectively coordinated to help meet the needs of medically underserved communities, and whether controls exist to assure that physicians are fulfilling commitments to practice in underserved communities.

As part of this review, we would like to meet with Diana Fortuna to coordinate our work with current White House efforts regarding J-1 visa waivers for physicians. We would like to set up a meeting with Ms. Fortuna on the afternoon of Thursday, June 6, or sometime on Friday, June 7. GAO staff from Seattle will be in Washington, DC during the week of June 3, and will be meeting with officials from the various federal agencies involved in J-1 visa waiver requests earlier in the week. As you discussed with Sally Jaggar, GAO Associate Director for Health Financing and Public Health Issues, we are faxing you a list of the topics that we would like to discuss with Ms. Fortuna.

Thank you for your assistance. Please call me on (206) 287-4772 to discuss the meeting time and location.

Acknowledgement Requested

1. [ ] Yes [X] No

2. 2 pages, including this cover sheet, are being transmitted.

3. If all pages are not received, call (206)287-4772

OPC:OIMC GAO Form 224 (Rev. 7/90)

GAO Topics of Discussion for Meeting With Diana Fortuna
To Coordinate Work on J-1 Visa Waivers for Physicians

1. We understand that you have been involved in periodic meetings with other federal agency officials regarding the use of J-1 visa waivers for physicians. What is the purpose of these meetings and what is the status of any efforts to develop a position on the use of J-1 visa waivers for physicians?

2. Do you think a single federal agency or the state should be responsible for coordinating the practice locations of J-1 visa waiver physicians? If so, which agency or which department in the states?

3. Presently, there are differences between the policies of the federal agencies requesting waivers, as well as differences between the states. Do you think that federal and state policies for requesting J-1 visa waivers for physicians should be the same? Why or why not?

4. Would you like to see any changes in the legislation or regulations regarding J-1 visa waivers for physicians? If so, how would you like to see them changed?

5. Do you think the present provisions for monitoring physicians' compliance with the conditions of their waivers (e.g., ensuring that they serve in underserved areas for a specified number of years) are adequate?

6. Do you support the use of J-1 visa waivers for physicians to practice in underserved areas?

7. Do you think there should be any limits on the number of or use of J-1 visa waivers for physicians? Do you think the specialties in which J-1 visa waiver physicians may practice should be limited? If so, how?

Chaco 4/12
CNN
Fran Lewine

phys fall under you

Leaving on vac, near here

Major story, no rush

Not seeking quote now

CEA - 20-30-35

9-10 Brian Scott, PL

Ron 6-5104

[redacted] 6-6287

FL

Black Point Inn
PROUTS NECK, MAINE 04074

Mack asked me to
call Pluto pick
to stop

Conrad – extension
KK – UC amdts

dropped HHS lang.
didn't like,
has enforcement

TELEPHONE (207) 883-4126

United States Senate
COMMITTEE ON THE JUDICIARY
WASHINGTON, DC 20510-6275

cc Steve W

Fax Memorandum

TO: Diana Fortuna - Domestic Policy

FAX #: 456-7431

FROM: Michael Myers

Cover + ____

Our return fax # is 202/ 224-5128

If there is a problem with your fax, please call

202/ 224-7878

Thanks!

Message: Conrad amendment — accepted onto Kennedy - Kassebaum last night. Warning: it could still be dropped in conference, but we'll also pursue on immigration bill when it's revived.

AMENDMENT NO. ____ Calendar No. ____

Purpose: To extend State requested waivers of the foreign country residence requirement with respect to international medical graduates, and for other purposes.

IN THE SENATE OF THE UNITED STATES—104th Cong., 2d Sess.

S. 1664

To amend the Immigration and Nationality Act to increase control over immigration to the United States by increasing border patrol and investigative personnel and detention facilities, improving the system used by employers to verify citizenship or work-authorized alien status, increasing penalties for alien smuggling and document fraud, and reforming asylum, exclusion, and deportation law and procedures; to reduce the use of welfare by aliens; and for other purposes.

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. CONRAD

Viz:

At the appropriate place in the bill, insert the following:

SEC. ___. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

(a) EXTENSION OF WAIVER PROGRAM.—Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) is amended by striking "June 1, 1996" and inserting "June 1, 2002".

(b) CONDITIONS ON FEDERALLY REQUESTED WAIVERS.—Section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1184(e)) is amended by inserting after "except that in the case of a waiver requested by a State Department of Public Health or its equivalent" the following: "or in the case of a waiver requested by an interested United States Government agency on behalf of an alien described in clause (iii)".

(c) RESTRICTIONS ON FEDERALLY REQUESTED WAIVERS.—Section 214(k) (8 U.S.C. 1184(k)) is amended to read as follows:

"(k)(1) In the case of a request by an interested State agency or by an interested United States Government agency for a waiver of the two-year foreign residence requirement under section 212(e) with respect to an alien described in clause (iii) of that section, the Attorney General shall not grant such waiver unless—

"(A) in the case of an alien who is otherwise contractually obligated to return to a foreign coun-

try, the government of such country furnishes the Director of the United States Information Agency with a statement in writing that it has no objection to such waiver; and

"(B)(i) in the case of a request by an interested State agency—

"(I) the alien demonstrates a bona fide offer of full-time employment, agrees to begin employment with the health facility or organization named in the waiver application within 90 days of receiving such waiver, and agrees to work for a total of not less than three years (unless the Attorney General determines that extenuating circumstances exist, such as closure of the facility or hardship to the alien would justify a lesser period of time); and

"(II) the alien's employment continues to benefit the public interest; or

"(ii) in the case of a request by an interested United States Government agency—

"(I) the alien demonstrates a bona fide offer of full-time employment that has been found to be in the public interest, agrees to begin employment with the health facility or organization named in the waiver application

within 90 days of receiving such waiver, and agrees to work for a total of not less than three years (unless the Attorney General determines that extenuating circumstances exist, such as closure of the facility or hardship to the alien would justify a lesser period of time); and

"(II) the alien's employment continues to benefit the public interest;

"(C) in the case of a request by an interested State agency, the alien agrees to practice medicine in accordance with paragraph (2) for a total of not less than three years only in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals; and

"(D) in the case of a request by an interested State agency, the grant of such a waiver would not cause the number of waivers allotted for that State for that fiscal year to exceed 20.

"(2)(A) Notwithstanding section 248(2) the Attorney General may change the status of an alien that qualifies under this subsection and section 212(e) to that of an alien described in section 101(a)(15)(H)(i)(b).

"(B) No person who has obtained a change of status under subparagraph (A) and who has failed to fulfill the

terms of the contract with the health facility or organization named in the waiver application shall be eligible to apply for an immigrant visa, for permanent residence, or for any other change of nonimmigrant status until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of at least two years following departure from the United States.

"(3) Notwithstanding any other provisions of this subsection, the two-year foreign residence requirement under section 212(e) shall apply with respect to an alien in clause (iii) of that section who has not otherwise been accorded status under section 101(a)(27)(H)—

"(A) in the case of a request by an interested State agency, if at any time the alien practices medicine in an area other than an area described in paragraph (1)(C); and

"(B) in the case of a request by an interested United States Government agency, if at any time the alien engages in employment for a health facility or organization not named in the waiver application.".

United States Information Agency

Washington, D.C. 20547

Office of the General Counsel

USIA

FAX COVER LETTER

UNITED STATES INFORMATION AGENCY
OFFICE OF THE GENERAL COUNSEL (GC)

301 Fourth Street, S.W., Room 700
Washington, D.C. 20547

Phone: (202) 619-4979

FAX: (202) 619-4573

Check applicable boxes:

- Urgent? ☒ YES ☐ NO
- Call to confirm receipt of this FAX? ☐ YES ☒ NO
- This ☐ IS / ☐ IS NOT a privileged communication (attorney-client and/or attorney work-product) for ADDRESSEE ONLY.

TO: Mr. Steve Warnath

Ms. Diana Fortuna
Office of Policy Development
The White House

At FAX Number: 456-7431

FROM: Les Jin

General Counsel

Phone Number: 619-4979

NUMBER OF PAGES: 3 including this FAX Cover Letter.

SUBJECT: Commission on Immigration Reform

MESSAGE/COMMENTS:

TIME SENT: _____ DATE SENT: 3 / 29 / 96

United States Information Agency

Washington, D.C. 20547

Office of the General Counsel

USIA

March 28, 1996

MEMORANDUM FOR: Mr. Steve Warnath
Senior Policy Analyst
Domestic Policy Analyst
Office of Policy Development
The White House

Ms. Diana Fortuna
Senior Policy Analyst
Office of Policy Development
Domestic Policy Council
The White House

FROM: GC - Les Jin

SUBJECT: Commission on Immigration Reform

Attached is the response from the Commission on Immigration to Dr. Duffey's memorandum of March 18, 1996. As we discussed, I would like your thoughts on paragraph 2. Thank you.

U.S. COMMISSION ON IMMIGRATION REFORM

March 25, 1996

Honorable Joseph Duffey
Director, United States Information Agency
301 4th Street, SW
Washington, D.C. 20547

Dear Dr. Duffey:

Thank you for your memorandum of March 18, detailing the Agency's suggestions to the Commission. The Commissioners appreciate your information and comments on the activities which constitute the exchange visitor program. If you have anything more to add later on, I would be glad to receive and pass along any further suggestions.

Within the next month, the Commission staff will be organizing a working group to address specifically the various components of the J visa. It would be very helpful to us and would undoubtedly prove useful to the Agency if you were able to designate a person to participate in that working group as the direct liaison between the Commission staff and USIA. The person named would need to be as familiar as possible with all the different activities now covered by J visas. If additional information is desired, you may wish to have someone contact Sue Wood, tel: 776-8633, the Commission staff member coordinating our study of the exchange visitor visa.

