AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 229
(A-18)

Introduced by: International Medical Graduates Section

Subject: Green Card Backlog for Immigrant Doctors on H-1B Visa

Referred to: Reference Committee B
(R. Dale Blasier, MD, 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 and citizenship for physicians which would allow these physicians to work unrestricted and allowing them to work within the Veterans Affairs Hospital network to address the current and expected future physician shortage in these institutions. (Directive to Take Action).

Fiscal Note: Not yet determined

Received: 05/01/18
REFERENCES:

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.

See also:
Expansion of US Veterans’ Health Care Choices H-510.983
Ensuring Access to Care for our Veterans H-510.986