REPORT OF THE BOARD OF TRUSTEES

B of T Report 1-I-19

Subject:	Legalization of the Deferred Action for Legal Childhood Arrival (DALCA) (Resolution 205-I-18)
Presented by:	Jesse M. Ehrenfeld, MD, MPH, Chair
Referred to:	Reference Committee B (, MD, Chair)

INTRODUCTION

At the 2018 Interim Meeting, the American Medical Association (AMA) House of Delegates (HOD) referred Resolution 205-I-18, "Legalization of the Deferred Action for Legal Childhood Arrival (DALCA)" for study. Resolution 205-I-18 was introduced by the International Medical Graduates (IMG) Section. Resolution 205 asked that our AMA support legalization of DALCA; and that our AMA work with the appropriate agencies to allow DALCA children to start and finish medical school and/or residency training until these DALCA children have officially become legal.

BACKGROUND

DALCA is a new policy term not widely used by immigration attorneys or Members of Congress, and it is not a legally recognized term. The term was created to distinguish children of H-1B visa holders who legally entered the U.S. from Deferred Action for Childhood Arrivals (DACA) recipients. The term DACA applies only to children who were brought to the United States illegally and thus does not apply to children of H-1B visa holders, including International Medical Graduates (IMGs).

Under current U.S. immigration law, the spouse and children of a H-1B visa holder can accompany the worker to the U.S. by obtaining an H-4 visa. Each family member must obtain his or her own H-4 visa. There are a number of extensions for H-1B holders once an I-140 application (i.e., petition for green card) is approved. For those on H-4 spousal visas, there are no limitations as long as the related H-1B visa is valid. Additionally, in 2015 the Obama Administration issued a final rule allowing those on H-4 spousal visas to work if their H-1B visa spouse is applying to become a lawful permanent resident (i.e., green card holder). According to the U.S. Citizenship and Immigration Services (USCIS), there have been close to 91,000 initially approved employment authorization applications for H-4 spousal visas. However, children lose their H-4 visa status once they turn 21. These children have only two choices: they can have their H-4 visa changed to an international student visa, also called the student F-1 visa, so they can attend college/university in the U.S., or they can return to their home country and then return to the U.S. after their H-1B visa physician parent obtains permanent residency. Once these children finish their education while on the F-1 visa, they would need to seek H-1B employment sponsors of their own so they can work in the U.S. and eventually obtain their own green cards.

DISCUSSION

The sponsors of Resolution 205 assert that many DALCA children are in medical school or have already graduated from U.S. medical schools, but are subject to deportation because they are considered illegal once they are over age 21. Many of the DALCA children have matched in residency programs but are unable to attend due to their lack of proper legal status.

It is well known that there is expected to be a physician shortage in the U.S. The projected shortage of between 46,900 and 121,900 physicians by 2032 includes both primary care (between 21,100 and 55,200) and specialty care (between 24,800 and 65,800). Among specialists, the data project a shortage of between 1,900 and 12,100 medical specialists, 14,300 and 23,400 surgical specialists, and 20,600 and 39,100 other specialists, such as pathologists, neurologists, radiologists, and psychiatrists, by 2032. Supporting permanent legal status for DALCA children could help in reducing the impact of the expected physician shortage and support the families of H-1B visa physicians.

The AMA has extensive policy supporting DACA students as well as permanent residence status for physicians; however, there is no policy directly supporting children on H-4 visas that have aged out waiting for their physician-parent to receive their green card. The Board concludes that Resolution 205 is consistent with existing AMA policy and should be adopted by appropriately amending existing policy to incorporate the intent of the resolution.

RECCOMENDATION

The Board recommends that our AMA amend Policy D-255.979, "Permanent Residence Status for Physicians on H1-B Visas," by addition to read as follows, in lieu of Resolution 205-I-18 and that the remainder of the report be filed:

> Our AMA will work with all relevant stakeholders to: 1) clear the backlog for conversion from H1-B visas for physicians to permanent resident status, and 2) allow the children of H-1B visa holders, who have aged out of the H-4 non-immigrant classification, to remain in the U.S. legally while their parents' green card applications are pending. (Modify Current HOD Policy)

Fiscal Note: Less than $500

RELEVANT AMA POLICIES

Policy D-255.979, "Permanent Residence Status for Physicians on H1-B Visas"
Our AMA will work with all relevant stakeholders to clear the backlog for conversion from H1-B visas for physicians to permanent resident status.
Res. 229, A-18

Policy D-255.980, "Impact of Immigration Barriers on the Nation's Health"
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.
Alt. Res. 308, A-17 Modified: CME Rep. 01, A-18

Policy H-255.988, "AMA Principles on International Medical Graduates"
Our AMA supports: 1. Current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada. 2. Current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE. 3. The AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body. 4. Cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada. 5. Continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees. 6. Working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools. 7. In cooperation with the ACGME and the FSMB, supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care. 8. The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs. 9. That special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure. 10. That accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower. 11. That AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor. 12. The requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. 13. Publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities. 14. The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs. 15. Support studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members. 16. AMA membership outreach to IMGs, to include a) using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; b) publicizing its many relevant resources to all physicians, especially to nonmember IMGs; c) identifying and publicizing AMA resources to respond to inquiries from IMGs; and d) expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools. 17. Recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine. 18. Its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations. 19. Institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return. 20. Informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States. 21. U.S. medical schools offering admission with

advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation. 22. The Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
BOT Rep. Z, A-86 Reaffirmed: Res. 312, I-93 Modified: CME Rep. 2, A-03 Reaffirmation I-11 Reaffirmed: CME Rep. 1, I-13 Modified: BOT Rep. 25, A-15 Modified: CME Rep. 01, A-16 Appended: Res. 304, A-17 Modified: CME Rep. 01, I-17

Policy D-255.99, "Visa Complications for IMGs in GME"
1. Our AMA will: (A) work with the ECFMG to minimize delays in the visa process for International Medical Graduates applying for visas to enter the US for postgraduate medical training and/or medical practice; (B) promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for International Medical Graduates; and (C) work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants to reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position. 2. Our AMA International Medical Graduates Section will continue to monitor any H-1B visa denials as they relate to IMGs? inability to complete accredited GME programs. 3. Our AMA will study, in collaboration with the Educational Commission on Foreign Medical Graduates and the Accreditation Council for Graduate Medical Education, the frequency of such J-1 Visa reentry denials and its impact on patient care and residency training. 4. Our AMA will, in collaboration with other stakeholders, advocate for unfettered travel for IMGs for the duration of their legal stay in the US in order to complete their residency or fellowship training to prevent disruption of patient care.
Res. 844, I-03 Reaffirmation A-09 Reaffirmation I-10 Appended: CME Rep. 10, A-11 Appended: Res. 323, A-12

Policy D-350.986, "Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages"
1. Our American Medical Association will study the issue of Deferred Action for Childhood Arrivals-eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates. 2. Our AMA will issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.
Res. 305, A-15 Appended: Late Res. 1001, I-16