



December 1, 2020

Chad F. Wolf
Acting Secretary
Department of Homeland Security
Washington, DC 20528

Dear Acting Secretary Wolf:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians and medical students across the country, I write in response to the [notice of proposed rulemaking](#) (NPRM) on Modification of Registration Requirement for Petitioners Seeking to File Cap-Subject H-1B Visa Petitions as published in the October 2, 2020 version of the *Federal Register*.

DHS proposes to eliminate the H-1B visa lottery system and replace it with a wage level ranking system that favors visa applicants with higher wages. The AAFP believes that this rule will exacerbate physician shortages and negatively impact access to timely, high-quality primary care for patients, particularly those living in rural and other underserved areas. **We strongly recommend against finalizing this proposal.**

H-1B Family Physicians are Vital to the Primary Care Workforce

Family physicians provide comprehensive primary care services to patients across the lifespan and serve as the first point of contact to the health care system. Family physicians can directly address most health care problems, including acute illnesses, chronic conditions, and injuries. They provide preventive services, such as immunizations and health screenings, as well as help coordinate care with other clinicians and can refer patients to specialty care as needed.

Unfortunately, our country is facing a primary care physician shortage. By 2033, the United States will face a shortage of between 21,400 and 55,200 primary care physicians.¹ International medical graduates (IMGs) play a vital role in filling this gap, making up more than 22 percent of active family physicians.² IMGs are more likely to become primary care physicians and practice in rural and other underserved areas where physician shortages are the most dire.^{3,4} In fact, nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians.⁵

H-1B physicians are also essential to our nation's public health. They have been serving on the frontlines of the COVID-19 pandemic for several months, often at great personal risk. Currently, the states where H-1B physicians are providing care are also those with some of the highest COVID-19 case counts. For example, North Dakota has the highest per capita case and death rate of any state, as well as the highest percentage of H-1B physicians in their workforce.^{6,7} In order to support our nation's response to the COVID-19 pandemic and mitigate physician shortages, we recommend that DHS encourage IMGs to practice in the U.S.

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This Proposal Would Disrupt the Primary Care Pipeline and Worsen Primary Care Shortages

In the NPRM, DHS proposes to eliminate the H-1B lottery system that is used to randomly grant H-1B petitions when the Department receives more petitions than is allowed under the annual cap. Instead the Department proposes to grant petitions based on wage level, awarding them first to those with the highest wages. Due to existing caps on the number of H-1B physicians that are accepted, this means that petitioners with lower wage levels will never be selected and it is unlikely that any early career family physicians that are subject to the cap will receive H-1B visas.

Since physicians typically continue to practice in the areas where they train and practice at the beginning of their careers, the AAFP is concerned that this proposal will reduce the overall number of IMGs practicing in the U.S.^{8,9} Family medicine and other primary care physicians also typically have lower annual salaries than specialty physicians. Since this proposal favors H-1B petitioners with higher annual salaries, it may also unfairly discriminate against family physicians.¹⁰ This is particularly alarming considering the vital role that H-1B physicians play in providing primary care services to rural and other underserved patients, who are disproportionately impacted by physician shortages and rely heavily on family physicians for ambulatory and emergency care.^{11,12,13}

DHS states that, if implemented, the wage ranking system will increase the average and median levels of H-1B beneficiaries that are selected. The AAFP does not agree with this policy goal. We believe that increasing the average wages of H-1B visa holders will make it challenging for hospitals and health clinics to hire them. Since our nation is suffering from an ongoing physician shortage, pricing H-1B visa holders out of the physician employment market will only exacerbate these shortages and worsen barriers to care for patients.

Existing shortages also emphasize that the physician employment market is not negatively impacted by H-1B visa holders. In fact, our communities rely on H-1B physicians for ongoing access to comprehensive primary care and other health services. Accordingly, we recommend that DHS rescind this proposal.

Thank you for the opportunity to comment on the NPRM. Should you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at (202) 235-5126 or myinger@aafp.org.

Sincerely,



Gary LeRoy, MD, FAAFP
Board Chair

¹ <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-who-are-international-medical-graduates-imgs-specialty-2017>

² <https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf>

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- ³ Thompson MJ, Hagopian A, Fordyce M, Hart LG. Do international medical graduates (IMGs) "fill the gap" in rural primary care in the United States? A national study. *J Rural Health*. 2009 Spring;25(2):124-34. doi: 10.1111/j.1748-0361.2009.00208.x. PMID: 19785577
- ⁴ Ranasinghe PD. International Medical Graduates in the US physician workforce. *The Journal of the American Osteopathic Association*, April 2015, Vol. 115, 236-241. Available at: <https://jaoa.org/article.aspx?articleid=2213422#:~:text=Compared%20with%20US%20graduates%2C%20IMGs,the%20US%20health%20care%20system.>
- ⁵ American Immigration Council. Foreign-Trained doctors are critical to serving many U.S. Communities. 2018. Available at: https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained_doctors_are_critical_to_serving_many_us_communities.pdf
- ⁶ The U.S. Department of Health & Human Services, Bureau of Health Workforce Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Fourth Quarter of Fiscal Year 2020, Designated HPSA Quarterly Summary. Data as of September 30, 2020
- ⁷ JAMA Network, Peter A. Kahn, MPH, ThM, et al., Distribution of Physicians With H-1B Visas By State and Sponsoring Employer, June 6, 2017. <https://jamanetwork.com/journals/jama/fullarticle/2620160?resultClick=1>.
- ⁸ Seifer SD, Vranizan K, Grumbach K. Graduate medical education and physician practice location. *JAMA* 1995;274(9):685-91.
- ⁹ Owen JA, Hayden GF, Bowman RC. Influence of places of birth, medical education, and residency training on the eventual practice locations of family physicians: recent experience in Virginia. *South Med J* 2005;98(6):674-5.
- ¹⁰ Medscape Family Physician Compensation Report. 2019. Available at: <https://www.medscape.com/slideshow/2019-compensation-family-physician-6011329>
- ¹¹ U.S. Department of Health and Human Services. Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas. Available at <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/nchwafactsheet.pdf>
- ¹² The Robert Graham Center. (July 2005; Policy Paper Number 31). *The Family Physician Workforce: The Special Case of Rural Populations*.
- ¹³ Peterson LE, Dodoo M, Bennett KJ, Bazemore A, Phillips RL Jr.: Nonemergency medicine-trained physician coverage in rural emergency departments. *J Rural Health* 2008 Spring 24(2): 183-8.