



February 18, 2022

The Honorable Zoe Lofgren
Chair
House Committee on Judiciary
Subcommittee on Immigration
and Citizenship
Washington, D.C. 20515

The Honorable Tom McClintock
Ranking Member
House Committee on Judiciary
Subcommittee on Immigration
and Citizenship
Washington, D.C. 20515

Dear Chair Lofgren and Ranking Member McClintock:

On behalf of the Healthcare Leadership Council (HLC), we thank you for holding a hearing on, "Is There a Doctor in the House? The Role of Immigrant Physicians in the U.S. Healthcare System."

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, homecare providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

As you know, the COVID-19 pandemic has exacerbated the ongoing shortage of healthcare workers in America, leaving many healthcare facilities short staffed even as the number of COVID-19 cases decrease. In addition, the United States faces a physician shortage of up to nearly 124,000 physicians by 2034, including shortfalls in both primary and specialty care.¹ This shortfall could disproportionately affect rural and underserved communities. The 46 million Americans who live in rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be made more challenging by difficult terrain and severe weather. As a result, rural residents overall suffer poorer health outcomes and are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease, and stroke than their urban counterparts. Without congressional action, workforce shortages are likely to worsen and, consequently, the state of health for people across America may worsen as well.

As Congress looks further into supporting the healthcare workforce and the role of immigrant physicians in the healthcare system, HLC encourages Congress to support the passage of

¹ The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Association of American Medical Colleges (June 2021) <https://www.aamc.org/media/54681/download?attachment>

H.R. 2255/S. 1024, the “Healthcare Workforce Resilience Act” to provide green cards or permanent residency to foreign medical professionals such as immigrant nurses and physicians. Under the bill, U.S. Citizenship and Immigration Services would recapture up to 25,000 immigrant visas for nurses and 15,000 immigrant visas for physicians which will help strengthen health systems’ capacity as we continue to combat the pandemic, the growing opioid crisis, and other significant health challenges. In addition, HLC believes it is imperative to support immigration policies that enable the entry of qualified medical professionals into the United States and encourages Congress to take the following actions to strengthen the healthcare workforce during and beyond the COVID-19 pandemic.

- Enable swift allowance of temporary visas for nurses, physicians, pharmacists, and other healthcare professionals (especially those who have already completed clearances) during a period of workforce shortages.
- Direct the Department of Homeland Security to take the following actions to increase the supply of physicians during the national emergency:
 - Temporarily suspend the enforcement of the two-year home residency requirement for any J-1 medical resident or fellow who is willing to work full time in a Health Professional Shortage Area or Medically Underserved Areas and Populations (MUA/Ps) or in a medical field that is directly treating COVID-19 patients or assisting in the battle against COVID-19. This should not be restricted to just the Conrad 30 Waiver program. There are many other Interested Government Agency Waivers including Appalachian Regional Commission, Delta Regional Authority VA Waivers, and Health and Human Services Waivers.
 - Temporarily exempt from the annual H-1B cap any physician, or healthcare worker (as long as they are H-1B classifiable positions) involved in direct patient care.
 - Extend the status and work authorization of any H-1B physician beyond the normal six-year limit if they are filling an unmet workforce need.
 - Require U.S. Citizenship and Immigration Services to reinstate premium processing for any H-1B filed for a physician, physician assistant, registered nurse, nurse practitioner, and any other critical healthcare professional who is filling a need in an underserved area.
 - Immediately grant Employment Authorization Document (EAD) approval to any physician or healthcare worker whose EAD card is about to expire, or whose application for renewal is pending or grant work authorization based on a Receipt Notice of an I-765 Application.
 - Temporarily suspend the Visa Screen Certificate or equivalent requirement for healthcare professionals in light of the shortage of qualified medical personnel available to practice in the United States.

Thank you again for your efforts to increase the supply of physicians by addressing immigration challenges. HLC looks forward to continuing to collaborate with you on this important issue. If you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,



Mary R. Grealy
President