AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

February 17, 2022

The Honorable Zoe Lofgren
Chair
Subcommittee on Immigration and Citizenship,
Committee on the Judiciary
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Joe Neguse
Vice Chair
Subcommittee on Immigration and Citizenship,
Committee on the Judiciary
U.S. House of Representatives
Washington, D.C. 20515

Dear Chair Lofgren and Vice Chair Neguse:

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the committee for its continued focus on strengthening the health care workforce. I write in response to the hearing: "Is There a Doctor in the House? The Role of Immigrant Physicians in the U.S. Health Care System" to share the family physician perspective and the AAFP's policy recommendations for ensuring that we have a robust primary care workforce to address our nation's current and future health care needs.

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. As such, the AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care. It is projected that we will face a shortage of up to 48,000 primary care physicians by 2034.[1]

Family physicians are acutely aware of the current shortage of primary care physicians across the country and the important role International Medical Graduates (IMGs) play in addressing this shortage. In fact, nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians.[2] The COVID-19 pandemic has also highlighted the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. The AAFP urges the committee to consider the following recommendations.

Role of IMGs in Addressing Health Equity

IMGs play a vital role in caring for some of the most vulnerable populations in the U.S. IMGs make up more than 22 percent of active family physicians, and they are more likely to practice in rural, low socio-economic status, and non-white communities.[3, 4] In fact, IMGs are twice as likely to practice in health professional shortage areas.[5] By increasing the number of visas available to IMGs these vulnerable populations will be better served and the overall health care system will be bolstered. **We urge Congress to pass the *Health Care Workforce Resilience Act* (H.R. 2255) to recapture 15,000 unused employment-based physician immigrant visas from prior years to enable physicians to have the support they need and our patients to have the care they deserve.**

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The lack of a diverse physician workforce has significant implications for public health. Physicians who understand their patients' languages and understand the larger context of culture, gender, religious beliefs, sexual orientation, and socioeconomic conditions are better equipped to address the needs of specific populations and the health disparities among them. Several studies show that racial, ethnic and gender diversity among physicians promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population.[6, 7] Data shows that IMGs add significantly to the diversity of the physician population. Among IMGs with Education Commission for Foreign Medical Graduates certification, all races and ethnicities are substantially represented and, as a group, the percentage who are people of color is much higher than that of U.S. medical graduates.[8] Therefore, IMGs help to diversify the physician workforce, decrease health disparities, and improve health outcomes. **We urge Congress to continue consider IMGs as an important way to diversify the physician population to meet the growing needs of our diverse patient population.**

Conrad 30 Waiver Program Reauthorization
Currently, resident physicians from other countries working in the U.S. on J-1 visa waivers are required to return to their home country after their residency has ended for two years before they can apply for another visa or green card. The Conrad 30 Waiver Program allows these physicians to remain in the U.S. without having to return home if they agree to practice in an underserved area for three years.

Many communities, including rural and low-income urban districts, have problems meeting their patient care needs and depend on the physicians in this program to provide health care services. Over the last 15 years, the program has brought more than 15,000 foreign physicians to underserved and rural communities. With communities across the country facing physician shortages, the Conrad 30 Waiver Program ensures that physicians who are often educated and trained in the U.S. can continue to provide care for patients during the COVID-19 crisis and beyond**. We urge Congress to pass the *Conrad State 30 & Physician Access Act* (H.R. 3541 / S. 1810) to provide needed stability for the Conrad 30 Waiver Program.**

Thank you in advance for consideration of our recommendations. The AAFP looks forward to working with the committee to develop and implement policies to strengthen the primary care workforce. Should you have any questions, please contact John Aguilar, Manager of Legislative Affairs at jaguilar@aafp.org.

Sincerely,

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

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[3] American Medical Association. (2021, October 19). *How IMGs have changed the face of American Medicine*. American Medical Association. Retrieved February 15, 2022, from https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine
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[6] Cooper LA, Powe NR. Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance. The Commonwealth Fund. Accessed October 19, 2021.
[7] Poma PA. Race/ethnicity concordance between patients and physicians. J Natl Med Assoc. 2017;109(1):6-8.
[8] Norcini JJ, van Zanten M, Boulet JR. The contribution of international medical graduates to diversity in the U.S. physician workforce: Graduate medical education. J Health Care Poor Underserved. 2008; 19:493–499