I enjoyed the opportunity to discuss the exchange program with Iris Burnett and other members of your staff on January 31. The General Counsel's office has been particularly helpful in obtaining information for the Commission and in helping us understand the complexity and variety of the program. I look forward to continuing to work with them and others at the Agency to ensure that any recommendations by the Commission will strengthen our nonimmigrant visa system.

Sincerely,

Susan Martin
Executive Director

■ 2430 E STREET NW, SOUTH BUILDING, WASHINGTON DC 20037 ■ TEL:202-776-8400 ■ FAX:202-776-8635 ■

AMENDMENT NO. ____ Calendar No. ____

Purpose: To extend State requested waivers of the foreign country residence requirement with respect to international medical graduates, and for other purposes.

IN THE SENATE OF THE UNITED STATES—104th Cong., 2d Sess.

S.

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. CONRAD

Viz:

At the appropriate place in the bill, insert the following:

SEC. ___. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

(a) REPEAL OF TERMINATION DATE.—Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) is hereby repealed.

(b) DESIGNATION OF COVERED GEOGRAPHIC AREAS.—Section 214(k)(1)(C) of the Immigration and Nationality Act (8 U.S.C. 1184(k)(1)(C)) is amended by

inserting ", or by the respective State department of public health or its equivalent," after "Secretary of Health and Human Services".

(c) CONDITIONS ON FEDERALLY REQUESTED WAIVERS.—Section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1184(e)) is amended by inserting before the period at the end the following new proviso: ": *Provided further,* That, notwithstanding the grant of a waiver of the foreign country residence requirement in this subsection to an alien described in clause (iii) upon the request of an interested United States Government agency, if the alien fails to fulfill the terms of a contract with a health facility, the waiver shall cease to be effective".

s-plus
~~not allowed~~
~~req'd~~
not in statute

Proposed Revision of Section having to do with Designation of Covered Geographic Areas (Waiver of Foreign Country Residence with Respect to International Medical Graduates)

With regard to section (b) having to do with "Designation of Covered Geographic Areas," it is proposed to: (1) either delete this section; or (2) modify it so that shortage area sites proposed by States are certified by the Secretary.

Suggested language if it is modified:

> (b) Designation of Covered Geographic Areas - Section 214(k)(1)(C) of the Immigration and Nationality Act (8 U.S.C. 1184(k)(1)(C)) is amended by inserting ", or by the respective State department of public health or its equivalent and certified by the Secretary," after "Secretary of Health and Human Services".

Rationale

The designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) provides for a rigorous review of the data in order to provide evidence of need. State designated shortage areas which go beyond these areas are likely to be areas with less serious need, simply because the physician-to-population ratio does not meet the standards which guide the process for designating HPSAs and MUAs. We could be in the position of forcing U.S. citizens serving in the National Health Service Corps to serve in areas with more severe shortages than areas served by the J-1 visa waivered physicians.

Consequently, we think there should be a review by the Secretary of Health and Human Services to make certain that a case for shortage can be made. There is a precedent for this in the Rural Health Clinics Act, whereby an area that is designated by the State "...and certified by the Secretary" is considered an eligible area. (See OBRA 89 - Sec. 6213(c)).

Super/Nicholson — Conrad 3/27/96

June expires

* Immig — SW — ~~soon~~ must do items

Tell Tracey — seeking vehicle soon

Kentucky — used to max

* Easier to get green card thru agency — immed eligibility

States disc: admin costs

KK? — tough

Recent GAO on MVA's HB 1X4

MVA's
d's

Knouss: went great, got agreement; USDA fly in ointment; till 1 pm; 401-8084

Bracy Williams & Company

FACSIMILE COVER LETTER

TO: Ms Diane Fortuna

FROM: Ms Susan Williams

THIS TRANSMISSION CONSISTS OF 2 PAGE(S) INCLUDING COVER PAGE. IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL US BACK AS SOON AS POSSIBLE AT (202) 783-5588.

Government and Public Affairs Consultants

601 Thirteenth Street, N.W. Suite 510 South Washington, DC 20005 (202) 783-5588 FAX (202) 783-5595

Bracy Williams & Company

March 25, 1996

Ms. Diane Fortuna, Senior Policy Analyst
Domestic Policy Council, Office of Policy Development
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Diane:

Thank you for the opportunity to speak with you today regarding the differences between "Medically underserved areas" (MUA's) and "Health Professions Shortage Area" (HPSA). The major difference between the two designations is that an MUA area is not necessarily a HPSA area. To be designated a HPSA area by the United States Public Health service, care must be provided in a Medicare and Medicaid certified hospital or primary care clinic that also accepts medically indigent patients. A MUA's designation does not mandate that care must be provided in certified Medicare and Medicaid institutions.

Please call if I can provide additional information. I look forward to working together in the future.

Sincerely,

Susan J. Williams

Government and Public Affairs Consultants

601 Thirteenth Street, N.W. Suite 510 South Washington, DC 20005 (202) 783-5588 FAX (202) 783-5595

Logical time to Δ is 7/1 – res. placements

Reg Δ??: do we need one? – How soon?
whenever sign-off
7/1

Rem'g diffs – MUA has w/ Conrad:
HHS may be stopping these calculations

Susan Williams: (saw Greg Simon)

Cases in –

10% – R?? 96

Colvin →

Knouss: didn't think MUA's
Conrad has MUA's; ARC
does only HPSA's;
Merging MUA's + HPSA's
Likes NHSC

ARC
HUD only
1. Eliminate overlap ←
2. Count #/HPSA – also HPSA
3. Elim MUA
4. Only lag man act ←
5. 3 yr emp contract (HUD was 2)

3/7 – notice – eliminating

Med Underserved Areas (MUA's)

vs. HPSA's

~~Knouss~~
Myers

Elim – only HPSA

MM:
MUA
other staff rk
Conrad prospects
Email?

GAO says both
HPSA + MUA
used

6 mo. warning

~~Bob wants me to com~~
4/10 @ 9:30
next mtg

MUA – designation for big @ HHS – less strict
USDA person – don't want to do waivers

All Mtg: HUD, Ag, Stan, Leo Jim
HUD ↓ Gen C
Ag ↓ Barbara

Mtg: Arlene Meister

Myers:
Move w/in USDA??
Rural Dev Svc

824-0217

CR re IDEA

TODO:

Diane I: Norman Rice COM email
Eugene Organ SSI
(+2
+new IDEA
Birkel: call him
Finish Pataki based on Chris J.; Seth re soften
Rewrite Bullock

IB: welf -- BReed comments, EITC#, JBA comments
child welf -- JBA comments; send to Ann R.

Decide re Gus
Labor piece by cob
Clarify Oreg food stamps w/2
VFC??
[redacted]
Ogle re Kafka Q: call marcy
$82m MA deferral for DC; retro claims
J-1: Super meeting getting close/Thornton; Knouss, schedule mtg
Review of welfare waivers: now have CR guidance
IDEA letter: now have draft
Liz re accuracy, unprecedtd; send to apptees, then Fred Fay
*Scheduling request ALS: Dorothy
Labor mkt trans. plan; O'C mtg w/Glynn vs. ED; by Monday HI mtg
-email Chris J with new proposed HI version!
CR tickler re how respond to PASS moratorium
VR Q from Carol: answer
Custody thing work: get APA report, then what; call CR at some pt

NDPR: do proposal for JBA/CR (5th hcbs read)
write CJ
relate to NASI
owe concerns to Coyne/SD
what is Bunning: Chesser; Tony Young??
meet w/Richard and Jack on vetting
STW: call Mike Ward
Children: meet with Ruth?? convenors!

*AWD: thank 2, telecomm; set up advocs/CR note/conf call w/Ogle
CR note re SD packet
osers conf - call treasury
Adoption: new outline (algo parents understand)

Methodist thing w/Jen
Carol re Michael Winter request; Winter: transit enf, paratransit
Janet re LD, teen pregn
Fairhall: IDEA, OPM issue; readers/interps
Castle: call staffer again
Hsg: CR re Cisneros mtg/letter; read
setasides & disab? Hayes
Tom H's girls
Texas AG note
Get back to FCC re proposal; tell Wallman
Prep for CR mtgs/role
Eidelman re KFellows; call Frist's guy
Hehir re Tamagni/IDEA
Al Guida issue to CJ

IMMEDIATE
OFFICE OF THE ASSISTANT SECRETARY
FOR HEALTH

716 G - HHH BUILDING
200 INDEPENDENCE AVE., S.W.
WASHINGTON, D.C. 20201

FAX: (202) 690-6960
PHONE: (202) 690-7694

HEALTH "FAX"

TO:

DIANA FORTUNA

FROM:

BOB KNOUSS

FAX NUMBER: 456-7028

MESSAGE:

Attached is the tentative agenda for our meeting tomorrow. Everyone is prepared to discuss consideration of our shortage area placements.

PLEASE CALL: FTS 401-8084 ASK FOR _____

IF ANY PROBLEMS WITH TRANSMISSION

NUMBER OF PAGES ____ (NOT COUNTING COVER PAGE)

AGENDA
10:00 a.m
February 23, 1996
Room 729 G
Hubert H. Humphrey Building
200 Independence Ave. S.W.

