

IMG TASKFORCE

INTERNATIONAL MEDICAL GRADUATE TASKFORCE

1028 Oakhaven Road Memphis,
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April 7, 2020

VIA EMAIL

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20201

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20201

Re: Expansion of HHS Clinical Waiver Program to Address the Covid-19 Pandemic

Dear Ms. Stewart, Mr. Berry and Mr. Alexander:

The International Medical Graduate Taskforce respectfully writes to urge the Department of Health and Human Services (HHS) to immediately exercise its existing statutory and regulatory authority to expand the physician workforce in the United States by designating the entire country as a shortage area and to accept clinical J-1 waiver applications from any physician and any facility that agrees to provide care to Medicare or Medicare-eligible patients.

The International Medical Graduate Taskforce is a nationwide coalition of professionals in medicine and law dedicated to helping Americans, especially those in rural and other physician-shortage areas, obtain the basic medical services they so desperately need and deserve. Our members work on behalf of universities, teaching hospitals, medical centers, and clinics of all sizes, and on behalf of IMG physicians seeking necessary authorizations, including J-1 waiver applications. As such, members of our organization have occupied a front row seat from which to observe the success of the Conrad State 30 Program since its inception in 1994. However, we have witnessed an increased need for medical professionals. The cap of 30 waivers per state limits many states' ability to meet the needs of underserved populations, from low-income urban communities receiving care at hospitals in our nation's poorest neighborhoods, to farming communities served by small medical practices. For this fiscal year alone, to date, 27 of the states have filled their 30 waiver spots and another 12 only have a few waiver spots available.

The HHS program has always excelled in assisting federally qualified health centers (FQHCs) to attract and retain US-trained International Medical Graduates who provide critically needed primary care services. Expanding the program to accept applications from a broader applicant pool -- and to serve a broader range of facilities -- will help address the spiraling unmet needs of medically underserved American citizens nationwide, especially during a global pandemic. Report after report has confirmed that the country is in the middle of a long-term physician shortage that is only getting worse. The projected shortage over the next few years ranges from 50,000 to 150,000 physicians making the retaining of US-trained J-1 physicians critical to the U.S. national interest.

Over 80% of foreign medical graduate physicians undertake graduate medical education in the U.S. in J-1 status. In 2000, roughly 6000 non-US citizen IMGs participated in the Main Residency Match, compared to 2020, when approximately 6,907 participated. In 2020, 4,222 non-US citizen IMG's Matched and are expected to undertake their residency programs on the J-1 visa.

In light of the pandemic and this readily available and US-trained workforce presently in the U.S., we request that HHS consider the following:

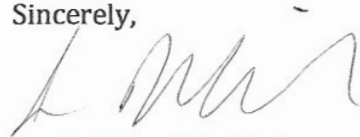
1. To accept applications from physician specialists despite the regulatory prohibition on applications from those who will not start work within one year of completing a residency program. This emergency exception to the general rule is warranted in light of the devastating shortage of physicians during the COVID-19 pandemic. In particular, we note that hospitals have identified critical care intensivists, anesthesiologists, general surgeons, orthopedic surgeons, cardiologists, and oncologists as specialties that have the skills to treat critically ill patients. News reports make clear that hospitals are receiving more critically ill patients than they can treat with the currently available physician workforce. Recent reports also indicate that efforts to "flatten the curve" are showing success, which means that the pandemic will continue to produce a steady flow of critically ill patients presumptively over a longer period of time. In addition, reports identify the likelihood that the pandemic will come in waves over time. Consequently, expeditious processing of J-1 clinical waivers from specialist physicians will likely produce additional providers who can participate in the response to the pandemic at present and in the near future as the pandemic runs its course.
2. To designate the entire United States as an underserved area. Section 332 of the PHS Act, 42 U.S.C. 254e, provides that the Secretary of HHS shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. The language is very broad and simply says a HPSA includes any area "which the Secretary determines has a health manpower shortage." At present, the entire geographic area of the United States is underserved; and, the likelihood that the current pandemic will render physicians unable to work due to their own illness will only exacerbate the physician shortage. In fact, a number of physicians and other healthcare workers have already been infected nationwide. Given that HHS has the statutory authority to designate the entire country as a HPSA or MUA/P, we encourage the agency to exercise this authority as soon as possible.

3. To accept applications from any facility that can demonstrate a physician need. With respect to facility eligibility for an HHS clinical waiver, the regulations require the “head of the facility to “confirm the facility is located in a specific designated HPSA or MUA/P, and that it provides medical care to Medicaid or Medicare eligible patients and to the uninsured indigent” 45 C.F.R. §50.5(e)(6). Accordingly, the IMG T proposes that existing statutory and regulatory authority permits HHS to grant waivers to international medical graduates for full-time employment in any type of facility where the need for a doctor can be demonstrated. The proposed changes would comply with existing HHS regulations by requiring sliding fee scales and acceptance of Medicare and Medicaid.

An expansion of the HHS waiver program will enhance the program and maximize its use to satisfy the exigent medical needs of the country. The IMG Taskforce strongly believes implementing these important and life saving measures will help to further your mission of improving delivery of healthcare to all Americans and will complement efforts by other federal and state authorities to increase the number of physicians who may serve our country in this critical moment and into the future. We would be happy to collaborate with you on these measures should that be helpful.

Thank you for considering these suggestions. We look forward to your thoughts and would appreciate a response by April 20, 2020.

Sincerely,



Ian D. Wagreich, Chair, IMG T Liaison Committee