

2019

>> Physician Visa Waiver Program:

Helping Oregon meet the challenge of the supply and distribution of the healthcare workforce

Annual Summary 2002–2019



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

Contents

- » **Brief program description** 4
- » **How to get started** 5
 - » General federal requirements 5
 - » Oregon specifications..... 6
- » **More background**..... 8
 - » Birth of the program 8
 - » Flex placements..... 8
 - » Types of physicians 9
 - » Geographical trends 9
 - » The rise of the hospitalist..... 10
 - » Gender of physicians..... 10
 - » Countries of origin..... 10
 - » Retention 10
 - » Physician recruitment..... 11
 - » Challenges..... 11
 - » Program legislation 12
 - » Outlook and future environment 13

Brief program description

The Physician Visa Waiver Program (synonymous with J-1 Visa Waiver Program and Conrad Program) allows international medical graduates who have completed residencies or fellowships in the United States to remain in this country to practice in federally designated shortage areas. Each state may submit up to 30 waivers per fiscal year (Oct. 1 through Sept. 30). The Oregon Primary Care Office (PCO) examines each application for accuracy and completeness before sending it to the U.S. Department of State. USDOS recommends the candidate to Homeland Security, which issues the waiver. The entire approval process from the time the application arrives at the PCO until the office grants the waiver typically takes around three months. See the Physician Visa Waiver Program Application Process ([Attachment 1](#)) for more information.

How to get started

1. Visit www.oregon.gov/oha/HPA/HP-PCO/Pages/J1.aspx.
2. Visit <https://jlvisawaiverrecommendation.state.gov/> to file DS 3035 Application and obtain your tracking number.
3. Read the [Administrative Rules](#) (OAR-409-035).
4. Download the Oregon Health Authority [Application for Oregon Physician Visa Waiver Program form](#) (October 2018) to become familiar with the required documentation.
5. Consult Dia Shuhart, program coordinator, at dia.shuhart@dhsoha.state.or.us or call 503-373-0364 for guidance before signing an employment contract.

General federal requirements

- Employer letter that offers a job for 40 hours per week or equivalent;
- Employment contract of at least three years' duration;
- The employer is either located in a shortage area (HPSA or MUA) or will serve patients who reside in an underserved area (Flex Option);
- The physician agrees to start work within 90 days of receiving the waiver;
- The employer provides care to Medicaid/OHP, Medicare and low-income, uninsured patients;
- Physician may only have one application pending at a time;
- The physician previously submitted a copy of DS 3035 form and bar code page to the U.S. Department of State;
- [Application for Oregon Physician Visa Waiver Program form](#) (October 2018) lists the required documentation from physicians and employers.

Oregon specifications

Due to high demand the Administrative Rules were revised effective October 1, 2018 as follows:

1. October 1-November 30: Applications for primary care and specialists in critical shortage areas will be accepted and submitted;
2. Beginning December 1 all other applications that meet program guidelines will be submitted, until the remaining slots are filled;
3. Facility may qualify for program participation by counting either patient visits or unduplicated patients served during the prior six months;
4. Semi-annual Employment Status Reports may be signed by either the Chief Executive Officer of the health care facility or their designate. Reports shall include:
 - a. A current breakdown of the Medicaid, Medicare and low-income uninsured patients served by the physician; and
 - b. The current number of Medicaid patients as a percentage of the total patients served by the facility.

There is no deadline. Applications are generally considered on a first come first served basis. Due to recent high demand, the PCO also reserves the right to prioritize applications according to the following criteria:

1. Number of waivers per employer
2. Primary care versus specialist
3. Candidate's eligibility for J-1 waiver through Health and Human Services*
4. Geographical distribution
5. Rural versus urban
6. Facility HPSA score
7. First come
 - a. The flex placement option requires prior approval from the PCO.
 - b. Employer must try to actively recruit an American doctor for at least six months before hiring a J-1 doctor.

* Clinic with a HPSA score of 7 or above receiving federal grant money may qualify to hire a primary care physician through Health and Human Services J-1 waiver, freeing an additional slot for the Oregon J-1 Program.

- c. Employer agrees to post a sliding fee scale and not to deny care on the inability to pay.

A minimum of 40% of all patient visits must be Medicaid/OHP, Medicare and low-income uninsured. Low-income is defined as 200% or less of the current Federal Poverty Guidelines ([Attachment 2](#)). During 2019, at least 24% Medicaid/OHP was required. Employers that fell below but were reasonably close to 24% were required to submit a plan with their application outlining how the facility will reach this goal within the first year of the J-1 physician's practice.

More background

Birth of the program

Federal immigration law governing the J-1 (Exchange Visitor) program requires physicians to return to their home countries for two years after completing graduate coursework in the United States. In 1994, Senator Kent Conrad of North Dakota sponsored legislation allowing each state to recommend up to 20 waivers per year for J-1 physicians who agree to stay in the United States and practice in underserved areas*. Congress increased the number of waivers to 30 per year in 2003.

The U.S. Department of Agriculture, which previously administered the program in Oregon, discontinued sponsorship in 2002. In order to fill this void, the Department of Human Services (now Office of Health Policy and Research) launched the Oregon Physician Visa Waiver Program in August 2002. The 2003 Legislature enacted HB 2151† to codify the program and authorize the collection of fees to fund the program. The \$2,000 per application fee covers expenses including staff, application processing, technical assistance and follow-up during the three-year employment contract.

Flex placements

In 2004, Congress gave states the option to place up to 10 physicians of their yearly allotment in clinics and hospitals that treat patients from underserved areas, although they are not physically located in designated areas. Oregon used this option twice in 2017, twice in 2018, and five times in 2019.