- Purpose of meeting
  R. Knouss, DHHS

- Description of waiver recommendation criteria for physicians (shortage areas / facilities, specialty)
  Department / Agency participants

- Description of shortage area / facility designation process
  B. Lefkowitz, HRSA/DHHS

- Discussion of reporting and record-keeping of waiver recipient intended locations
  Department / Agency participants

- Summary
  R. Knouss, DHHS

February 22, 1996

NOTE TO DEANN GREATHOUSE, ARC
JOYCE JONES, DHHS
BONNIE LEFKOWITZ, HRSA/DHHS
BARBARA MEISTER, USDA
CHOCO MEZA, HUD
BILL OHLHAUSEN, USIA

RE: Meeting to Discuss Coordination of Service-Based Waivers

Attached is a proposed agenda for our meeting tomorrow concerning how best to coordinate the review of service-based waiver applications from exchange visitor physicians.

Please let me know who is intending to come to the meeting from your office. I would also welcome any comments about the proposed agenda. I can be reached at 401-8084. Thanks.

Bob Knouss

401-9805 — Patti Gribben
401-9800

Les Jin
619-4979

United States Information Agency

WASHINGTON DC 20547-0001

USIA

STATISTICS FOR PHYSICIAN INTERESTED GOVERNMENT AGENCY REQUESTS

Statistics should be easy to obtain from our new computer system in the future, but it is currently difficult to get completely accurate statistics. GC/V has been relying on records kept by individual waiver officers. These records of cases processed are accompanied by a name, therefore we rely on their accuracy. When we try to obtain statistics from the old system, the numbers are invariably less than the ones recorded individually, apparently due to problems with the recorder or the system itself.

The reason for the preface is to indicate why the figures below are truly representative but definitely not exact. The majority of our Interested Government Agency (IGA) requests are for physicians to work in underserved areas. We do get additional IGA's from agencies on behalf of exchange visitors whose work is considered to be in the "public interest."

The statistics available from the computer for 1993 and 1994 are broken down by agencies, for physician requests, as follows:

REQUESTING AGENCY	1993	1994
ARC	268	254
DEPARTMENT OF AGRICULTURE	23	257
HOUSING AND URBAN DEVELOPMENT (HUD - many more in '95)	0	14
DEPARTMENT OF TRANSPORTATION (Coast Guard asks for physicians)	2	3
VETERANS ADMINISTRATION	118	158
STATE DEPT. OF HEALTH REQUEST	N/A	1
Subtotals (inc.) total	411 669	687 - incomplete 803 total

The above statistics are from the computer. The total IGA's as reported by the officers are 1993 - 669 and 1994 - 803, a difference of 158 in 1993 and 116 in 1994. The differences may be accounted for by some other agency requests and for the cases which were not properly recorded or reported by the old computer system.

Prepared by Patricia B. Gribben, Chief, Waiver Review Branch, Exchange Visitor Program Services Office, July 19, 1995

E Mail copy

United States Information Agency
WASHINGTON DC 20547

USIA

To: "Calvin, Stanley" @ PC_LAN_Users.USIA, "Jin, Les" @ PC_LAN_Users.USIA
From: Caliban, Patricia
Subject: Latest stats on physicians
Date: [illegible] Time: 4:09p

The most recent 1995 figures, which are incomplete in the computer, reflect the following number of cases broken down by agency:

3 ARC 169
4 DVA 103
1 USDA 723
2 HUD 420

Incomplete 1995 but representative

State Applications (just beginning to get organized) 71

Other statistics you have from the past and your AILA meetings. Hope this helps. I couldn't get you by phone.

169
103
723
420
1415

Rough Stats FY1

United States Information Agency

WASHINGTON DC 20547-0001

Rough Draft for '92? - Who?

USIA

BREAKDOWN OF WAIVER APPLICATIONS PROCESSED BY CATEGORY 1988-1994

Interim to 10/30/93

not docs

	1988	1989	1990	1991	1992	1993	1994	
NO OBJ.	1,212	1,571	1,795	1,962	2,243	2,942	3,115	3,046
HARDSHIP	153	221	207	242	235	236	217	167
*IGA	328	397	324	328	486	669	803	1550
PERSECUTION	33	46	20	37	42	32	43	45
TOTALS	1,726	2,235	2,346	2,569	3,006	3,879	4,178	4,808

Processed
N.O. 2,808
Hdsp 159
(1318) IGA's 1,318
Pers. 47
4,332

Note: Statistics for applications which were or were not recommended for approval, by category, is only available for 1992, 1993 and 1994. That analysis is found on the next page.

*IGA - "Interested Government Agency" application

IGAs	88	89	'90	'91	'92	'93	'94	'95
	328	397	324	328	486	669	803	1550
5%	16	20	32	16	24	32	40	77
	312	377	292	312	462	637	763	1473

#85 State

estimated 5% - Possibly other than physicians waiver officer believe % is under than 5%

HPSA
Neg fm mult
Cutoff rec
Passed exam
90 in contract
2 yr com't

algo that meets
- med u-s rural design HHS
- dept def of rural

Letter of spt hospital sponsoring

Head of office rural h/public h in state
Primary care
Over shortage? Needs HHS help to identify

Only overlap may be IHS
Enforcement

Table 3. Health Professional Shortage Areas
Designated HPSA Summary Listing
Primary Medical Care HPSAs
As of September 30, 1995

STATE	Total Designations	Whole Counties	Service Areas	Population Groups	Facility	Total Population	Estimated Unserved Population	Practitioners Needed To: Remove Designation	Practitioners Needed To: Achieve (2000:1)
U.S. TOTAL	2,857	913	1,172	608	174	50,057,253	28,398,695	5,562	12,852
REGION I	110	1	65	43	1	1,643,645	1,084,763	204	488
Connecticut	21	0	8	13	0	344,653	233,053	58	107
Maine	32	0	22	10	0	177,471	105,471	20	35
Massachusetts	28	0	17	10	1	937,606	526,523	87	249
New Hampshire	9	0	6	3	0	117,178	68,778	12	30
Rhode Island	9	0	3	6	0	199,941	111,141	20	52
Vermont	11	1	9	1	0	66,796	39,796	7	15
REGION II	183	12	96	68	7	7,613,105	3,993,180	708	1,916
New Jersey	28	0	13	12	3	1,007,702	390,930	56	183
New York	115	2	81	28	4	4,076,611	2,225,876	396	1,057
Puerto Rico	38	10	0	28	0	2,484,437	1,349,019	337	663
Virgin Islands	2	0	2	0	0	44,355	27,355	7	13
REGION III	218	44	131	31	12	3,375,938	1,870,840	329	838
Delaware	2	0	2	0	0	55,579	29,179	4	14
Dist. of Columbia	8	0	6	1	1	239,286	139,886	30	66
Maryland	16	0	6	11	1	248,733	163,133	37	75
Pennsylvania	84	1	63	14	6	1,396,628	762,228	123	349
Virginia	55	22	29	3	1	867,300	476,754	84	214
West Virginia	51	21	25	2	3	568,412	302,663	51	126
REGION IV	622	298	118	168	38	11,175,530	6,141,824	1,138	2,782
Alabama	66	27	16	21	2	1,363,776	745,176	129	340
Florida	95	21	14	38	22	1,732,251	984,114	213	455
Georgia	123	60	10	51	2	1,744,892	1,005,092	197	444
Kentucky	85	49	14	17	5	940,265	524,861	105	221
Mississippi	68	51	9	7	1	1,409,341	740,141	140	337
North Carolina	67	32	18	16	1	1,535,446	845,846	124	390
South Carolina	55	20	26	7	2	1,286,572	731,027	136	339
Tennessee	63	38	11	11	3	1,063,187	565,567	94	256
REGION V	396	88	211	65	32	7,796,863	4,301,647	785	1,967
Illinois	79	22	35	9	13	2,001,224	955,209	172	439
Indiana	48	24	14	6	4	905,659	519,818	86	238
Michigan	90	13	46	26	5	1,632,054	1,143,134	244	535
Minnesota	45	5	35	5	0	415,079	211,928	31	85
Ohio	71	15	33	18	5	1,572,702	876,704	161	404
Wisconsin	63	9	48	1	5	1,070,145	594,854	91	266

1,600 agencies
1,000 Conrad

Table 3. Health Professional Shortage Areas
Designated HPSA Summary Listing
Primary Medical Care HPSAs
As of September 30, 1995

STATE	Total Designations	Whole Counties	Service Areas	Population Groups	Facility	Total Population	Estimated Unserved Population	Practitioners Needed To: Remove Designation	Practitioners Needed To: Achieve (2000:1)
REGION VI	413	208	121	46	36	7,186,715	4,177,698	871	1,904
Arkansas	64	27	32	2	3	620,132	354,961	77	145
Louisiana	76	36	16	15	9	1,681,768	1,018,168	223	477
New Mexico	45	14	24	6	1	541,897	336,774	71	150
Oklahoma	44	23	14	4	3	666,836	354,833	67	157
Texas	184	108	35	21	20	3,676,082	2,112,862	433	975
REGION VII	190	122	44	22	2	2,232,952	1,238,367	198	523
Iowa	35	14	18	3	0	437,205	246,405	37	106
Kansas	43	34	4	4	1	372,104	216,904	39	85
Missouri	75	57	6	12	0	1,130,717	630,117	104	278
Nebraska	37	17	16	3	1	292,926	144,941	18	54
REGION VIII	238	91	119	22	6	1,482,925	915,471	190	332
Colorado	60	20	23	14	3	432,920	307,401	77	119
Montana	40	18	19	2	1	178,688	110,577	22	37
North Dakota	39	17	22	0	0	210,697	117,098	21	39
South Dakota	44	17	27	0	0	222,567	134,542	30	45
Utah	34	11	16	5	2	291,827	158,627	28	60
Wyoming	21	8	12	1	0	146,226	87,226	12	32
REGION IX	299	18	173	88	20	5,590,151	3,549,342	801	1,630
American Samoa	1	0	1	0	0	46,773	27,773	6	13
Arizona	48	1	28	14	5	374,006	253,003	70	102
California	202	1	119	71	11	4,495,240	2,850,183	627	1,326
Fed. Ste. Micronesia	4	4	0	0	0	103,598	68,598	27	42
Guam	1	1	0	0	0	120,000	46,200	3	23
Hawaii	7	0	5	1	1	47,215	29,215	9	11
Marshall Islands	1	1	0	0	0	54,069	40,069	11	20
Nevada	33	8	20	2	3	290,783	181,634	42	78
N. Mariana Islands	1	1	0	0	0	43,345	25,345	5	12
Republic of Palau	1	1	0	0	0	15,122	7,122	1	3
U.S. Minor Islands	0	0	0	0	0	0	0	0	0
REGION X	198	31	94	53	20	1,759,429	1,122,560	248	472
Alaska	27	12	7	2	6	124,709	92,137	26	34
Idaho	43	13	22	7	1	286,420	185,434	39	73
Oregon	69	2	40	22	5	450,105	324,581	80	131
Washington	59	4	25	22	8	898,195	520,408	100	234

prepared by:LSteinbruckner BPHC/DSD 10/96

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Public Affairs

Washington, D.C. 20201

February 21, 1996

NOTE TO:

