

PHYSICIAN VISA WAIVER PROGRAM (2002-2016)

BRIEF PROGRAM DESCRIPTION

The Physician Visa Waiver Program (synonymous with J-1 Visa Waiver Program and Conrad-30 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 (October 1- September 30). The Program Office, located in the Oregon Health Authority (OHA) examines each application for accuracy and completeness before sending it to the U.S. Department of State (USDOS). USDOS recommends the candidate to Homeland Security, which issues the waiver. The entire approval process from the time the application arrives at OHA until the waiver is granted typically takes three to four months (See [Attachment 1](#)).

HOW TO GET STARTED

Visit www.oregon.gov/oha/OHPR/PCO/Pages/J1.aspx.

Read the Application 2/2016, located at the bottom left of the web page, to become familiar with the required documentation.¹

Read the Administrative Rules (OAR-409-035). The link is located in the "Application" paragraph.

Consult Dia Shuhart, Program Coordinator, dia.shuhart@state.or.us, 503-373-0364, for guidance before starting the application process.

General Federal requirements

Employer letter offering a job for 40 hours per week or equivalent;

Employment contract of at least three years duration;

Proof that the employer is either located in a shortage area (HPSA or MUA), or will serve patients who reside in an underserved area (Flex Option);²

Confirmation that the physician agrees to start work within 90 days of receiving the waiver;

Confirmation that the employer provides care to Medicaid/OHP, Medicare and low income, uninsured patients;

Physician may only have one application pending at a time;

Copy of DS 3035 form and bar code page previously submitted by the physician to the U.S. Department of State;

Copies of required documentation from physician listed in Application February 2016.

Oregon Specifications

Slots are filled on a first-come basis, so there is no application deadline;

Priority for primary care, but subspecialties also accepted;

The "Flex Option" requires prior approval from OHA;

¹Up to ten of the thirty waivers per year may be for facilities not located in a shortage area that serve patients from underserved area(s)

Employer must try to actively recruit an American doctor for at least six months before hiring a J-1 doctor;
Effective October 1, 2016 a minimum of 40% of all patient visits for the facility must be comprised of Medicaid/OHP, Medicare, and low income uninsured. At least 26% of the 40% must be Medicaid eligible, either through the Oregon Health Plan or through low income Medicare dual eligibility. Low income, uninsured is defined as 200% or less of the current Federal Poverty Guidelines ([Attachment 2](#)). Note: The 26% requirement is subject to change at the start of each program year, depending on the statewide percentage of Medicaid enrollees. Employers that are reasonably close to, but below, the 26% may submit a plan with their application outlining how the new doctor will reach this goal within the first year of practice;
Employer agrees to post a sliding fee scale and not to deny care due to their inability to pay.

MORE BACKGROUND

Birth of the Program

The J-1 (Exchange Visitor) program laws require physicians to return to their home countries for two years upon completion of 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 U.S. and practice in underserved areas³. 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) launched the Oregon Physician Visa Waiver Program in August 2002. The 2003 Legislature enacted HB 2151⁴ 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 of their yearly allotment in clinics that treat patients from underserved areas, although they are not physically located in designated areas. Oregon did not use this option in 2015, and used it four times in 2016.

Types of Physicians

The Program is part of the Primary Care Office within OHA; 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 31% of the 320 placements since 2002 have been specialists. Please refer to these illustrations:

³ 8 U.S.C. 1182(e) and 1184(l)

⁴ 2003 Or Laws ch. 68

- [Attachment 3](#) - Primary Care vs. Specialists
- [Attachment 4](#) - Primary Care Breakdown
- [Attachment 5](#) - Subspecialist Breakdown

Geographical Trends

Thirty-six (36) cities in twenty-one (21) counties have hired J-1 Candidates:

- [Attachment 6](#) - Physician Placements by County
- [Attachment 7](#) - Physician Placements by City
- [Attachment 8](#) - Physician Placements by City within each County

The counties with the most placements during the past three years have been: Jackson (20); Lane (17); and Marion (12). 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. Program year 2014 produced 29 placements, 2015 produced 26 placements. For the first time, all 30 slots were filled in 2016!

