

United States Senate

WASHINGTON, DC 20510

April 6, 2020

Kenneth Cuccinelli
Acting Director
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
20 Massachusetts Avenue, NW
Washington, DC 20529

Dear Acting Director Cuccinelli:

We write to express our concerns about recent actions taken by U.S. Citizenship and Immigration Services (USCIS) that may impair access to health care in underserved areas during the current unprecedented public health crisis. On March 20, U.S. Citizenship and Immigration Services (USCIS) announced the immediate and temporary suspension of premium processing for all Form I-129 and I-140 petitions due to the coronavirus (COVID-19) pandemic. We are deeply concerned that this suspension will exacerbate physician shortages, particularly in rural areas, and at the leading academic and research organizations that depend on health care provided by physicians who graduated from foreign medical schools.

This processing freeze will undoubtedly prevent these physicians from practicing in underserved areas, and at providers of high-complexity care, leaving hospitals in these areas more shortly staffed than before the onset of this national health crisis. We ask that you follow your past practice and continue to offer premium processing for physicians seeking employment-based visas—including for resident physicians serving in teaching hospitals—in order to help ensure that rural and underserved areas can continue to receive quality and continuity of care in this time of extraordinary need.

Although 20 percent of the country's population resides in rural areas, fewer than 11 percent of physicians in the U.S. practice there.¹ As a result, over 20 million rural Americans live in federally designated health professional shortage areas (HPSAs) that have a provider-to-patient ratio of 1 to 3,500 or less.² Even in times when health care providers do not face serious shortages of medical equipment and supplies, too many rural Americans do not have adequate access to health care—and physicians in particular.

Since 1994, the Conrad State 30 program has been instrumental in helping to meet the health care needs of rural communities by making it easier to retain foreign physicians who have just completed their medical training in the United States. After completing medical residencies in the United States, most foreign doctors are required to return to their home countries for two years before they are able to return to the United States to work in medical facilities. Under the Conrad State 30 program, in exchange for three years of service in an underserved area, foreign doctors receive a waiver of the home return requirement and rural communities get the expertise

¹ Georgetown University Health Policy Institute, "Rural and Urban Health," (accessed March 26, 2020); <https://hpi.georgetown.edu/rural/>.

² *Id.*

and treatment they desperately need. Since its inception, the Conrad State 30 waiver program has supplied over 15,000 physicians to these underserved communities.³ According to the American Hospital Association, the Conrad State 30 program has been a “boon” to rural health care.⁴

The foreseeable effects of suspending premium processing of employment-based petitions are obvious. If physicians cannot work, hospitals will not be able to care for more patients. With rural areas already experiencing a physician shortage, they will be disproportionately affected by the coming wave of COVID-19 infections. The Conrad State 30 program has helped address chronic physician shortages in rural America and other underserved areas for over two decades. Programs like this were built for times like these. We urge USCIS to take actions to address its administrative needs and maintain the safety of its own staff without sacrificing access to health care in underserved areas.

We appreciate your attention to these important concerns.

Sincerely,



Amy Klobuchar
United States Senator



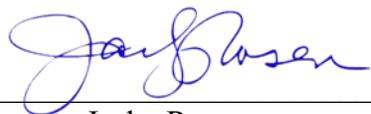
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Tom Cole
Member of Congress



Ron Wyden
United States Senator



Terri Sewell
Member of Congress

³ American Medical Association, “Conrad 30 reauthorization bill earns bipartisan support,” (May 18, 2017); <https://www.ama-assn.org/practice-management/physician-diversity/conrad-30-reauthorization-bill-earns-bipartisan-support>.

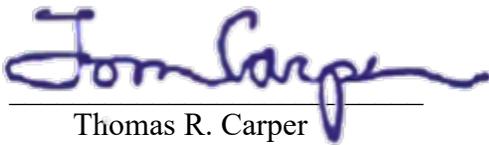
⁴ American Hospital Association, “Conrad 30 program is a boon to rural healthcare,” (April 17, 2017); <https://www.aha.org/news/blog/2017-04-17-conrad-30-program-boon-rural-care>.



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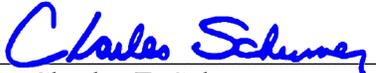
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