

# Infectious Diseases Society of America

## Strengthening the J-1 Visa Program to Respond to COVID-19

### REQUEST

- **Legislative:** IDSA requests that Congress:
  - Enact the Conrad State 30 and Physician Access Reauthorization Act (S.948/H.R. 2895)
  - Create additional J-1 visa waiver FLEX slots for each state for specialties deemed essential to pandemic response, and permit these FLEX slots to be used in all geographic areas, given the extensive impact of pandemic-related workforce shortages; and
- **Administrative:** IDSA requests that the Administration:
  - Continue State Department policy that temporarily extends visas and other protected status for physicians and medical residents through the COVID-19 national emergency; and
  - Expedite approvals of extensions and changes of status for physicians and medical residents practicing or otherwise lawfully present in the U.S., through the U.S. Citizenship and Immigration Service.

### BACKGROUND

The J-1 visa is a nonimmigrant visa that allows foreign nationals to enter the U.S. to participate in exchange programs to promote the sharing of knowledge and skills in education, arts and sciences. Applicants eligible for a J-1 visa include professional trainees in the medical and allied health professional fields.

Through the Conrad State 30 waiver program, a designated State Health Agency or its equivalent may request a waiver on behalf of medical doctors who have been offered a full-time job with a health care facility serving an area with a shortage of medical professionals, as designated by the Secretary of Health and Human Services (HHS). In order to qualify for the waiver, the person must agree to work at the facility for forty hours per week, for a minimum of three years and must begin work at the health care facility within ninety days of the waiver approval. Applicants may practice primary care or specialty medicine. Those who wish to practice specialty medicine must demonstrate that there is a shortage of health care professionals able to provide such services in the area that will be served.

“FLEX Slots” were created in 2004. Currently, states may allocate up to 10 of their 30 waivers to medical doctors who do not necessarily practice in a medically underserved area but treat patients that are residents of underserved areas. In addition to the Federal requirements, each state has developed additional criteria in its allocation of waiver slots.

### RATIONALE

Over the past decade, about one third of physicians entering the infectious diseases (ID)/HIV specialty have come from countries other than the US. These physicians, who are practicing or otherwise lawfully present in the U.S. on a visa or other protected status are a critical part of our current COVID-19 response, especially in light of the shrinking ID/HIV physician workforce. Despite the role of ID/HIV physicians in our health care system, a recent study showed that counties in the U.S. with the lowest density of specialists experienced higher mortality from infection-related deaths compared to counties with a higher density of ID physicians. Fortifying the ID/HIV workforce is paramount to ensuring patients with COVID have access to lifesaving ID expertise.