Diana Fortuna
David Hohman
Karen Pollitz

FYI --

Lena Sun, Washington Post, is working on a story concerning J-visa waivers for foreign national physicians. She appears to be talking with a number of agencies and is aware of White House coordination of policy in this area. Presumably she is also talking with Congressional staffs and holders of visas. She obtained background on the existing process from the Office of Public Health and Science.

Campbell Gardett
HHS Press Office

cc: Nick Billings

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

February 21, 1996

NOTE TO CAMPBELL GARDETT:

Re: Conversation with Lena Sun, Washington Post

Based on your contact with her, I did talk to Lena Sun of the Washington Post who, you know, is doing a story on J-visa waivers for foreign national physicians. She indicated that the material was for background.

The questions she asked clearly indicated that she already was well-informed about the process in which the White House and the waiver-recommending agencies are engaged to evaluate current waiver policies. She specifically asked about Diana Fortuna's efforts to bring Federal agencies together to discuss waiver policy. She also requested information about our meeting this Friday to discuss how best to keep track of the number of waivers granted annually to each shortage area, which I characterized as a low-level, inter-departmental meeting to discuss the waiver review process.

I also provided her information about other types of temporary visas which are now being granted to physicians, specifically H-1(b) visas. Data on the number of temporary worker visa holders in residencies in the United States, provided by the AMA, was also passed along to her.

From her questions and a few of her comments, it was clear to me that she has been interviewing other federal agencies and immigration lawyers. It is not clear to me whether she has also been interviewing Congressional staffs, state agencies or visa holders themselves. I have no idea what slant she plans to give to the story that she is writing, but indicated that she has been working for several weeks on the details.

Bob Knouss, OPHS

cc: Jo Boufford
Irene Bueno

J-1 Waiver Mtg
12/15/95

Friday

Choco Meza	- HUD	708-0030
[illegible]	- HHS	690-7694
X10 → BOB KNOUSS	- HHS/PHS	"
DAVID HOHMAN	- HHS	690-6174
Joyce Jones	HHS	690-6174
CHARLES HOWARD	ARC	884-7785
Jess White	ARC	884-7679
Guy Land	ARC	884-7674
Ruth Ann Azeredo	USDA	690-1978
Sophia Cox	INS	616 7437
alex GISSER	INS	514 2895
Michael Straus	INS	616 0745
DON CROCETTI	INS	514-2982
Tracey THORNTON	WHITE HOUSE	456-6493
MICHAEL MYERS	Sen. Kennedy (Immigration)	224-7878
Karl Stauber	USDA	720-5923
Irene Bueno	HHS	690-6786
Les JIN	USIA	619-4979
Patricia B Hughes	USIA	701-9805
Stanley Colvin	USIA	619-6531
James S GILLILAND - GC	USDA	720-3351
DONNA FORTUNA		

Need
Waivers over time - by type

USDA Analysts - Dick Soper
Barbara Meister ↙
Tracey

HHS – Jo, or Knouss/Hohman
Irene
USDA – Gilliland or Stauber
or Meister
HUD – Choco
INS – Straus
USIA – Jin + Colvin

(ARC – Chas Howard)
(Tracey?)

Regs template

United States Information Agency

Washington, D.C. 20547

Office of the General Counsel

USIA

FAX COVER LETTER

UNITED STATES INFORMATION AGENCY
OFFICE OF THE GENERAL COUNSEL (GC)

301 Fourth Street, S.W., Room 700
Washington, D.C. 20547

Phone: (202) 619-4979
FAX: (202) 619-4573

Check applicable boxes:

- Urgent? ☒ YES ☐ NO
- Call to confirm receipt of this FAX? ☐ YES ☒ NO
- This ☐ IS / ☐ IS NOT a privileged communication (attorney-client and/or attorney work-product) for ADDRESSEE ONLY.

TO: Ms. Diana Fortuna, Senior Policy Analyst
Office of Policy Development
Domestic Policy Council
The White House
At FAX Number: 456-7431

FROM: Les Jin 619-5990
General Counsel
Phone Number: 619-4979

NUMBER OF PAGES: 4 including this FAX Cover Letter.

SUBJECT: Iris J. Burnett 2/12/96 letter to Quinn

MESSAGE/COMMENTS:

TIME SENT: _____ DATE SENT: 2 / 12 / 96

United States Information Agency

Washington, D.C. 20547

Office of the Director

USIA

February 12, 1996

The Honorable John Quinn
Counsel to the President
General Counsel
The White House

Dear Jack:

Enclosed is a memorandum Director Duffey would like to submit to the U.S. Commission on Immigration Reform. We had a meeting with Commission staff on January 31 and agreed to provide follow up comments. Please let us know as soon as possible if the memorandum poses any problems for the White House. We would like to transmit the memorandum within the next few days.

Director Duffey and I will be away on business the rest of the week. If this matter needs to be discussed further, please contact our General Counsel, Les Jin, at 619-4979.

Sincerely,

Iris J. Burnett
Chief of Staff
to the Director

cc: Diana Fortuna
The White House

United States Information Agency

Washington, D.C. 20547

Office of the Director

USIA

MEMORANDUM FOR: Susan Martin, Executive Director
Commission on Immigration Reform

FROM: Joseph Duffey
Director

SUBJECT: USIA Recommendations To Commission
On Immigration Reform

The Commission on Immigration Reform is examining, among other things, the labor-based entry of non-immigrant aliens into the United States. USIA has been asked to suggest to the Commission which activities the Agency deems to be appropriate use of the nonimmigrant exchange visitor visa (J visa). We submit the following in response to that request.

YOUTH PROGRAMS

The Commission has specifically questioned the appropriateness of utilizing the J visa for the au pair, summer work/travel, and camp counselor exchange programs. In the aggregate, those three programs involve the annual entry of some 40,000 aliens.

USIA believes that those programs, even though subject to some questions, are generally consistent with our exchange mission as mandated by the Fulbright-Hays Act. We have supported those programs for the following reasons: (i) they are short-term programs which provide an opportunity for persons who are otherwise financially unable to visit the United States to do so; and (ii) the programs are essential components of an exchange matrix that has provided a broad range of participation opportunities for youth for decades.

Objections to the au pair program have been fully examined and are believed to be moot in light of legislation and regulations adopted in 1995. USIA believes that objections to the summer work/travel program could readily be resolved from both a legal and programmatic perspective if a pre-placement requirement were adopted for this activity. In the absence of this requirement we believe this activity continues to be problematic. USIA has examined the objections to the camp counselor program and we believe them to be unfounded. We continue to believe that the program has merit as a cultural exchange which benefits both the camp counselor and the camper.

ACADEMIC EXCHANGES

Last year, USIA-designated sponsors facilitated the entry into the United States of approximately 50,000 foreign researchers. This activity is now subject to Commission, Department of Labor, and Congressional scrutiny in light of a 1993 court decision that requires the payment of prevailing wages to researchers employed in academe. While USIA has no direct role in resolving this issue, we note that it is already being addressed in pending legislation (S. 1394 - The Immigration Reform Act of 1995.)

TRAINING

Although specifically enumerated as an exchange category in the Fulbright-Hays Act, the legitimacy of training programs overseen by the Agency has historically been questioned. Specifically, the criticism of these programs has always arisen from the suggestion that the training activity is in reality a cheap labor program. While we adopted stringent regulations governing the operation of exchange visitor training programs, we lack the resources to conduct meaningful oversight of the programs.

To this end, we believe that specific legislative direction regarding the future of training-based exchange activities should be sought. We are not presently in a position to state that this would fit in with the Administration's legislative program. In the alternative, we would consider proposing that training be limited to government funded programs which do not present monitoring problems. Other training opportunities are currently available through the M and H visas.

Regardless, recurring problems that arise from the "umbrella" training organizations must be addressed either through legislation or regulation.

ALIEN PHYSICIANS

This category of J visa usage is not inherently troublesome. Problems with this category are almost entirely related to requests for the waiver of the return to the home country requirement set forth in section 212(e) of the INA.

The problems in part stem from differences in procedures, standards and enforcement between two types of waivers. The one type of waiver is the "interested United States Government agency" (IGA) waiver. The other is the relatively new "State 20" or Conrad Amendment waiver. We believe it would be appropriate to examine the advantages and disadvantages of each type of waiver in order to determine whether changes in one or the other approach are beneficial.