* 8 U.S.C. 1182(e) and 1184(l)

† 2003 Or Laws ch. 68

Types of physicians

The program is part of the Primary Care Office; therefore, our placement priorities are family medicine, general internal medicine, pediatrics, OB/GYN and general psychiatrists. OAR 409-035-0040 requires 80% of placements to be primary care, with the caveat of flexibility to meet Oregon's needs. Approximately 68% of the 410 placements since 2002 have been primary care. Please refer to these illustrations:

[Attachment 3](#) “Primary care vs. specialists”

[Attachment 4](#) “Primary care breakdown”

[Attachment 5](#) “Subspecialist breakdown”

Geographical trends

Thirty-seven (37) cities in 21 counties have hired J-1 physicians:

[Attachment 6](#) “Physician placements by county”

[Attachment 7](#) “Physician placements by city”

[Attachment 8](#) “Placements by city within each county”

The counties with the most hires during the past three years have been Jackson 26.5, Marion 25 and Lane 16. The Administrative Rules encourage geographic diversity, while recognizing the importance of flexibility in order to meet statewide needs and encourage participation by interested employers and physicians. All slots have been filled for each of the past four Program years.

The rise of the hospitalist

When the Oregon program started in 2002, the term “hospitalist” was novel. The discipline exploded onto the medical scene within a few years. These primary care internists, family practitioners and pediatricians provide continuity of care for inpatients. This relieves the primary care doctors of hospital rounds so they can spend more time seeing patients at the office. These duties place hospitalists in Oregon’s primary care category. Please refer to the chart below for yearly numbers:

J-1 hospitalists 2002–2019

Physicians	2002*-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	TOTAL
Hospitalists	0	2	7	7	9	9	6	9	8	11	10	12	10	10	9	10	129
All others	43	19	7	12	17	15	8	18	10	18	19	14	20	20	21	20	281
Percent of total	0%	10%	50%	37%	35%	38%	43%	33%	44%	38%	34%	46%	33%	33%	31%	33%	31%

* Partial year

Gender of physicians

The 410 total placements consist of approximately 33% females and 66% males. [Attachment 9](#) graphs these figures.

Countries of origin

Doctors from 12 countries and four continents started work in 2019. A physician from Burma (Myanmar) is the first from her nation. Over the years, the program has recruited physicians from 66 countries ([Attachment 10](#) and [Attachment 11](#)). Although most grew up in large urban areas of their home countries, nearly all have integrated well into their new Oregon communities.

Retention

Ninety percent of those who started work three or more years ago completed their contractual obligations in Oregon. Eighty-eight percent remained with the employer upon completion of their service contract. An additional four doctors remained in the same community with a different employer while after completing their service contracts, while two doctors moved to another area of Oregon for post-contract jobs.

Physician contract completion and retention rates

Total placements (started work through 2015)	Completed three-year contract obligation in Oregon	Moved practice to another Oregon community	Stayed in same community, different employer	Continued practicing with same employer	No post-contract Oregon practice
320	288	2	5	252	34

Physician recruitment

Oregon hired 30 physicians in each of the past four years. Federally qualified health centers (FQHCs) are highest priority because they serve mainly Medicaid and low-income patients. Those with a HPSA score of seven or above have the choice of obtaining the waiver through either the state or the U.S. Department of Human Services J-1 Visa Waiver Program. (Note: Scores range from zero to 26, with higher numbers indicating a more severe physician shortage.) In general, it has been difficult to place physicians in FQHCs, partially due to the more lucrative salary and working conditions that many hospitals and other clinics offer.

Challenges

OAR 409-0035-0050(2) and the signed application form require the employer and doctor to submit semiannual Oregon J-1 Visa Waiver Employment Status Form ([Attachment 12](#)). These reports are crucial for tracking work schedules, the number and types of patients the J-1 physicians serve, as well as for maintaining the physician's immigration status. Some employers are very timely; others require the coordinator to spend many hours each year tracking down late reports.

Occasionally, as in any other work environment, the physician does not integrate well into the clinic due to a variety of factors. These include personality conflicts or a poor fit between the J-1 doctor's skills and the specific needs of the employer. Such problems are usually resolved so that the physician can complete the contract. A few clinics have closed their doors due to employer illness, death, retirement or financial problems. The Administrative Rules require the employer and physician to notify OHPR of any potential problem or change regarding employment status.

If a job change is necessary, the preference order is either a suitable job in the same community, another position in Oregon or an out-of-state transfer. The PCO needs to be involved in all transfers.

Program legislation

Congress in recent years has extended the J-1 Visa Waiver Program several times via short-term continuing resolutions. Senator Amy Klobuchar and Representative Bradley Schneider introduced legislation in 2017 and again in 2019 that would make the program permanent and fine-tune it. Relevant proposed changes include the following:

- Increases the number of slots per state to a maximum of 50, based on prior usage
- Allows the physician 90 days to start work after the latest of the following events:
(a) Department of Homeland Security issues the waiver; (b) completion of the residency or fellowship; (c) issuance of then H-1B work permit
- Clarifies requirements for a job transfer during the three-year J-1 contract period.

So far, this legislation has not been enacted.

Outlook and future environment

There is a great deal happening in the national discussion around immigration. Regardless of perspective on this matter, it is generally accepted that physicians whose origins are from outside the United States greatly contribute to the quality of life in the country.

Notwithstanding this general agreement, the Primary Care Office has witnessed an urgency on the part of medical practices and foreign-born physicians to obtain waivers from the terms of their J-1 visas. Oregon's Governor has taken a formal position of welcoming immigrants from all countries, and this may contribute to Oregon being a desirable location to practice.

The PCO looks forward to continuing to welcome qualified physicians from around the world who want to practice medicine in Oregon



This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Publications and Design Section at 503-378-3486, 711 for TTY, or email dhs-oha.publicationrequest@state.or.us