

March 26, 2025

The Honorable Amy Klobuchar
United States Senate
425 Dirksen Senate Office Building
Washington D.C., 20510

The Honorable Susan Collins
United States Senate
413 Dirksen Senate Office Building
Washington D.C., 20510

The Honorable Jacky Rosen
United States Senate
713 Hart Senate Office Building
Washington D.C., 20510

The Honorable Thom Tillis
United States Senate
113 Dirksen Senate Office Building
Washington D.C., 20510

Dear Senators Klobuchar, Collins, Rosen, and Tillis:

On behalf of the 45 undersigned organizations, we are writing to strongly support the introduction of the Conrad State 30 and Physician Access Reauthorization Act (S. 709).

The healthcare workforce is under increasing strain. The aging U.S. population is increasing demand for healthcare services while also contributing to physician attrition. At the same time, reimbursement challenges in Medicare, along with insufficient investment in graduate medical education, have made the practice of medicine more difficult and constrained the pipeline of new doctors. These challenges are particularly acute in rural and underserved communities, where workforce shortages have led to severe access issues. Today, more than 80 million Americans lack adequate access to primary care, exacerbating health disparities across the country.

Confronting this challenge will require a comprehensive approach from Congress. A key part of the solution is leveraging international medical graduates (IMGs). One in five physicians in the U.S. is foreign-born, and these doctors play an essential role in filling workforce shortages in areas and specialties that struggle to recruit and retain physicians. These include geriatric medicine, interventional cardiology, nephrology, neurology, and critical care medicine, where IMGs are disproportionately represented. The Conrad 30 program is an effective tool for incentivizing U.S.-trained international physicians to work in these high-need areas.

Over the last 30 years, the program has facilitated placement of approximately 20,000 physicians in communities that otherwise might not have had access to health care. The program has also demonstrated success at retaining physicians beyond the three-year commitment. However, misaligned incentives and outdated policies are jeopardizing the future success of the program.

The Conrad State 30 and Physician Access Reauthorization Act would make necessary updates to strengthen the program. In addition to gradually increasing the number of available waivers per state if certain thresholds are met, it also clarifies and improves the waiver process for both physicians and employers by making clear the transition period between receiving a waiver and beginning work. These commonsense changes will improve program efficiency and help ensure that more IMGs can pursue opportunities in underserved areas.

One of the strengths of the Conrad 30 program is its flexible design, which allows each state to tailor the program to meet its specific healthcare needs. This reauthorization will reinforce that flexibility while providing needed clarity and incentives to attract and retain more highly qualified physicians. As workforce shortages worsen, Congress must act with urgency to advance this legislation and strengthen one of the most successful programs for addressing healthcare workforce shortages.

Thank you again for your leadership on this important issue. We look forward to working with you to advance this bill and ensure that the Conrad 30 program continues to serve as a healthcare and economic lifeline for communities in need.

Sincerely,

Alliance for Headache Disorders Advocacy
Ambulatory Surgery Center Association
American Academy of Family Physicians
American Academy of Neurology
American Academy of Physical Medicine and Rehabilitation
American Association of Child and Adolescent Psychiatry
American Association of Neuromuscular & Electrodagnostic Medicine
American Brain Coalition
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Hospital Association
American Medical Association
American Psychiatric Association
American Society of Anesthesiologists
American Society of Neuroradiology
Anxiety and Depression Association of America
Association for Advancing Physician and Provider Recruitment (AAPPR)
Association of Clinicians for the Underserved (ACU)
Association of American Medical Colleges
Association of University Professors of Neurology
College of American Pathologists
Bobby Jones Chiari & Syringomyelia Foundation
Dystonia Medical Research Foundation
Federation of American Hospitals (FAH)
Hope for HIE

Hydrocephalus Association
Infectious Diseases Society of America
International Bipolar Foundation
M-CM Network
Miles for Migraine
MLD Foundation
NANOS (North American Neuro- ophthalmology Society)
National Ataxia Foundation
The Niskanen Center
Phelan-McDermid Syndrome Foundation
Physicians for American Healthcare Access (PAHA)
Premier Inc.
Society of Hospital Medicine
The Society of Thoracic Surgeons
SynGAP Research Fund dba CURE SYNGAP1