OFFICE OF THE VICE PRESIDENT
WASHINGTON

TO: Carol Rasco

FROM: Gregory C. Simon
Chief Domestic Policy Advisor

☐ FYI

☐ Comment

☒ Action

Carol— This is the material from Kevin Smith on rural health care. Let me know how I can help.

Greg

P.S.—
I hear Sec. Shalala will take some adverse action a this by Dec 1st, so time is of the essence.

THE J-1 VISA WAIVER PROGRAM - A PUBLIC HEALTH NECESSITY[1]

Introduction

A staggering number of Americans live in medically-underserved areas - places with too few doctors, or sometimes, no doctors at all. Efforts to attract U.S. doctors to these areas have been ineffective. The chronic shortage of doctors in these rural communities and inner cities has been alleviated somewhat through assignment of foreign doctors who have completed graduate training in the U.S. and obtain a waiver of the requirement that they return to their home country for two years. These foreign doctors help fill a critical public health need - indeed, waivers are granted only upon recommendation of a state or a federal agency "in the public interest." The Administration is reexamining the so-called J-1 visa waiver program. As discussed more fully below, the program is an essential component of access to health care for those who need it most. It should be continued and strengthened.

I. THE CURRENT HEALTH CARE SHORTAGE CRISIS

The Numbers

Over 45 million Americans live in areas - most commonly rural communities and inner cities - designated by the Department of Health and Human Services (HHS) as Health Professional Shortage Areas (HPSAs).[1] Sadly, that figure represents a steady increase over the past several years in the number of Americans who do not have proper access to medical care; the number of American counties designated either in whole or in part as HPSAs rose from 1,209 in 1978 to 1,993 in 1994.[2] Indeed, the crisis in some areas is so severe that approximately 200 American counties now must make due without any physicians at all.[3]

The Causes and Consequences of the Health Care Professional Shortage

HHS estimates that over 11,000 primary care physicians are needed to alleviate these nationwide shortages.[4] Unfortunately, despite the creation of the National Health Service Corps and other efforts to attract U.S. doctors to underserved areas, U.S. physicians have proven unwilling to relocate to HPSAs in necessary numbers, leaving many areas chronically underserved. The Council on Graduate Medical Education, which has recently predicted an

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[1] Taylor, et al., *The Measurement of Underservice and Provider Shortage in the United States*: A Policy Analysis, North Carolina Rural Health Research Program (December 1994) page 19 Table IV.3.

[2] Taylor, et al. at 5.

[3] *Id.* at 18 Table IV.2 (reporting 1992 statistics).

[4] *Id.* at 20 Table IV. 4.

oversupply of physicians by the year 2000, has determined that all of its projected oversupply will be non-primary care physicians. Thus, there is nothing to indicate that the chronic undersupply of primary care physicians in HPSAs will be alleviated by American medical graduates. A number of factors account for the difficulties in attracting U.S. doctors to HPSAs, including the higher pay, greater opportunities and superior level of hospital and technical support available in non-HPSAs.

The chronic shortage of health care professionals in HPSAs has severe consequences for the residents of those areas. Most obviously, the difficulty in locating a provider close to home forces residents to seriously daily or forego medical care until they develop serious, acute illnesses, often requiring expensive emergency room care. As a result, countless lives are placed at risk and our health care system is drained by the need for more costly medical care. Furthermore, millions of Americans, especially children and the elderly, have little or no access to preventative medical care and lack community education about the importance of preventative health care practice. This situation exacerbates our nation's chronic health care problems.

II. THE ROLE OF FOREIGN PHYSICIANS IN SOLVING THE SHORTAGES

Background on the J-1 Program

Congress created the J-1 visa program in 1948 as a means to create better international relationships by bringing residents of other countries to the U.S. to study temporarily and sending Americans abroad for the same purpose.[5] Subsequently, Congress has amended the program to require some J-1 visa recipients, including foreign medical graduates, to reside abroad for at least two years prior to seeking more permanent residence in the U.S. and provided limited opportunities to seek a waiver of the two-year foreign residency requirement under special circumstances.[6]

Federal Agency Waiver Authority

Most relevant here is the Congressional authorization for U.S. government agencies to request, through the U.S. Information Agency (USIA) and the Immigration and Naturalization Service (INS), waivers of the two-year home-country residency requirement where such waivers are "in the public interest."[7] Several federal agencies, including the Department of Housing and Urban Development (HUD), the Department of Agriculture (USDA), the Veterans Administration (VA), and the Appalachian Regional Commission (ARC), have successfully used this authority to place foreign physicians in areas that desperately need primary care physicians

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[5] United States Information and Educational Exchange Act of 1948 (Smith-Mundt Act), Pub. L. No. 80-402, 62 Stat. 6.

[6] Pub. L. No. 84-555, 69 Stat. 494 (1956); Mutual Education and Cultural Exchange Act of 1961 (Fulbright-Hays Act), Pub. L. no. 87-256, 75 Stat. 527, § 109.

[7] 8 U.S.C. § 1182(e).

but have not been able to recruit U.S. doctors. For example, in the period between May 1992 and December 1993, ARC placed approximately 350 J-1 waiver doctors in HPSAs, of which almost 95% remained in HPSA's as required by the waiver.[8]

Federal Agency J-1 Waiver Policies

The following offers a brief description of the policies of those federal agencies that have determined that waiving the home residency requirement is in the national and public interest when foreign medical graduates (FMGs) are willing to serve in areas suffering from a shortage of health care providers. Note that all of these agencies require proof that the facility seeking to employ the FMG has unsuccessfully attempted to recruit U.S. citizens or permanent residents for the position to be filled by the FMG.

Department of Agriculture

Types of Waiver Requests Accepted: USDA considers waiver requests on behalf of physicians seeking to practice in medically-underserved, rural areas. Note that USDA will not consider applications originating from facilities within the jurisdiction of the Appalachian Regional Commission, which has its own process for considering waiver requests.

Who May Request Waiver: USDA does not accept waiver applications from individual FMGs. Instead, a health care provider, must submit the application on behalf of a physician which must include a letter from the state health department supporting the request.

Minimum Time Commitment: The FMG must contractually commit to work full time as a physician in the rural medically underserved area for at least three years.

Veterans Administration

Types of Waiver Requests Accepted: The VA accepts waiver applications where the loss of the FMG's services would necessitate discontinuance of a VA program or a major phase of a VA program.

Minimum Time Commitment: If an FMG fails to complete one year of service, the VA facility will ask the INS to reconsider the waiver request.

Housing and Urban Development

Types of Waiver Requests Accepted: HUD's official policy has been to accept waiver requests on behalf of FMGs seeking to provide primary medical care at a Medicare and Medicaid certified hospital or primary health care clinic in a medically-underserved urban community.

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[8] Appalachian Regional Commission Survey

Minimum Time Commitment: The FMG must contractually commit to work for the facility for at least two years. An FMG who breaks that commitment faces a deportation recommendation by HUD and must pay the facility to which he or she is contractually bound, the sum of $250,000 as a penalty.

Suspension of New Waiver Requests: HUD has stopped accepting new waiver requests. HUD is apparently reviewing its policy to determine whether and how to continue processing J-1 waiver requests.

Appalachian Regional Commission

Types of Waiver Requests Accepted: The ARC accepts waiver requests on behalf of physicians seeking to provide primary medical care in a HPSA within the jurisdiction of the ARC. (The ARC has jurisdiction over Appalachian counties in 13 states.)

Who May Request Waiver: FMG requests must be supported by the Governor of the state. Because Maryland, North Carolina and Tennessee apparently are not currently accepting applications, the ARC will not process waiver requests in those states.

Minimum Time Commitment: An FMG must contractually commit to work full time at the relevant facility from two to four years. An FMG who breaks that commitment faces a deportation recommendation by the ARC and must pay the facility to which he or she committed $250,000 in damages.

The 1994 Amendments and State-Requested Waivers ("State 20")

In 1994, Congress adopted a proposal by Senator Conrad to provide an additional means to match foreign physicians holding J-1 visas with medically-underserved areas of America. Senator Conrad felt that states needed a vehicle, in addition to federal agency waiver requests, to ensure access of medically-underserved areas to foreign doctors willing to serve where US. doctors are not.[9] He therefore introduced a bill, later incorporated as an amendment to the Immigration and Nationality Technical Corrections Act of 1994, that authorizes each state Department of Health to request up to twenty home-country residency requirement waivers per state each year.[10] As with federal agencies, states must submit their requests through USIA to the INS for approval. However, foreign physicians seeking waivers through state agencies must commit to work in a health care professional shortage area for at least three years, and they face deportation if they do not meet that commitment. Unless extended by Congress, this provision will expire on September 30, 1996.

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[9] 140 Cong. Record S 6747-48 (June 9, 1994).

[10] 2 Pub. L. No. 103-416 § 220, 108 Stat. 4305, 4319. The Conrad Amendment is codified at 8 U.S.C. § 1184(k).

Although Congress intended the state waiver request program to supplement, not supplant the federal agencies' waiver-requesting authority, the Clinton Administration recently has undertaken a review of the federal agency waiver program in light of the state waiver program.

III. THE FEDERAL AGENCY J-1 VISA PROGRAM WAIVER REMAINS NECESSARY

The J-1 visa waiver program is a relatively small but extremely significant tool to alleviate the chronic shortage of primary care physicians in mostly poor, rural and urban communities. In conducting its review of the federal agency waiver program, the Administration should be mindful of the following facts:

- 45 million Americans, many of them children or older Americans, live in designated medically-underserved areas.

