AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 5 (A-18)

Introduced by:	International Medical Graduates Section
Subject:	Green Card Backlog for Immigrant Doctors on H-1B Visa
Referred to:	Reference Committee (, Chair)
Whereas, We are facing a shortage of physicians in this country and international medical graduates provide health care to millions of people in rural and underserved communities; and	
Whereas, One in four physicians in the U.S. is an immigrant physician; and	
Whereas, Immigrant physicians do not replace American workers, instead, we fill the missing gaps in U.S. healthcare, create more jobs, serve mostly the rural and underserved areas; and	
Whereas, At the time of writing of the 2017 VA report by Office of Inspector General there continues to be a physician shortage in the VA hospital system that is most critical for Medical Officers; and	
Whereas, The physician shortage has already affected multiple hospitals in the Veterans Affairs causing postponement of surgeries and challenges in providing timely care to Veterans; and	
Whereas, There are physicians currently available in the United States to meet this shortage, such as the nearly 15,000 international medical graduates from India who are actively practicing in the U.S. stuck in the green card backlog waiting to get a green card, which may take up to 20 years at the current rate; and	
Whereas, Physicians apply for green cards under the employment-based category 2 (EB2), which have more 20+ years for green card, causing multiple challenges, including unable to work at additional location, limited job opportunities and career advancements and unable to invest or start new businesses; therefore, be it	
RESOLVED, That the American Medical Association work with the Office of the Inspector General, the Veterans Affairs Administration, United States Citizenship and Immigration Services and the Executive Branch of the United States Government to create a separate path to obtain green cards & citizenship for physicians which would allow these physicians to work unrestricted and allowing them to work within the Veterans Affairs Hospital network to address	

References:

Action).

the current and expected future physician shortage in these institutions. (Directive to Take

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Today's Hospitalist, "The Case for Immigration Reform", May 2017, https://www.todayshospitalist.com/the-case-forimmigration-reform/

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VA Hospitals Still Struggling With Adding Staff Despite Billions from Choice Act.

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Doctor shortage forces Colorado VA hospital to postpone surgeries.

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Relevant AMA Policy

Impact of Immigration Barriers on the Nation's Health D-255.980

- 1. Our AMA recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
- 2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
- 3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
- 4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.
- 5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
- 6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.
- 7. Our AMA will update the House of Delegates by the 2017 Interim Meeting on the impact of immigration barriers on the physician workforce.

Access to Health Care for Veterans H-510.985

Our American Medical Association: (1) will continue to advocate for improvements to legislation regarding veterans' health care to ensure timely access to primary and specialty health care within close proximity to a veteran's residence within the Veterans Administration health care system; (2) will monitor implementation of and support necessary changes to the Veterans Choice Program's "Choice Card" to ensure timely access to primary and specialty health care within close proximity to a veteran's residence outside of the Veterans Administration health care system; (3) will call for a study of the Veterans Administration health care system by appropriate entities to address access to care issues experienced by veterans; (4) will advocate that the Veterans Administration health care system pay private physicians a minimum of 100 percent of Medicare rates for visits and approved procedures to ensure adequate access to care and choice of physician; (5) will advocate that the Veterans Administration health care system hire additional primary and specialty physicians, both full and part-time, as needed to provide care to veterans; and (6) will support, encourage and assist in any way possible all organizations, including but not limited to, the Veterans Administration, the Department of Justice, the Office of the Inspector General and The Joint Commission, to ensure comprehensive delivery of health care to our nation's veterans.

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Expansion of US Veterans' Health Care Choices H-510.983

1. Our AMA will continue to work with the Veterans Administration (VA) to provide quality care to veterans.

- 2. Our AMA will continue to support efforts to improve the Veterans Choice Program (VCP) and make it a permanent program.
- 3. Our AMA encourages the VA to continue enhancing and developing alternative pathways for veterans to seek care outside of the established VA system if the VA system cannot provide adequate or timely care, and that the VA develop criteria by which individual veterans may request alternative pathways.
- 4. Our AMA will support consolidation of all the VA community care programs.
- 5. Our AMA encourages the VA to use external assessments as necessary to identify and address systemic barriers to care.
- 6. Our AMA will support interventions to mitigate barriers to the VA from being able to achieve its mission.
- 7. Our AMA will advocate that clean claims submitted electronically to the VA should be paid within 14 days and that clean paper claims should be paid within 30 days.
- 8. Our AMA encourages the acceleration of interoperability of electronic personal and medical health records in order to ensure seamless, timely, secure and accurate exchange of information between VA and non-VA providers and encourage both the VA and physicians caring for veterans outside of the VA to exchange medical records in a timely manner to ensure efficient care.
- 9. Our AMA encourages the VA to engage with physicians providing care in the VA system to explore and develop solutions on improving the health care choices of veterans.
- 10. Our AMA will advocate for new funding to support expansion of the Veterans Choice Program.

Ensuring Access to Care for our Veterans H-510.986

- 1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans.
- 2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner.
- 3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long term solution for timely access to entitled care for eligible veterans.
- 4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration.