AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 4 (I-25)

Introduced by: International Medical Graduates Section

Subject: Pathways to U. S. Permanent Residency for H-1B Physicians

Referred to: Reference Committee (Assigned by HOD)

Whereas, the United States faces a worsening physician shortage that has been further exacerbated by the COVID-19 pandemic, with critical gaps in primary care, mental health, and specialty services, especially in rural and underserved areas; and

Whereas, International Medical Graduates (IMGs) continue to provide care to millions of patients nationwide, with immigrant physicians now representing nearly one in four practicing physicians in the U.S.; and

Whereas, immigrant physicians do not displace U.S. workers, but instead fill essential workforce gaps, create jobs, and disproportionately serve high-need communities; and

Whereas, the Department of Veterans Affairs continues to face significant physician staffing shortages, with ongoing delays in access to care for Veterans despite increased funding, underscoring the urgency of mobilizing qualified physicians already practicing in the United States; and

Whereas, thousands of physicians, including nearly 15,000 IMGs from India alone, remain stuck in employment-based green card backlogs that may take decades to resolve, leaving them and their families in prolonged uncertainty; and

Whereas, these delays prevent physicians from working at multiple sites, limit career advancement, restrict opportunities to expand practices, and undermine long-term workforce stability in the U.S.; and

Whereas, despite years of recognition of this problem, meaningful progress has not been made, and the current political climate with bipartisan acknowledgment of healthcare workforce shortages and immigration reform needs demand immediate action; therefore be it

RESOLVED, that our American Medical Association urgently, aggressively, and continuously collaborate with the Office of the Inspector General, the Department of Veterans Affairs, U.S. Citizenship and Immigration Services, Congress, and the Executive Branch to advocate for establishing an expedited and separate pathway for physicians to obtain permanent residence and U.S. citizenship, enabling them to practice immediately and without restrictions—including within the Veterans Affairs healthcare system—to address the critical and rapidly worsening physician shortages threatening access to care across the United States. (Directive to Take Action)

Fiscal Note: (Assigned by HOD)

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Received:

REFERENCES

Adashi, E.Y., O'Mahony, D.P. & Gruppuso, P.A. The National Physician Shortage: Disconcerting HRSA and AAMC Reports. *J GEN INTERN MED* (2025). https://doi.org/10.1007/s11606-025-09575-7 OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages, FY 2025. VA OIG (Aug 12, 2025).

https://www.vaoig.gov/sites/default/files/reports/2025-08/vaoig-25-01135-196-final.pdf

Fewer qualified doctors for hire: Survey. Axios (August 26, 2025) https://www.axios.com/2025/08/26/health-care-workforce-doctor-shortage-survey

RELEVANT AMA POLICY

Permanent Residence Status for Physicians on H1-B Visas D-255.979

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.

Res. 229, A-18 Appended: BOT Rep. 01, I-19

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

- 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.

Citation: Alt. Res. 308, A-17; Modified: CME Rep. 01, A-18; Reaffirmation: A-19; Reaffirmed: CME Rep. 4, A-21; Reaffirmed: Res. 234, A-22; Reaffirmed: Res. 210, A-23;

Conrad 30 - J-1 Visa Waivers D-255.985

- 1. Our AMA will:
 - a. lobby for the reauthorization of the Conrad 30 J-1 Visa Waiver Program;
 - b. advocate that the J-1 Visa waiver slots be increased from 30 to 50 per state;

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- advocate for expansion of the J-1 Visa Waiver Program to allow IMGs to serve on the faculty of medical schools and residency programs in geographic areas or specialties with workforce shortages;
- d. publish on its website J-1 visa waiver (Conrad 30) statistics and information provided by state Conrad 30 administrators along with a frequently asked questions (FAQs) document about the Conrad 30 program;
- e. advocate for solutions to expand the J-1 Visa Waiver Program to increase the overall number of waiver positions in the US in order to increase the number of IMGs who are willing to work in underserved areas to alleviate the physician workforce shortage;
- f. work with the Educational Commission for Foreign Medical Graduates and other stakeholders to facilitate better communication and information sharing among Conrad 30 administrators, IMGs, US Citizenship and Immigration Services and the State Department; and
- g. continue to communicate with the Conrad 30 administrators and IMGS members to share information and best practices in order to fully utilize and expand the Conrad 30 program.
- 2. Our AMA will continue to monitor legislation and provide support for improvements to the J-1 Visa Waiver program.
- 3. Our AMA will continue to promote its educational or other relevant resources to IMGs participating or considering participating in J-1 Visa waiver programs.
- 4. As a benefit of membership, our AMA will provide advice and information on Federation and other resources (but not legal opinions or representation), as appropriate to IMGs in matters pertaining to work-related abuses.
- 5. Our AMA encourages IMGs to consult with their state medical society and consider requesting that their state society ask for assistance by the AMA Litigation Center, if it meets the Litigation Center's established case selection criteria.

Res. 233, A-06 Appended: CME Rep. 10, A-11 Appended: Res. 303, A-11 Reaffirmation I-11; Modified: BOT Rep. 5, I-12

7.

Expedited Immigrant Green Card Visa for J-1 Visa Waiver Physicians Serving in Underserved Areas D-255.976

Our American Medical Association will advocate that physicians who are on J-1 visas be granted a waiver and H-1B status for serving in underserved areas, be given highest priority in visa conversion to green cards upon completion of their service commitment, and be exempt from the per country limitation of H-1B visa to green card conversion.

Res. 218, A-22

Expedited H-1B Pathways for International Medical Graduate Physicians in the USA H-255.961

Our American Medical Association supports the continuance of premium processing and other mechanisms that expedite H-1B visa applications and renewals for International Medical Graduate physicians.

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Res. 222, A-25

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.

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

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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.