- Nearly 200 American counties have no physician at all (1992 study)

- J-1 waiver programs provide a substantial benefit to American at no cost to the taxpayers.

- The human impact of inadequate or nonexistent access to medical care is felt acutely by those who live in underserved areas, and the financial impact affects us all by burdening our entire health care system with higher health care costs for illnesses and conditions that are not treated in a timely manner.

- Foreign medical graduates are essential to increasing the number of primary care physicians in chronically, medically-underserved areas as American physicians do not want to work in these areas.

- Federal agencies recommend J-1 visa waivers only for designated shortage areas and only where American doctors are demonstrably unavailable.

- J-1 visa waiver doctors primarily are primary care physicians. Projections of eventual oversupply of U.S. doctors are in non-primary care specialties.

- Should there come a time in the future when American doctors meet the needs of medically-underserved areas, foreign graduates would be ineligible for visa waivers under the existing program.

- The record indicates that doctors who obtain a J-1 visa waiver fulfill their commitment to serve in medically-underserved areas.

- The federal government should not abdicate its role in alleviating health care shortages by attempting to limit J-1 visa waivers to those initiated by states under the Conrad amendment. Almost 25% of states have indicated they will not participate in the Conrad program. Moreover, the state-requested waiver

program is not well-suited to play the primary role in placing foreign doctors in medically-underserved areas. After all, because Congress never intended it to supplant the role of federal agencies, Congress provided for only a small number of waivers per-State and did not attempt to match those numbers of each State's varied needs.

For all of these reasons, the Administration should reaffirm its commitment to the federal agency J-1 visa waiver program, and assure that requests are processed expeditiously.

Prepared by: Bracy Williams
601 Thirteenth Street, N.W.
Suite 510
Washington, D.C. 20036
(202) 783-5588

QUESTIONS AND ANSWERS ON WAIVER OF TWO-YEAR HOME-COUNTRY RESIDENCY REQUIREMENT FOR FOREIGN PHYSICIANS

QUESTION: Are foreign physicians really needed to solve the problems of medically-underserved U.S. areas?

ANSWER: **Yes.** Over 45 million Americans live in areas - most commonly rural communities and inner cities - designated by the Department of Health and Human Services (HHS) as Health Professional Shortage Areas (HPSAs). HHS estimates that approximately 11,000 primary care physicians are needed to alleviate these shortages nationwide. Unfortunately, despite the creation of the National Health Service Corps and other efforts to attract U.S. doctors to underserved areas, U.S. physicians have proven unwilling to relocate to HPSAs in necessary numbers, leaving many of those areas chronically underserved by physicians. Foreign physicians are providing one of the only steady and certain sources of doctors willing to serve in those areas.

QUESTION: Do the foreign physicians who receive waivers actually fulfill their commitments to serve in HPSAs?

ANSWER: **Yes.** Each of the federal agencies that requests waivers under this program mandates that foreign physicians seeking J-1 waivers commit to work in an underserved areas for a specified period between two and four years. For example, of the approximately 350 foreign physicians granted waivers by the Appalachian Regional Commission in the period between May 1992 - December 1993, almost 95% stayed in an underserved area. Also, several agencies fine physicians who violate their commitment $250,000.00, a powerful incentive.

QUESTION: Won't admission of many foreign physicians now exacerbate America's impending physician surplus problem?

ANSWER: **No.** Although the J-1 waiver program provides a tremendous help to those living in underserved areas, the number of foreign physicians involved in the program is not all that small. Moreover, those who project a physician oversupply predict that the expected surplus will be in doctors specializing in field other than primary care - the focus of those foreign doctors serving in HPSAs. The foreign doctors serving in HPSAs simply are not the type of doctors we need to worry about having too many of.

QUESTION: Are the foreign physicians granted waivers under this program as qualified and competent as American-trained doctors?

ANSWER: **Yes.** These doctors complete residency training in the U.S. and are board eligible/board certified in their fields. They also pass rigorous credentialing exams before being admitted to residency training.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 31 1995

The Honorable Daniel R. Glickman
Secretary of Agriculture
Washington, D.C. 20250

Dear Dan:

I am writing to request that your Department undertake a review of its policies related to waivers of the two-year foreign residence requirement under the Exchange Visitor Program for foreign national international medical graduates.

For many years, the United States has been addressing problems related to the geographic and specialty distribution of physicians. Federal and State government programs have dramatically increased the capacity of medical schools, expanded primary care residency programs, and provided a variety of financial incentives for service in rural and inner-city shortage areas. At the same time international medical graduates have entered the United States in large numbers; over 100,000 physicians who are practicing here today were foreign nationals at the time they entered our country as exchange visitors, temporary workers, or for some other purpose.

Now, as new managed-care arrangements are rapidly replacing the traditional fee-for-service system, our national requirements for physicians are also changing. In fact, the Council on Graduate Medical Education has recently determined that by the year 2000, the national supply could well exceed the need by more than 100,000 physicians; all of the excess supply will be for non-primary care physicians. Even with this impending surplus, in 1993 we increased the number of international medical graduates entering residencies in the United States to 6,700 compared to 18,500 graduates of US schools.

Last year, the President signed the Immigration and Nationality Technical Corrections Act of 1994, P.L.103-416, enacted on October 25. Section 220 of the Act authorizes each State's department of public health or its equivalent to request the Director of USIA to recommend that INS grant waivers for up to 20 physicians per year. The physician must have a bona fide offer of full employment and must agree to work for a total of not less than three years in a health care facility in an area designated by the Secretary of Health and Human Services as having a shortage of health care professionals. Even though the foreign residence requirement may now be waived by INS based on a request from an interested US government agency and recommended by USI the new law provides a much stronger means for requiring service in areas where physicians are most needed and for enforcing their service agreements, i.e., requiring they leave the United States if they do not fulfill their agreements.

The Department of Health and Human Services endorses the philosophy of the Exchange Visitor Program in which participants are committed to return home for at least two years after completing their educational program. This requirement was imposed to prevent the program from becoming a stepping stone to immigration and to insure that exchange visitors make their new knowledge and skills available in their home countries. In summary, this Department has viewed the J-1 visa to be a means of sharing advanced medical knowledge and allowing the benefits of training to accrue to the home country. The Department does not view waivers as a mechanism to help resolve the problems of shortage areas.

On occasion, some departments and agencies have taken a different approach; viewing the granting of a waiver as a means of finding and placing physicians in underserved areas. This objective may now be met under the authority provided to States to request waivers for shortage area service under P.L.103-416. Therefore, one option we would like to explore with you is whether the State-based program could be the sole mechanism for placing exchange visitor physicians in shortage areas. We might consider requesting both extension of the authorization of the State-based program and increasing flexibility with respect to the numbers of physicians that can be placed, thus eliminating the need for other types of service-based waivers.

Given these considerations, I request that your Department review its policy in regard to exchange visitor waivers for physicians. I would appreciate hearing the results of your review so that we can facilitate the development of a consistent approach with regard to waivers for international medical graduates. I have designated staff in the U.S. Public Health Service to help coordinate our efforts to develop a consistent government-wide approach. Dr. Jo Ivey Boufford, the Principal Deputy Assistant Secretary for Health, is available to work with your staff on this matter. She may be reached at 202/690-7694.

I am also writing to Secretaries Brown and Cisneros and the Federal Co-Chairman of the Appalachian Regional Commission and am sharing copies with Attorney General Reno and the Director of the United States Information Agency. I hope that together we can make progress in developing a consistent U.S. Government policy.

Sincerely,

Donna E. Shalala

MAYER, BROWN & PLATT

cc Steve Warnath + Marion Berry from Diana Fortuna See charts several pages in - Marion It doesn't look like USDA has granted that many waivers.

M E M O R A N D U M

November 22, 1995

VIA HAND DELIVERY

TO: Nancy Ann Min

FROM: Carolyn Osolinik Carolyn Osolinik

RE: J-1 Visa Waiver Program for Physicians in Underserved Areas

Enclosed are two sets of background materials concerning the J-1 visa waiver program. Congressmen Torres and Payne and Congresswoman Schroeder have contacted Secretary Cisneros to express support for the program.

The public health benefits of this program are compelling. If there are administrative inefficiencies in the program, we should work to make the program better. I would be happy to help.

If you have any questions, please call me at (202) 778-0169. Thank you and happy Thanksgiving.

Enclosures

CHICAGO • BERLIN • BRUSSELS • HOUSTON
LONDON • LOS ANGELES • NEW YORK • TOKYO
MEXICO CITY CORRESPONDENT - JAUREGUI, NAVARRETE, NADER Y ROJAS

CAROLYN P. OSOLINIK
202-778-0169

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THE J-1 VISA WAIVER PROGRAM - A PUBLIC HEALTH NECESSITY

Introduction

A staggering number of Americans live in medically underserved areas — places with too few doctors, or sometimes, no doctors at all. Efforts to attract U.S. doctors to these areas have been ineffective. The chronic shortage of doctors in these rural communities and inner cities has been alleviated somewhat through assignment of foreign doctors who have completed graduate training in the U.S. and obtain a waiver of the requirement that they return to their country of last residence for two years. These foreign doctors help fill a critical public health need — indeed, a state or a federal agency may recommend these waivers only when they are "in the public interest." The Administration is currently reexamining this so-called J-1 visa waiver program. As discussed more fully below, the program is an essential component of access to health care for those who need it most. It should be continued and strengthened.