September 25, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
2707 Martin L. King Avenue, SE
Washington, DC 20528

Dear Secretary Noem:

The undersigned physician organizations representing national medical societies write to strongly urge you to issue clarifying guidance that determines that H-1B physicians entry into the U.S. is in the national interest of the country thereby exempting them from the [Proclamation](#) entitled, “*Restriction on Entry of Certain Nonimmigrant Workers.*”

This Proclamation implements a \$100,000 fee, to be paid by the prospective employer, upon [initial application](#) for an H-1B visa beginning on September 21, 2025. However, section 1(c) of the Proclamation states that the restriction will not apply to an H-1B worker, or an industry, “if the Secretary of Homeland Security determines, in the Secretary’s discretion, that the hiring of such aliens to be employed as H-1B specialty occupation workers is in the national interest and does not pose a threat to the security or welfare of the United States.” Therefore, as you establish standards to define categories of H-1B workers covered by this exception, we urge you to clarify that all physicians, including medical residents, fellows, researchers, and those working in non-clinical settings, are critical to our national interest and exempt from the Proclamation.

Maintaining a robust health care workforce in the U.S. that can address the health needs of all our U.S. patients is in the best interest of the health of our nation. However, with a projected shortfall of nearly [86,000](#) physicians by 2036, there is a growing need for a larger physician workforce that the U.S. cannot fill on its own, in part because the U.S. does not have enough people in the younger generation to care for our [aging country](#). Accordingly, H-1B physicians play a critical role in filling this void, especially in areas of the U.S. with high-need populations.

In 2024, [23 percent](#) of licensed physicians in the U.S. were foreign-trained. These H-1B physicians provide vitally needed health care to U.S. patients, especially in areas of the country with higher rates of poverty and chronic disease. For example, in 2021, about [64 percent](#) of foreign-trained physicians were practicing in Medically Underserved Areas or Health Professional Shortage Areas, with almost 46 percent of these physicians practicing in rural areas. Additionally, between 2001 and 2024 almost [23,000](#) H-1B physicians worked in underserved communities. Moreover, nearly [21 million](#) Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians aligning with the fact that states with a [higher percentage](#) of H-1B physicians are often those with lower physician density. As such, it is important to support and expand pathways for these physicians to be able to enter the U.S. and care for our U.S. patients.

The U.S. health care workforce relies upon physicians from other countries to provide high-quality and accessible patient care. Accordingly, we must ensure that the U.S. has a fair and efficient immigration system that strengthens U.S. health care and advances the nation’s health security. Therefore, the signatories below urge the Administration to categorically consider H-1B physicians entry into the U.S. to

be in the national interest of the country, and waive the new application fee, so that H-1B physicians can continue to be a pipeline that provides health care to U.S. patients. We sincerely appreciate your attention to this critical matter.

Sincerely,

American Medical Association
American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Academy of Sleep Medicine
American Association of Child and Adolescent Psychiatry
American Clinical Neurophysiology Society
American College of Allergy, Asthma, and Immunology
American College of Cardiology
American College of Emergency Physicians
American College of Gastroenterology
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Gastrointestinal Endoscopy
American Society for Metabolic and Bariatric Surgery
American Society for Radiation Oncology
American Society for Surgery of the Hand Professional Organization
American Society of Anesthesiologists
American Society of Cataract & Refractive Surgery
American Society of Colon & Rectal Surgeons
American Society of Echocardiography
American Society of Hematology
American Society of Nephrology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
Association of American Medical Colleges
College of American Pathologists
Endocrine Society
Heart Rhythm Society

Honorable Secretary, Kristi, Noem
September 25, 2025
Page 3

Infectious Diseases Society of America
Medical Group Management Association
North American Spine Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Cardiovascular Computed Tomography
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Hospital Medicine
Society of Interventional Radiology
Society of Thoracic Surgeons

September 29, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
Washington, DC 20528

Dear Secretary Noem:

On behalf of the undersigned organizations, we write to express our concerns regarding the proposed shift from duration of status (D/S) to fixed admission periods with recurring extensions of stay for J-1 physicians. As currently drafted, the rule will greatly undermine the training and subsequent hiring of highly skilled international medical graduates (IMGs) and harm patients who rely on them for timely, high-quality care.

