

# SOUTH DAKOTA STATE MEDICAL ASSOCIATION

*Values. Ethics. Advocacy.*

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May 12, 2020

The Honorable Mike Rounds  
502 Hart Senate Office Building  
Washington, DC 20510

Dear Senator Rounds:

On behalf of the South Dakota State Medical Association, I urge you to support S. 3599, the Healthcare Workforce Resilience Act. International Medical Graduates (IMGs) are an important part of our U.S. health care teams and serve on medical front lines all across the country. Consequently, the ability to recapture 15,000 unused employment-based physician immigrant visas from prior fiscal years would help enable our U.S. physicians to have the support need and our U.S. patients to have the care they deserve.

South Dakota was already facing a critical shortage of physicians prior to the onset of COVID-19. According to a survey conducted by Public Opinion Strategies of Washington D.C., nearly one in four (25 percent) South Dakota respondents feel there is not enough physicians to adequately serve the people living in their area. That percentage jumps to half (50 percent) when looking at respondents living west of the Missouri River.

While there are several factors contributing to our physician shortage, to include the state's rapidly aging population, the fundamental reason is that we are unable to train or recruit enough physicians to meet our demand. South Dakota has 235.5 active physicians per 100,000 people, while the U.S. median is 257.6. South Dakota is ranked 32<sup>nd</sup> in the U.S. with regard to physicians per capita. Furthermore, South Dakota only has 29.8 medical students per 100,000 people (U.S. median is 32.7) and only 17.0 residents per 100,000 people (U.S. median is 28.1). Our state is ranked 27<sup>th</sup> and 45<sup>th</sup> in the U.S. for medical students and residents, respectively.

Given our current and projected physician shortage in South Dakota, we believe IMGs can play a necessary and vital role in providing care for the residents of our state – to include serving our under privileged and rural communities. Data indicates that IMGs are more likely than U.S.-trained physicians to practice in lower-income and disadvantaged communities. As such, nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians. Thus, by increasing the number of visas available to IMGs, we may better serve our vulnerable populations.

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In closing, we ask for your favorable support of S. 3599.

Sincerely,



Barbara Smith  
Chief Executive Officer, South Dakota State Medical Association