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The Honorable David Perdue United States Senate 455 Russell Senate Office Building Washington, DC 20510

The Honorable Todd Young United States Senate 185 Dirksen Senate Office Building Washington, DC 20510

The Honorable John Cornyn United States Senate 517 Hart Senate Office Building Washington DC 20510 The Honorable Dick Durbin United States Senate 711 Hart Senate Office Building Washington, DC 20510

The Honorable Chris Coons United States Senate 218 Russell Senate Office Building Washington, DC 20510

The Honorable Patrick Leahy United States Senate 437 Russell Senate Office Building Washington, DC 20510

Dear Senators Perdue, Durbin, Young, Coons, Cornyn, and Leahy:

On behalf of the Society of General Internal Medicine (SGIM), I write to share our organization's support for the Healthcare Workforce Resilience Act (S.3599) and Conrad State 30 Reauthorization Act (S.948).

S.3599 is an important step to address an immediate concern and need that is presented by the COVID-19 pandemic. This bipartisan legislation will recapture 40,000 unused employment-based visas and use them to expedite the processing of immigration petitions for immigrant doctors and nurses. This legislation will help to fill the ongoing healthcare staffing shortages and ensure that all Americans across the country have access to high quality medical care, eliminating healthcare disparities.

The Society of General Internal Medicine (SGIM) is a member-based association of the world's leading academic general internists, who are dedicated to improving access to care for all populations and eliminating healthcare disparities. SGIM's mission is to cultivate innovative educators, researchers, and clinicians in academic general internal medicine, leading the way to better health for everyone. Our members advance the practice of medicine through their commitment to provide comprehensive, coordinated and cost-effective care to adults, educate



the next generation of outstanding physicians, and conduct cutting-edge research to improve quality of care and clinical outcomes of all patients.

Our members include general internists, hospitalists and academic faculty who are on the frontlines of the COVID-19 pandemic caring for patients each day. Numerous hospitalists and internists are highly trained immigrant physicians, many of whom are prevented from going where their expertise is needed because of limitations on their work permits and being on the green card backlog for decades. Additionally, international physicians whose immigration status, and often that of their families, is tied to their continued employment, face the threat of deportation should they face a long-term disabling illness or death resulting from COVID-19.

The Healthcare Workforce Resilience Act (S.3599) will provide an immediate solution to these concerns and bring providers to the front lines quickly. By recapturing 15,000 unused employment-based immigrant visas from prior years for physicians, and 25,000 for nurses, this legislation will provide a fast track to permanent residency for these frontline healthcare providers who play a vital role in providing care to our communities. Permanent residency status will ensure that foreign national internal medicine physicians and their colleagues in other medical specialties can meet urgent health care needs during this public health emergency without fear that their legal status in the U.S. is in jeopardy. Quick enactment of this legislation is not only a necessary health care workforce policy to respond to the pandemic—it is only fair for the immigrant physicians who have come from all over the world to provide needed care for Americans.

International Medical Graduates, having done residency training in the US, who are board certified in respective specialties and licensed to practice in the US, have long played an important role in addressing the need for additional health care providers, comprising roughly a quarter of the U.S. physician workforce. Currently, resident physicians from other countries working in the U.S. on J-1 visa waivers are required to return to their home country after their residency has ended for two years before they can apply for any other visa. The Conrad 30 program allows these physicians to remain in the U.S. without having to return home if they agree to practice in an underserved area for three years. Many communities, including rural and low-income urban districts, have problems meeting their patient care needs and depend on the physicians in this program to provide health care services.

SGIM also believes that Congress must reauthorize the broader, valuable Conrad State 30 & Physician Access Act (S.948) that would reauthorize the J-1 visa waiver program for an additional



three years, protecting patient access to care in medically underserved areas.

We are encouraged by your introduction of S.3599 and at the same time, urge Congress to also take action this year to reauthorize and improve the Conrad 30 program through S.948. As the United States continues to face unprecedented challenges in facing COVID-19, we also need to worry about the surge of medical complications with chronic illnesses that will surface as we begin to reopen the country.

SGIM strongly supports these bills and urges their passage.

Sincerely

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Jean S. Kutner, MD, MSPH President Society of General Internal Medicine