The Rise of the Hospitalist

When the DHS program started in 2002 the term “Hospitalist” was novel. Within a few years the discipline had exploded on the medical scene. These primary care general internists, family practitioners and pediatricians provide continuity of care for inpatients, while relieving the primary care physician from hospital rounds. Please refer to the chart below for yearly numbers:

Physicians	2002-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
Hospitalists	0	1	7	7	9	10	6	10	8	11	10	12	11	102
All Others	43	20	7	12	17	14	8	17	10	18	19	14	19	218
% of Total	N/A	5	50	37	35	42	43	37	44	38	34	46	37	32

Gender of Physicians

Of the 320 total placements, 104 (approximately 32.5%) have been females and 216 (approximately 67.5%) have been males. [Attachment 9](#) graphs these figures.

Countries of Origin

The program has recruited physicians from a total of 61 countries ([Attachment 10](#) and [Attachment 11](#)). During 2016 doctors from 15 countries in Africa, Asia, Europe and North America (including five new participating countries: China, Jamaica, Kazakhstan, Libya and Switzerland) were hired. Although most J-1 doctors grew up in large urban areas of their home countries, nearly all have integrated remarkably well into their new Oregon communities.

Retention

Eighty-eight percent of those who started work three or more years ago have completed their contractual obligations in Oregon. Eighty-seven percent of those who finished their Oregon contracts stayed with the same employer after “graduation.” An additional four doctors remained in the same community but worked for a different employer, while one doctor moved across the state for a post-contract job.

Total Placements (started work Through 2013)	Completed 3-Year Contract Obligation in Oregon	Moved practice to another Oregon Community	Same Community, Different Employer	Continued Practicing with Same Employer	No Post-Contract Oregon Practice
233	206	1	4	179	29

Physician Recruitment

Oregon hired 30 physicians in 2016. This follows 26 in 2015 and 29 in each of the preceding two years.

Federally Qualified Health Centers (FQHCs) are the program’s highest priority because they serve mainly Medicaid and low income patients. It has been difficult to place physicians in FQHCs, however, partially due to the more lucrative salary and working conditions that many hospitals and other clinics offer. During 2013, 2014, and 2015 a total of four were hired. This year one additional physician was placed. Federal regulations and OAR 409-035-020(1) allow waiver requests related to FQHC’s with HPSA scores of 7 or above to either apply to the Health and Human Services J-1 Visa Program, or to the Oregon J-1 Visa Waiver Program. Note: Scores range from Zero to 26, with higher numbers indicating a more severe physician shortage.

Two rule revisions went into effect in February 2015: The first gives OHA the option of limiting a given employer to a maximum of six placements per year. So far this has not been an issue. As described above, the revision also provides for annual reevaluation of the minimum required percentages of Medicaid patients for employer eligibility, due to a large Medicaid enrollment increase resulting from the Affordable Care Act.

Challenges

OAR 409-0035-0050(2) and the signed application form require the employer and doctor to submit semiannual Verification of Employment forms ([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. Although timely submission is required by rule and contract, the Coordinator still spends 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 may include personality conflicts or a poor “fit” between the J-1 doctor’s skills and the specific needs of the employer. These problems are usually resolved so that the contract can be completed. A few clinics have closed their doors due to employer illness, death, retirement or financial

problems. If a transfer is necessary, the preference order is: a) a suitable job in the same community; b) another position in Oregon; c) an out-of-state transfer. All transfers require OHA approval.

Program Legislation

Congress in December 2016 extended the J-1 Visa Waiver Program until April 2017 under a Continuing Resolution. If passed, S. 1189 will extend the program for five years, clear up the confusing 90-day requirement, make some changes for J-2 spouses, and allow a state to recapture a slot if a physician leaves their state due to "extenuating circumstances." The definition of "extenuating circumstances" will be clarified.

Outlook for 2017

During the 2015-16 Program Year, the Program passed the 300 physician placement milestone, reaching a total of 320 placements. Additionally, Oregon filled all 30 slots for the first time!

As of December 29th Oregon has received eight applications, twice as many as at the same time last year. Another 11 physicians have signed employment contracts and confirmed they will soon submit applications. In addition, 18 candidates have potential employers. We are therefore anticipating filling all 30 slots again this year. We hope to expand into more Oregon counties, especially rural and frontier counties. Anyone interested in a waiver is strongly encouraged to contact us as soon as possible; if we cannot meet the need this Program Year, we are happy to put people on a "wait list" for October 2017. The Physician Visa Waiver Program offers increased access to quality care for Oregonians, and we are proud of our doctors and employers.