April 21, 2008

The Honorable Kent Conrad  
United States Senate  
530 Hart Senate Office Building  
Washington, D.C.  20510

Dear Senator Conrad:

On behalf of the American Hospital Association’s nearly 5,000 member hospitals, health systems and other health care organizations, and our 37,000 individual members, I am writing to express our support for S. 2672, the Conrad State 30 Improvement Act. This legislation permanently reauthorizes the Conrad State 30 program and makes other changes that will improve access to health care to many of our most vulnerable citizens.

Under current law, foreign physicians admitted to the United States on a J-1 visa to participate in educational exchange programs are required by section 212 (e) of the Immigration and Nationality Act (8 U.S.C. 1182 (e)) to return to their home country for two years before they are eligible to return to the U.S. on an immigrant visa, permanent residence or another nonimmigrant visa. The Conrad State 30 program allows state health departments to request J-1 visa waivers for up to 30 foreign physicians per year to work in federally designated Health Professions Shortage Areas or Medically Underserved Areas. First enacted in 1994 (Public Law 103-416), this program has been integral to bringing medical care to many of the most underserved rural areas of the country. Access to health care is a critical issue for our nation. Currently more than 20 million Americans live in areas where there is a lack of physicians to meet their medical needs.

The Conrad State 30 program expires on June 1, 2008. Your bill permanently reauthorizes this valuable program and also helps us address physician shortages by enabling physicians who hold an H-1B visa to receive an exemption in exchange for service in an underserved area. This will provide a much-needed incentive for physicians to work in remote and underserved areas and will help ensure that access to health care in those areas is improved. States are also provided with added flexibility in placing physicians, and this will help states address local health care needs.
Our nation’s rural hospitals struggle to recruit and retain physicians, and the supply of primary care providers in rural areas is steadily decreasing. In many areas of our nation, the Conrad State 30 physician is the only source of health care. Without an immediate reauthorization and program improvements, many of our communities that have benefited from a Conrad State 30 physician may find themselves without access to medical services.

AHA commends you for your leadership in reauthorizing and improving the program. We urge the swift adoption of S. 2672 and stand ready to work with you and your colleagues to accomplish this goal.

Sincerely,

Rick Pollack
Executive Vice President