

March 10, 2004

The Honorable Tommy G. Thompson  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Thompson:

On behalf of the American Hospital Association (AHA) and the National Association of Public Hospitals (NAPH), we urge the Department of Health and Human Services (HHS) to relax the recent restrictions imposed on the J-1 physician visa waiver program.

The AHA represents nearly 5,000 hospitals, health systems, networks and other health care provider members. NAPH represents more than 100 metropolitan area safety-net hospitals and health systems and their members are key providers of care to low-income and uninsured patients throughout the United States.

In December 2002, HHS announced its participation as an “interested government agency” to fill the void and process J-1 physician visa waiver requests that remained unprocessed when the U.S. Department of Agriculture dropped out of the program. Under current law, foreign graduate medical students who are in this country on a J-1 visa are required to return to their country of origin for two years following completion of their training before they may return to the U.S. for employment or request a change of visa status. The J-1 visa waiver program enables qualified foreign physicians to remain in the U.S. following their training provided that they work in an underserved area.

HHS’ participation in the J-1 visa waiver program has enabled many rural and inner-city communities to continue to have access to qualified primary care physicians. However, last December, HHS announced a revision in the criteria for its J-1 physician visa waiver program. The new criteria exclude review of waiver applications from hospitals. In addition, the new criteria require areas to score a 14 as a Health Professional Shortage Area (HPSA) to qualify for the program. This is an exceptionally high standard and is even greater than what is required for loan repayment criteria for the National Health Service Corps (NHSC). Under that program, an initial preference is given to those communities with a score of 14, but other communities with lower scores may also recruit NHSC clinicians when funding is available. The unintended consequence of these changes is that it precludes hospitals and hospital-based health clinics in shortage areas from participating in the J-1 visa waiver program for primary care physicians.

We respectfully request that you modify the recently imposed restrictions to include hospitals and to accommodate HPSAs with lower scores so that hospitals and hospital-based clinics can participate in this vital program.

Since its inception, the J-1 physician visa waiver program has been integral to bringing medical care to many of the most underserved areas of the country. In many of these areas, the J-1 physician working in a rural or inner-city hospital is the only source of

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health care. Our nation's rural and inner-city hospitals struggle to recruit and retain physicians, and the supply of primary care providers in these areas is steadily decreasing. More than 20 million Americans live in areas where there is a lack of physicians to meet their medical needs. The J-1 physician visa waiver program is critical to ensuring that their health care needs are met.

Access to health care is a critical issue for our nation. Limiting the J-1 physician visa waiver program to government clinics will hurt patient care. The venue should make no difference – any hospital or hospital-based clinic that is in a community of need should be eligible to participate in the J-1 visa waiver program.

The J-1 physician visa waiver program is of vital importance to many communities across the nation. AHA and NAPH stand ready to work with you to ensure that the health care needs of Americans are met through this valuable program.

Sincerely,



Rick Pollack  
Executive Vice President  
American Hospital Association



Larry S. Gage  
President  
National Association of Public Hospitals