



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 21, 2013

The Honorable Harry Reid
Office of the Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Office of the Republican Leader
U.S. Senate
Washington, DC 20510

Dear Senators:

On behalf of the 110,600 members of the American Academy of Family Physicians, I commend you for your leadership in addressing the complex issues involved in reforming the nation's immigration laws. The Senate is currently considering the *Border Security, Economic Opportunity, and Immigration Modernization Act (S. 744)*, and while the AAFP does not have a position on the overall bill itself nor on many of the technical provisions that it includes, we do have concerns with some provisions of the measure.

For over 25 years, the AAFP has advocated for health care coverage for all. Our policy specifically states: "Fundamental change is required to shift the direction of the US health system toward one that covers all people and emphasizes comprehensive primary care and coordinated care through the patient-centered medical home." As the Senate considers S. 744, we urge Senators to resist provisions that would limit access to needed health care, especially to primary care and catastrophic care. Access to health care for immigrants, whether documented or not, is important to everyone who has health insurance and pays taxes. The June 2013 [article](#), "Unauthorized Immigrants Spend Less than Other Immigrants and US Natives," in *Health Affairs* noted: "The safety net available to immigrants consists largely of hospital EDs [i.e., emergency departments] and federally qualified health centers." It also means that patients without coverage wait until their medical conditions are so serious that they have no alternative but to seek assistance at a local emergency room. Many times, the pain and expense of this approach could be avoided by access to a primary care practice.

The *Health Affairs* article goes on to note that the lower costs for undocumented immigrants could be due to undiagnosed and unprevented illnesses for which the individual postpones treatment. Therefore, the AAFP believes that the nation's health care system should encourage everyone, for reasons of efficiency and quality, to have a relationship with a primary care practice (especially if it is organized as a patient-centered medical home) and to have the appropriate health coverage that makes such a relationship financially sustainable.

The *Affordable Care Act (ACA)* mandates the purchase of health care insurance, and provides income-based subsidies for those who could not afford the cost of that insurance. Without access to the subsidy programs, the requirement to purchase insurance is infeasible for many with low to moderate incomes. This is especially true for many in the newly created "Registered Provisional Immigration" (RPI) status. We would urge the Senate not to prohibit those who have RPI status or those who transition from RPI status to permanent resident from receiving appropriate federal subsidies for the purchase of health insurance. Otherwise, the greatest inefficiencies of our health care system will remain and the government, providers and patients will continue to experience unnecessary costs and lower quality.

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AAFP [policy](#) also would urge the Senate to ensure that the federal government trains and distributes “an adequate number of physicians to meet the diverse health care needs of [our] people, as well as to provide training opportunities for physicians from other countries.” Accordingly, the AAFP supports J-1 visa waivers for physicians from countries not currently in need of those physicians’ services. Therefore, the AAFP supports the provisions in S. 744 to make the J-1 visa waiver program permanent and to increase the number of Conrad 30 visa waivers for those physicians who work in a health care shortage area. The AAFP appreciates the clarifications, in section 2405, of the provisions related to physician immigration that affect graduate medical training. The AAFP would recommend that Congress commission a thorough and objective analysis of the physician workforce requirements and resulting adjustments needed to education, training and immigration policy that would help the nation meet those requirements.

While most physician visa holders use the J-1 program, there also are physicians who use the H-1 B visa. The bill addresses the annual cap on the number of H-1 B visas for foreign workers in specialty occupations. The cap would increase to 115,000-180,000 from its current 65,000. Since H-1 B applications are not available until October and many residency fellowships typically end in June, the bill would essentially prevent a gap in work start/end dates. The AAFP supports this change.

It is clear that the reform of our immigration policies is a tremendously complicated process that touches many of our nation’s values and principles. As the Senate proceeds in its deliberations of these values and principles, the AAFP offers our assistance for those issues that affect family physicians and their patients.

Sincerely,

A handwritten signature in black ink that reads "Glen R. Stream MD". The signature is written in a cursive, slightly slanted style.

Glen R. Stream, MD, MBI, FAAFP
Board Chair