IMGs, many of whom who enter the U.S. on a J-1 visa, are essential to the U.S. healthcare workforce. Nearly one in five practicing physicians in the United States trained abroad, and IMGs disproportionately serve in primary care, safety-net hospitals, and rural and underserved communities that struggle to recruit American physicians. The proposed four-year maximum initial admission for J-1 exchange visitors, combined with mandatory mid-training extensions of stay, creates unnecessary uncertainty and disruption for physicians training in pathways with documented shortages that commonly run five to seven years. Mandating additional USCIS adjudications during residency or fellowship introduces repeated administrative hurdles that risk interrupting physician training and patient care, without offering a corresponding benefit to oversight or program integrity.

The rule acknowledges large new costs and processing burdens of approximately \$400 million annually, noting potential enrollment reductions and significant administration impacts on sponsors and employers. These burdens translate directly into risks for physician enrollment and patient access. Any extension of stay denial or delay beyond the proposed 240-day continuation would force trainees to stop clinical duties immediately – jeopardizing continuity of care, hospital coverage, and patient well-being.

J-1 physicians are already among the most highly vetted exchange visitors through ECFMG certification, standardized examinations, SEVIS tracking by a nationally recognized sponsor, state training licenses, and institutional privileging. A uniform framework designed to address broader program vulnerabilities would, as applied to physicians, create new patient-care risks with limited incremental oversight benefits. The proposal also confirms J-2 dependents receive no automatic employment authorization extension when an EAD expires, creating household instability and a documented deterrent to IMG recruitment and retention.

The unfortunate outcome is a weakened IMG pipeline precisely when communities face worsening physician shortages. Training programs will lose candidates or stop hiring them, depriving health systems – and the local economies they support – of essential physicians. Hospitals – especially

teaching hospitals and safety-net providers – could struggle to uphold coverage, lengthening wait times and reducing access to specialty and primary care for millions of patients.

We respectfully urge DHS to exempt physicians from the changes to Duration of Status. At a minimum, we recommend:

- **Preserve continuity across training:** Either maintain duration of status for ECFMG-sponsored J-1 physicians and their J-2 dependents for the sponsor-authorized training period or align the initial J-1 admission with the full training plan to avoid mid-program extensions-of-stay.
- **Ensure uninterrupted clinical service:** Permit J-1 physicians to continue working without interruption for the entire period that a timely extension of stay application is under review, and automatically extend employment authorization for J-2 dependents during this time.
- **Smooth program transitions:** Retain the 60-day F-visa grace period and consider a longer transition protection for J-1 physicians to accommodate July start dates, licensure, and credentialing.
- **Provide reliable processing and clear travel rules:** Offer predictable premium processing for physician-related extension of stays.

At a time when the U.S. is confronting serious health workforce shortages, patient access is our top priority. We urge DHS to preserve a stable, secure pathway for IMGs who sustain America's healthcare workforce and care for our most vulnerable communities. If you have any questions, please contact Eli Greenspan at egreenspan@foleyhoag.com.

Sincerely,

Alliance for Headache Disorders Advocacy
American Academy of Family Physicians
American Academy of Neurology
American Academy of Pediatrics
American Association of Neuromuscular & Electrodiagnostic Medicine
American Brain Coalition
American Clinical Neurophysiology Society (ACNS)
American College of Obstetricians & Gynecologists
American College of Physicians
American College of Radiology (ACR)
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Hospital Association
American Medical Association
American Psychiatric Association

American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Pediatric Nephrology (ASPN)
Association for Advancing Physician and Provider Recruitment
Association of Academic Leaders of Neurology, formerly the Association of University Professors of Neurology
Association of American Medical Colleges
Chronic Migraine Awareness
College of American Pathologists
Council on Social Work Education (CSWE)
CureSHANK
Hope for HIE
Hydrocephalus Association
Infectious Diseases Society of America
International Bipolar Foundation
M-CM Network
Miles for Migraine
MLD Foundation
National Organization for Tardive Dyskinesia
North American Neuro-Ophthalmology Society (NANOS)
Parkinson's Foundation
Physicians for American Healthcare Access
Project IMG
Simply Neuroscience
Society of Hospital Medicine
The Brain Donor Project
The Society of Thoracic Surgeons