I. THE CURRENT HEALTH CARE SHORTAGE CRISIS

The Numbers

Over 45 million Americans live in areas — most commonly rural communities and inner cities — designated by the Department of Health and Human Services (HHS) as Health Professional Shortage Areas (HPSAs).1/ Sadly, that figure represents a steady increase over the past several years in the number of Americans who do not have proper access to medical care; the number of American counties designated either in whole or in part as HPSAs rose from 1,209 in 1978 to 1,993 in 1994.2/ The crisis in some areas is so severe that approximately 200 American counties now must manage without any physicians at all.3/

1/ Taylor, et al., *The Measurement of Underservice and Provider Shortage in the United States: A Policy Analysis*, North Carolina Rural Health Research Program (December 1994) page 19 Table IV.3.

2/ Taylor, et al. at 5.

3/ *Id.* at 18 Table IV.2 (reporting 1992 statistics).

The Causes and Consequences of the Health Care Professional Shortage

The trend toward managed care in our nation's health care system has increased the need for primary care physicians. HHS estimates that approximately 5,000 primary care physicians are needed to alleviate nationwide shortages.4/ Unfortunately, despite the creation of the National Health Service Corps and other efforts to attract U.S. doctors to underserved areas, U.S. physicians have proven unwilling to relocate to HPSAs in necessary numbers, leaving many areas chronically underserved. The Council on Graduate Medical Education, which has recently predicted an oversupply of physicians by the year 2000, has determined that all of its projected oversupply will be non-primary care physicians. Further, the Council's figures are national projections, which take no account of distribution of physicians. Thus, there is nothing to indicate that American medical graduates will alleviate the chronic undersupply of primary care physicians in HPSAs. A number of factors account for the difficulties in attracting U.S. doctors to HPSAs, including the higher pay, greater opportunities and superior level of hospital and technical support available in non-HPSAs.

The chronic shortage of health care professionals in HPSAs has severe consequences for the residents of those areas. Most obviously, the difficulty in locating a provider close to home forces residents to seriously delay or forego medical care until they develop serious, acute illnesses, often requiring expensive emergency room care. As a result, countless lives are placed at risk, and our health care system is drained by the need for more costly medical care. Furthermore, millions of Americans, especially children and the elderly, have little or no access to preventative medical care and lack community education about the importance of preventative health care practices. This situation exacerbates our nation's chronic health care problems.

II. THE ROLE OF FOREIGN PHYSICIANS IN SOLVING THE SHORTAGES

Background on the J-1 Program

Congress created the J-1 visa program in 1948 as a means to create better international relationships by bringing residents of other countries to the U.S. to study temporarily and sending Americans abroad for the same purpose.5/ Subsequently, Congress has amended the program to require some J-1 visa recipients, including foreign medical graduates, to reside abroad for at least two years prior to seeking more permanent residence in the U.S. It also has provided limited opportunities to seek a waiver of the two-year foreign residency requirement

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4/ *Id.* at 20 Table IV.4.

5/ United States Information and Educational Exchange Act of 1948 (Smith-Mundt Act), Pub. L. No. 80-402, 62 Stat. 6.

under special circumstances.6/ To date, fewer than 1000 J-1 visa waivers have been granted to physicians who serve in HPSAs.

Federal Agency Waiver Authority

Most relevant here is the Congressional authorization for U.S. government agencies to request, through the U.S. Information Agency (USIA) and the Immigration and Naturalization Service (INS), waivers of the two-year home-country residency requirement where such waivers are "in the public interest."7/ Several federal agencies, including the Department of Housing and Urban Development (HUD), the Department of Agriculture (USDA), the Veterans Administration (VA), and the Appalachian Regional Commission (ARC), have successfully used this authority to place foreign physicians in areas that desperately need primary care physicians, but have not been able to recruit U.S. doctors. For example, in just the 19-month period between May 1992 and December 1993, ARC placed approximately 350 J-1 waiver doctors in HPSAs. Almost 95% of those doctors remained in HPSAs as required by the waiver.8/

III. FEDERAL AGENCY WAIVER POLICIES

The following offers a brief description of the policies of those federal agencies that have determined that waiving the home residency requirement is in the public interest when International Medical Graduates (IMGs) are willing to serve in areas suffering from a shortage of health care providers. All of these agencies require proof that the facility seeking to employ the IMG has unsuccessfully attempted to recruit U.S. citizens or permanent residents for the position to be filled by the IMG.

Department of Agriculture

Types of Waiver Requests Accepted: USDA considers waiver requests on behalf of primary care IMGs seeking to practice in medically underserved rural areas. USDA defines primary care to include practitioners specializing in pediatrics, Ob/Gyn, internal medicine, family practice, general surgery, emergency medicine and general psychiatry. Note that USDA will **not** consider applications originating from facilities within the jurisdiction of the Appalachian Regional Commission, which has its own process for considering waiver requests.

6/ Pub. L. No. 84-555, 69 Stat. 494 (1956); Mutual Educational and Cultural Exchange Act of 1961 (Fulbright-Hays Act), Pub. L. No. 87-256, 75 Stat. 527, § 109; Pub. L. No. 91-225, § 2, 84 Stat. 116; Health Professions Educational Assistance Act of 1976, Pub. L. No. 94-484, 90 Stat. 2243, 2301 § 601(c). This provision is now codified at 8 U.S.C. § 1182(e).

7/ 8 U.S.C. § 1182(e).

8/ Appalachian Regional Commission Survey

Who May Request Waiver: USDA does not accept waiver applications from individual IMGs. Instead, a health care facility or a State health department must submit the application, which, in either event, must include a letter from the State health department that it concurs with the request.

Minimum Time Commitment: The IMG must contractually commit to serve full time at the relevant facility for at least three years.

Veterans Administration

Types of Waiver Requests Accepted: The VA accepts waiver applications where the loss of the IMG's services would necessitate discontinuance of a VA program or a major phase of a VA program.

Minimum Time Commitment: If an IMG fails to complete one year of service, the VA facility will ask the INS to reconsider the waiver request.

Housing and Urban Development

Types of Waiver Requests Accepted: HUD's official policy is to accept waiver requests on behalf of IMGs seeking to provide primary medical care at a Medicare and Medicaid certified hospital or primary health care clinic in a medically underserved urban community.

Minimum Time Commitment: The IMG must contractually commit to work for the facility for at least two years. An IMG who breaks that commitment faces a deportation recommendation by HUD and must pay the facility to which he or she committed $250,000 in damages.

Suspension of New Waiver Requests: HUD recently indicated that, due to a high volume of applications, it stopped accepting new waiver requests as of August 30, 1995. HUD is apparently reviewing its policy to determine how to continue processing J-1 waiver requests.

Appalachian Regional Commission

Types of Waiver Requests Accepted: The ARC accepts waiver requests on behalf of IMGs seeking to provide primary medical care in a medically underserved area within the jurisdiction of the ARC. (The ARC has jurisdiction over Appalachian counties in 13 States.)

Who May Request Waiver: IMG requests must be sponsored by a State. Because Maryland and North Carolina apparently are not currently accepting applications, the ARC will not process waiver requests in those States.

Minimum Time Commitment: An IMG must contractually commit to work full time at the relevant facility for at least two years. An IMG who breaks that commitment faces a

deportation recommendation by the ARC and must pay the facility to which he or she committed $250,000 in damages.

IV. THE 1994 AMENDMENTS AND STATE-REQUESTED WAIVERS

In 1994, Congress adopted a proposal by Senator Conrad to provide an additional means to match foreign physicians holding J-1 visas with U.S. areas in need of medical professionals. Senator Conrad felt that states needed a vehicle in addition to federal agency waiver requests to ensure access of medically underserved areas to foreign doctors willing to serve where U.S. doctors are not.9/ He therefore introduced a bill, later incorporated as an amendment to the Immigration and Nationality Technical Corrections Act of 1994, that authorizes interested State public health agencies to request up to twenty home-country residency requirement waivers per-state each year.10/ As with federal agencies, States must submit their requests through USIA to the INS for approval. However, foreign physicians seeking waivers through state agencies must commit to work in a health care professional shortage area for at least three years, and they face deportation if they do not meet that commitment. Unless extended by Congress, this provision will expire in 1996.

Although the legislative history indicates that Congress did not intend the State waiver request program to preempt the federal agencies' waiver-requesting authority, the Clinton Administration recently has undertaken a review of the federal agency waiver program in light of the State waiver program.

V. THE FEDERAL AGENCY J-1 VISA PROGRAM WAIVER REMAINS NECESSARY

The J-1 visa waiver program is a relatively small but extremely significant tool to alleviate the chronic shortage of primary care physicians in mostly poor rural and urban communities. In conducting its review of the federal agency waiver program, the Administration should be mindful of the following facts:

- Nearly 17% of Americans, many of them children or older Americans, live in designated health professional shortage areas (HPSAs).

- The human impact of inadequate or nonexistent access to medical care is felt acutely by those who live in HPSAs, and the financial impact affects us all by burdening our entire health care system

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9/ 140 Cong. Record S 6747-48 (June 9, 1994).

10/ Pub. L. No. 10v3-416 § 220, 108 Stat. 4305, 4319. The Conrad Amendment is codified at 8 U.S.C. § 1184(k).

with higher health care costs for illnesses and conditions that are not treated in a timely manner.

- Foreign medical graduates are essential to increasing the number of primary care physicians in chronically medically underserved areas.

- Federal agencies recommend J-1 visa waivers only for designated HPSAs and only where American doctors are unavailable.

- J-1 visa waiver doctors are primary care physicians. Projections of eventual oversupply of U.S. doctors are in non-primary care specialties. Further, such projections are national, and do not take account of the actual distribution of physicians.

- Should there come a time in the future when American doctors meet the needs of HPSAs, international graduates would be ineligible for visa waivers under the existing program.

