Boost to healthcare workforce could come from immigration bill

By Rich Daly and Jessica Zigmond
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A bipartisan Senate immigration bill could boost the nation's healthcare workforce, in addition to expanding coverage to millions of newly legal residents.

The 844-page Border Security, Economic Opportunity, and Immigration Modernization Act, which was introduced Thursday, would provide a legalization process for the approximately 11 million illegal immigrants. Although the bill bars access to public benefits during a transitional period, the newly legal residents could qualify for private insurance for the first time—possibly reducing their dependence on emergency rooms, according to health policy experts.

The Senate Judiciary Committee held the first hearing on the bill Friday, and the bill is expected to move to the Senate floor in June. Advocates of the legislation hope it can clear Congress before the August recess. In the lower chamber, a bipartisan group of eight representatives is working on legislation of their own.

"We believe we will soon agree on a reasonable, common-sense plan to finally secure our borders and strengthen our economy with a tough but fair process that respects the rule of law so immigrants can contribute to our country," said a statement from the group, which includes Reps. Xavier Becerra (D-Calif.) and John Carter (R-Texas).President Barack Obama called the Senate bill "largely consistent" with the principles he laid out for immigration reform and urged the Senate to move it quickly.

The outlook for the Senate bill is generally good because of its backing by a bipartisan group of prominent legislators, including Sens. Charles Schumer (D-N.Y.) and Marco Rubio (R-Fla.), said Mark Kennedy, director of the Graduate School of Political Management at George Washington University. However it is possible that immigration connections to the recent Boston bombing could affect its ability to pass into law.Obama called the Senate bill "largely consistent" with the principles he laid out for immigration reform and urged the Senate to move it quickly.

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"It still has a strong chance," Kennedy said.

Hospitals and other providers would need to comply with new electronic immigration status verification system requirements to verify the status of all of their employees within five years. However, employers with more than 5,000 workers would need to use the system, known as E-verify, within two years; employers with more than 500 workers would have three years to begin.

The bill also is expected to increase both visas and green card access for a broad range of healthcare workers.

"From doctors all the way down to minimum-wage employees, there are provisions in the bill that make it easier for healthcare employers," said Gregory Siskind, a healthcare immigration lawyer with the firm Siskind Susser in Memphis, Tenn.

Green-card provisions could affect the supply of physicians. The bill would eliminate per-country limits, which mostly impacts physicians looking to emigrate from India. About 30% of international medical graduates that come for U.S. training are from India, but many more from there are waiting...
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The legislation could have a big impact on providers in rural areas, where about 20% of the population lives but only 11.4% of physicians practice, according to a 2010 study. Many of its provisions are aimed at bolstering the clinical workforces of hospitals and other providers in rural locations.

The bill would expedite green cards for physicians who serve HHS-designated shortage areas or qualifying patient populations for five years. It also would expand the immigration options for so-called J-1 visa waiver physicians, including technical provisions to ease the immigration process for physicians, their employers and graduate medical education programs.

A visa program allowing state health departments to recommend 30 J-1 visa waivers each year would be expanded to include them more slots in each state for service at academic medical centers.

The American Hospital Association announced it planned to urge Congress to streamline the process for qualified, internationally trained physicians and nurses as part of a 2013 advocacy agenda issued earlier this week.

The physician visa provisions drew praise from the largest physician advocacy group.

"The AMA strongly supports the permanent reauthorization of the J-1 visa waiver program outlined in the Senate immigration bill that will allow International Medical Graduates to continue providing much needed healthcare to people in communities across the country," AMA President Dr. Jeremy Lazarus said in a statement. "IMGs play an integral part in American medicine, often joining physicians in practices serving patients in rural and low-income urban areas."

About 80% of physician visa-holders utilize the J-1 visa, while the rest are admitted through the H-1B program for highly-skilled workers, Siskind estimated. The bill would increase the annual cap on all categories immigrants who qualify under the H1-B program from 65,000 to 110,000—and possibly up to 180,000 a year.

Samantha Burch, vice president of legislation and health information technology at the Federation of American Hospitals, praised the bill for addressing an H1-B visa issue commonly referred to as "cap gap." The availability of the visas at the Oct. 1 start of the fiscal year has caused problems for physicians who complete their training in June and may choose not to stay at the same facility. They fall into the "gap" because they cannot apply for another visa until October. The provision in the Senate bill this week would allow physicians to maintain their H1-B status until they apply for a new one.

"So far what we've seen on the physician side looks very positive," Burch said. "We're continuing to have discussions with our members to make sure it meets physician needs—now, and in the future."

Additionally, the bill would add some new H1-B compliance requirements for some healthcare employers, such as nurse and physical therapist staffing companies that could limit their use of the program. More foreign physical therapists and occupational therapists are expected to use the H1-B visas due to the large increase in the total number available, Siskind said.

The bill also includes a new W visa that could make it easier for healthcare employers to hire foreign workers who do not qualify for high-skilled visa categories, including nurses, Siskind said. The W visas could also help relieve labor shortages in lower-level hospital and nursing home jobs. However, the new visa's 200,000-person cap for all qualifying professions is seen as insufficient for the demand.

That's welcome news to the American Health Care Association, which represents nursing facilities, assisted-living facilities and sub-acute providers. Christopher Donnellan, senior director of government relations at AHCA, said this segment faces severe staffing, recruitment and retention issues for direct-care workers who change and bathe residents. And this situation is likely to worsen as the population ages. Citing federal government projections, Donnellan said about half of the roughly 7,000 foreign medical school graduates that complete physician residency training every year permanently return to their home countries—in part, due to immigration law requirements.

"That's probably where immigration policy can have a bigger impact—increasing the number of doctors available to the public, principally underserved populations, by changing the immigration rules to get more to want to stay," Siskind said.

"We'll see an immediate interest in doctors staying in the U.S. because of that one provision," Siskind said.

Other provisions specifically target increasing the number of physicians that stay in the country after completing their medical training. Although there are no official figures on physician immigrants, Siskind estimated about half of the roughly 7,000 foreign medical school graduates that complete physician residency training every year will be needed in 2020, a 48% increase from 2010 levels.
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