August 17, 2023

The Honorable Bernie Sanders  
Chair, Committee on Health, Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Bill Cassidy, MD  
Ranking Member, Committee on Health, Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

Re: International Medical Graduates (IMGs) Are Critical to Addressing U.S. Physician Shortages and to Forthcoming HELP Committee Health Workforce Legislation

Dear Chairman Sanders and Ranking Member Cassidy:

Thank you for introducing legislation to help U.S. patients in rural and other underserved communities by addressing nationwide health care workforce shortages, particularly in primary care. International medical graduates (IMGs) — both U.S. citizens and foreign nationals — currently make up approximately one quarter of the U.S. physician workforce and play an important role in filling our nation's health workforce gaps. Moving forward, Intealth recommends:

- continuing to explore “dual intent” for J-1 visas,
- increasing graduate medical education (GME) funding and positions, and
- establishing programs to assist IMGs in navigating the U.S. medical training and state licensure processes.

Intealth is a private nonprofit organization that brings together the expertise and resources to advance quality in health care education worldwide in order to improve health care for all. Through strategic integration of its divisions, ECFMG and FAIMER, Intealth offers a flexible and multi-layered portfolio of services. These services enhance and support the education and training of health care professionals, verify their qualifications required to practice, and inform the development of health workforce policies around the world.

ECFMG Certification, our foundational program, is the standard for evaluating the readiness of IMGs to enter U.S. GME, where they provide supervised patient care. In 2022, ECFMG certified 11,413 physicians who graduated from 1,411 medical schools in 134 countries. Foreign national IMGs add diversity to health care teams and enrich clinical learning and practice environments with international perspectives. In 2022, ECFMG’s Exchange Visitor Sponsorship Program (EVSP) provided J-1 visa sponsorship for about 13,800 foreign national physicians to participate in U.S. GME programs at nearly 750 different U.S. teaching hospitals. U.S. GME provides ECFMG certified IMGs with rich training experiences.1

In turn, IMGs play a critical role in the delivery of health care in the United States, particularly in medically underserved areas. For example, IMGs are more than 50 percent of physicians practicing geriatric medicine

and nearly 40 percent of physicians practicing internal medicine. While IMGs practice in every state, they are more likely to practice in underserved communities — where U.S. per capita income is below $15,000 per year, 42.5 percent of doctors are IMGs.

As the country struggles with current and projected physician workforce shortages, Intealth encourages federal policies and programs that maximize the contributions of IMGs who are essential to accessible, high-quality health care.

“Dual Intent” for J-1 Visas

Federal public service programs assist Community Health Centers (CHCs) and other underserved facilities in recruiting and retaining physicians. IMGs who are U.S. citizens or permanent residents are eligible for the National Health Service Corps (NHSC) scholarship and loan repayment programs. At a minimal administrative cost, IMGs who are foreign nationals on J-1 visas for medical residency training are eligible for the State Conrad 30 J-1 visa waiver program and waiver programs offered by the Northern Border Regional Commission, the Southeast Crescent Regional Commission, the Appalachian Regional Commission, the Delta Regional Authority, the Department of Veterans Affairs (VA), and the Department of Health and Human Services (HHS). However, IMGs applying for J-1 visas are prohibited from expressing any immigrant intent, including the possibility of participating in one of these programs. In any final HELP health workforce legislation, Intealth urges the inclusion of language that would permit “dual intent” for participation in these important public service programs; for example, the following language from the bipartisan Conrad State 30 and Physician Access Reauthorization Act (S. 665):

DUAL INTENT FOR PHYSICIANS SEEKING GRADUATE MEDICAL TRAINING.—Section 214(b) of the Immigration and Nationality Act (8 U.S.C. 1184(b)) is amended by striking “(other than a nonimmigrant described in subparagraph (L) or (V) of section 101(a)(15), and other than a nonimmigrant described in any provision of section 101(a)(15)(H)(i) except subclause (b1) of such section)” and inserting “(other than a nonimmigrant described in subparagraph (L) or (V) of section 101(a)(15), a nonimmigrant described in any provision of section 101(a)(15)(H)(i) (except subclause (b1) of such section), and an alien coming to the United States to receive graduate medical education or training as described in section 212(j) or to take examinations required to receive graduate medical education or training as described in section 212(j))”.

Increasing GME

One of the greatest barriers for IMGs to practice medicine in the United States is the limited availability of medical residency training (sometimes referred to as “GME slots”). In 2023, 75 percent of U.S.-citizen IMGs and 63 percent of non-U.S.-citizen IMGs secured a U.S. medical residency position through the National Resident Matching Program. In light of nationwide physician shortages, Intealth supports increasing federal investment in Medicare GME and Teaching Health Centers, as separately proposed in the Community Health Care Reauthorization Act (S.2308) and the Primary Care and Health Workforce Expansion Act. These investments will allow more IMGs to train in the United States, reduce shortages in critical primary care specialties and underserved communities, and ultimately improve patient access to high-quality care.
Establishing Programs to Assist IMGs

Intealth appreciates the bipartisan support for IMGs raised in the Feb. 26, 2023, HELP Committee hearing titled “Examining Health Care Workforce Shortages: Where Do We Go From Here?” Further, we applaud the “Welcome Back to the Health Care Workforce” program proposed in the Primary Care and Health Workforce Expansion Act. This provision would authorize a new Health Resources and Services Administration (HRSA) grant for “system-” and “individual-level improvements” to support internationally educated and trained health care workers. Since its inception in 2001, the private Welcome Back Initiative — a national network of 11 centers in 9 states — has already helped hundreds of international physicians enter U.S. medical residency programs.5

Thank you again for recognizing the importance of IMGs to U.S. patients, as well as the opportunity to utilize IMGs as a solution to growing U.S. health workforce shortages. Permitting “dual intent” for J-1 visas, increasing GME, and establishing IMG-support programs will help further this goal and improve U.S. patients’ access to primary care in underserved communities. Intealth looks forward to working with the Chair, Ranking Member, and all Members of the HELP Committee to address these important issues in the final version of any health workforce legislation.

Sincerely,

Matthew Shick, JD
Chief Government Relations Officer

Intealth — Advancing the Global Health Workforce

O: +1 (215) 823-2110
M: +1 (202) 258-5338
mshick@intealth.org

cc: Members of the Senate Committee on Health, Education, Labor, and Pensions

5 https://www.wbcenters.org/outcomes.html