- The record indicates that doctors who obtain a J-1 visa waiver fulfill their commitment to serve in medically underserved areas.

- The federal government should not abdicate its role in alleviating health care shortages by attempting to limit J-1 visa waivers to those initiated by states under the Conrad amendment. Almost 25% of states have indicated they will not participate in the Conrad program. Moreover, the state-requested waiver program is not well suited to play the primary role in placing foreign doctors in HPSAs. After all, because Congress never intended it to supplant the role of federal agencies, Congress provided for only a small number of waivers per-State and did not attempt to match those numbers to each State's varied needs.

For all of these reasons, the Administration should reaffirm its commitment to the federal agency J-1 visa waiver program, and assure that requests are processed expeditiously.

QUESTIONS AND ANSWERS ON WAIVER OF TWO-YEAR HOME-COUNTRY RESIDENCY REQUIREMENT FOR FOREIGN PHYSICIANS

QUESTION: Are foreign physicians really needed to solve the problems of medically underserved U.S. areas?

ANSWER: **Yes.** Over 45 million Americans live in areas — most commonly rural communities and inner cities — designated by the Department of Health and Human Services (HHS) as Health Professional Shortage Areas (HPSAs). HHS estimates that approximately 5,000 primary care physicians are needed to alleviate these shortages nationwide. Unfortunately, despite the creation of the National Health Service Corps and other efforts to attract U.S. doctors to underserved areas, U.S. physicians have proven unwilling to relocate to HPSAs in necessary numbers, leaving many of those areas chronically underserved. Foreign physicians are providing one of the only steady and certain sources of doctors willing to serve in those areas.

QUESTION: Do the foreign physicians who receive waivers actually fulfill their commitments to serve in HPSAs?

ANSWER: **Yes.** Each of the federal agencies that requests waivers under this program mandates that foreign physicians seeking J-1 waivers commit to work in an underserved area for a specified period. And those foreign physicians are fulfilling their commitment. Of the approximately 350 foreign physicians granted waivers by the Appalachian Regional Commission in the period between May 1992-December 1993, for example, almost 95% stayed in an underserved area.

QUESTION: Won't admission of many foreign physicians now exacerbate America's impending physician surplus problem?

ANSWER: **No.** Although the J-1 waiver program provides a tremendous help to those living in underserved areas, the number of foreign physicians involved in the program, fewer than 1000, is not all that large. Moreover, those who project a physician oversupply predict that the expected surplus will be in doctors specializing in fields other than primary care — the focus of those foreign doctors serving in HPSAs. Further, oversupply projections are done on a national basis, and take no account of the actual distribution of doctors. The foreign doctors serving in HPSAs simply are not the type of doctors we need to worry about having too many of.

12/1/95

Conrad set aside?

HUD/USDA - last 2 yrs

Exchange Waiver

International Medical Graduates Assigned to Health Professional Shortage Areas Through Federal Agency Recommendations for J-1 Visa Waivers (1994 - 1995)

State	Total No. of Physicians	USDA	VA	HUD	ARC	Other Agencies
Arkansas	15	14	1			
Alabama	8			2	6	
Arizona	4	3		1		
California	16	10		5		1 - HHS
Colorado	1	1				
Connecticut	4			4		
Florida	12	4		8		
Georgia	6	3	2			1 - HHS
Iowa	1	1				
Illinois	31	18		12		1 - HHS
Indiana	12	4	2	4		2 - HHS
Kansas	18	15		3		
Kentucky	8	4	2	2		
Louisiana	4	4				
Maine	1	1				
Maryland	3	2		1		
Massachusetts	2			2		
Michigan	21	1		20		
Minnesota	12	4	1	2		1 - DOD 1 - State 3 - HHS
Missouri	19	11	2	5*		1- Conrad Amend.
Mississippi	3	3				
Nebraska	4	4				

*Next wk mtg → who?

States not hostile to Conrad approach
Conrad sunsets 96
Shld do algo in the immig bill

waivers irrevocable
1/3 residencies FMGs
$150,000 mc reimb vs 30k sal
1/4 docs not trd here
Kennedy – adding 2 yr start reg.
34 states ad yes to Conrad
Make Cmcr friendly
788 last year

State	Total No. of Physicians	USDA	VA	HUD	ARC	Other Agencies
North Carolina	**5**	3		1	1	
North Dakota	**3**	3				
New Hampshire	**3**	3				
New Jersey	**2**			2		
New Mexico	**1**	1				
New York	**10**	1		9		
Ohio	**10**	1	1	5	3	
Oklahoma	**4**	3		1		
Pennsylvania	**19** 54		3	3	12**	1 - HHS
South Carolina	**5**	4				1 - HHS
Tennessee	**13**	2	3	5	3	
Texas	**29**	22		7		
Utah	**1**		1			
Virginia	**2**				1	1
Washington	**1**	1				
West Virginia	**6**				6*	
Wisconsin	**14**	10		3		1 - HHS

*One waiver pending
**Two waivers pending

128
196
324

Facilities in Medically Underserved Areas Utilizing the Services of J-1 Visa Waiver Doctors

State	Examples of Medical Facilities Using Physicians with Waivers
Arkansas	Jefferson Comp Health System
	Lee County Coop Clinic
	VAMC/Univ. of AK
Alabama	Anniston Medical Clinic
	Children's Medial Center
	Cromeans Clinic. P.C.
	PriManaged Care, Inc.
	The Children's Hosp. of AL
Arizona	Mercy Healthcare AZ
California	CHF - East Los Angeles
	Children's Hospital
	Clinicas de Salud del Pueblo
	Delano Medical Clinic
	El Progreso del Desierto
	Lancaster Medical Group
	Santa Clara Valley Med Center
Florida	Putmam Community Hospital
	University of Miami
Georgia	Mercer Medical Center
Iowa	Hancock County Memorial Hospital
Illinois	Healthfirst
	Joal Medical Center
	Madison County Health Services
	Pana Community Hospital
	Passavant Area Hospital

State	Examples of Medical Facilities Using Physicians with Waivers
	Pilsen Little Village
	Rush Memorial Med Center
	Southern Illinois Health Care Foundation
	St. Mary of Nazareth
	St. Mary's Hospital
	University of Illinois
	Weber Clinic
Indiana	Ancilla Medical Systems
	Ancilla-St. Joseph's Med Center
	Ancilla-State Care North
	Dearborn County Hospital
	Indiana University
	Muscatatuck State Development Center
	VAMC/Indiana University
Kansas	Hays Medical Center
Kentucky	VAMC/University of KY
	Wilkes Clinic
Maryland	Dorchester General Hospital
Michigan	Marletta Community Hospital
Minnesota	Ada Municipal Hospital
	Jackson Medical Center
	Model Cities
	St. Paul Ramsey Med Center
	University of Minnesota
	VAMC

State	Examples of Medical Facilities Using Physicians with Waivers
Missouri	Cochran V.A. Hospital/St. Louis University
	Cochran V.A. Hospital
	Family Care Health Centers
	Ferguson Medical Group
	Fulton State Hospital
	*Malcolm Bliss State Hospital
	Mineral Area Regional Medical Center
	Reynolds County Com Hosp
	Samaritan Memorial Hospital
	St. John's Health System
	University of Missouri School of Medicine
	V.A. Hospital
	Washington County Memorial Hospital
Mississippi	Newton Regional Hospital
North Carolina	Beaufort-Jasper Health Services
	Montgomery County Hosp
	Swain County Hospital
North Dakota	Johnson Clinic
	Pembina County Memorial Hosp
New Hampshire	Mountain Health Services
New Jersey	Atlantic City Medical Center
New Mexico	La Casa de Buena Salud
New York	Bronx-Lebanon Hospital
	Buffalo Columbus Hospital
	Middletown Community Health
	Mt. Vernon Hospital
*Waiver pending at HUD	

State	Examples of Medical Facilities Using Physicians with Waivers
Ohio	Adams County Hosp.
	Braddock Medical Center
	Raj Medical Associations
	St. Rita's Hospital
	VAMC
	Winton Hills Medical and Health Center
Oklahoma	Medical Center of Southeastern Oklahoma
	Roger Mills Memorial Hosp
Pennsylvania	Alma Illery Medical Center
	Children's Hospital
	Cornerstone Care
	Erie V.A. Hospital
	*Golani Medical Associations
	*Irwin Family Care
	Keystone Rural Health Consortia
	McKeesport Hospital
	Nallathambi Med Associations
	Raj Medical Associations
	Subbiah Cardiology
	VAMC
	West Penn Comprehensive Health Care
South Carolina	Beaufort-Jasper Health Services
	Medical University of SC
Tennessee	Hickman County Health Services
	Morgan County Medical Center
	Union-Grainger Primary Care, Inc.
*One ARC waiver pending in each facility	

State	Examples of Medical Facilities Using Physicians with Waivers
	VAMC
Texas	Coastal Emergency Services
	Coleman County Memorial Hospital
	Collingsworth County Hospital
	Red River General Hospital
	Valley Diagnostic Clinic
Utah	VAMC
Virginia	Appalachian Regional Health Care
	University of Virginia
Wisconsin	Dean Medical Center
	Dean Clinic
	Door County Mem Hospital
	Gunderson Clinic
	Medical College of WI
	Memorial Medical Center
	Oconto Memorial Hospital
	Sinai Samaritan Hospital/Pruitt Medical Office
West Virginia	Braxton County Memorial Hospital
	Braxton Community Health Center
	Clay County Primary Health Care Center
	Community Health Systems, Inc.
	*Community Health Foundation of Man
*Waiver is pending at ARC	