

J-1 Visa Waiver/Conrad 30 Program REVIEW AND RECOMMENDATION PROCESS FOR THE STATE OF IOWA



Iowa Department of Public Health, Primary Care Office

Updated July 2015

I. INTRODUCTION

The state of Iowa is committed to ensuring all residents of Iowa have access to quality, affordable health care. Therefore, the Primary Care Office, within the Bureau of Oral and Health Delivery Systems within the Iowa Department of Public Health (IDPH), will consider recommending a waiver of the [foreign residence requirement](#) on behalf of physicians holding J-1 Visas under certain conditions and in accordance with the [Conrad State 30 program](#).

II. DEFINITIONS

1. Health Professional Shortage Area (HPSA) – an area, population group, or facility designated by the U.S. Department of Health and Human Services as having an acute shortage of primary health care professionals. Please refer to the resource at <http://www.hrsa.gov/shortage/> for more information on HPSAs.
2. Medically Underserved Area (MUA) – an area designated by the U.S. Department of Health and Human Services as meeting scoring criteria under the Index of Medical Underservice (IMU) which considers the ratio of primary medical care physicians to population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Please refer to the resource at <http://www.hrsa.gov/shortage/> for more information on MUAs.
3. Medically Underserved Population (MUP) – a designation by the U.S. Department of Health and Human Services which involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Please refer to the resource at <http://www.hrsa.gov/shortage/> for more information on MUAs.
4. Primary Care – services provided by physicians in the following specialties: Family Practice, General Surgery, General Internal Medicine (including Hospitalists), Obstetrics/Gynecology, Pediatrics, and Psychiatry.
5. Specialty Care – services provided by physicians in specialties other than those listed above as Primary Care.

III. PROGRAM OVERVIEW

Overall, it is the policy of IDPH that J-1 visa waiver physicians will serve the underserved in Iowa – those patients who lack access to health care due to factors such as insurance status, income, distance to care, or language barriers. To assure this, physicians must plan to practice in a Health Professional Shortage Area (HPSA) appropriate to their specialty or a Medically Underserved Area (MUA) or Medically Underserved Population (MUP). The exception to this is that Iowa may use the option to recommend placement for up to ten waiver slots in facilities located in non-designated areas if the request package meets submission requirements and clearly demonstrates how the physician will fulfill unmet needs in Iowa.

Employers who are eligible to use the Waiver of the Two-Year Foreign Residency Requirement process through the United States Department of Health and Human Services (available here <http://www.globalhealth.gov/global-programs-and-initiatives/exchange-visitor-program/requirements-waiver-clinical-care.html>) should use that process.

IDPH encourages request packages for physicians planning to practice in the following primary care specialties: **Family Practice, General Surgery, General Internal Medicine (including Hospitalists), Obstetrics/Gynecology, Pediatrics, and Psychiatry**. In the waiver request packet, the employer must report an estimate of the percentages of Medicaid, Medicare, and uninsured patients that will be treated by the primary care specialist.

In addition to primary care, waiver requests may be recommended for specialists and sub-specialists. Again, the employer must demonstrate that the specialty services are essential to the medical needs of the underserved in Iowa and the employer must report the estimated percentages of Medicaid, Medicare, and uninsured patients that will be treated by the specialist.

Note: It is expected that the J-1 physician will serve underserved populations and annual monitoring will require reporting of the J-1's patient base including number of patients and insurance status of patients. Additionally, safety net providers (rural health clinics, community health centers, free clinics) in Iowa will receive information on J-1 physicians employed by facilities in their geographic area.

IV. WAIVER REQUEST CONTENT AND PROTOCOL

Iowa traditionally fills all 30 waiver slot requests. Therefore, it has been necessary to develop a process to ensure all request packages receive a fair and timely review and to ensure that the needs of Iowans are being appropriately served by the program.

A waiver request to IDPH must be submitted by a U.S. health care facility and/or attorney representing a facility on behalf of a J-1 physician and not directly from a J-1 physician. IDPH highly recommends facilities use the services of an experienced immigration attorney. IDPH strongly encourages health care facilities to post position vacancies on the National Rural Recruitment and Retention Network website at <https://www.3rnet.org>.

The facility and/or attorney shall submit two copies of the required information and documentation must be submitted in a single package, tabbed, without staples, with documents presented in the order provided in this policy.

IDPH reserves the right to return any request package which does not include the correct tabs, is labeled incorrectly, is not in the correct order, or fails to include required content as listed in the current policy. **It is the responsibility of ALL PARTIES (physician, employer, and attorney) to assure that the request package meets the requirements of this policy at the time it is submitted.** In the event that a request package does not meet requirements, IDPH reserves the right to return the request package and to inform the physician, the employer, and the attorney.

V. WAIVER REQUEST REVIEW AND DECISION

Review of and decision regarding waiver request packages will be conducted by a team of reviewers. Waiver request review will consist of two Phases.

PHASE 1

1. During PHASE 1, waiver request packages will be accepted beginning the first Tuesday in September and concluding the last Friday in October. The number of request packages under consideration will be posted to the IDPH website after the end of this timeframe. Decisions on request packages received during this timeframe will be issued on or before the second Friday in December unless IDPH at its sole discretion extends this date.

Information about the status of request packages, other than the information posted on the IDPH website, will not be available prior to second Friday in December. Parties must refrain from contacting IDPH during this time. Failure to comply with this requirement may result in disqualification of the request package.

2. Request packages not meeting criteria will be returned with conditional approval and a due date for submission of required materials. If the required materials are received after the due date, the request package will be considered as a new request package and will be reviewed according to the date the resubmission is received.
3. Review of request packages will include the following considerations:
 - a. whether contents are tabbed according to instructions in this policy, and
 - b. the extent to which the required content in each tab is thoroughly addressed, and
 - c. whether the planned employment and practice situation meets requirements of the program.
4. If more than 30 requests are received, reviewers may consider factors such as:
 - a. primary care/specialty care,
 - b. rural/urban location,
 - c. impact on service to Iowa's underserved populations,
 - d. number of recent waivers approved for the applying health care facility/health system,
 - e. number of recent waivers approved for the applying geographic location within the state (i.e., the goal is that no one facility, city, or shortage area will receive an unbalanced number of approvals), and
5. The number of slots used and remaining at the conclusion of PHASE 1 will be posted to the IDPH website on the second Friday in December unless IDPH at its sole discretion extends this date.

PHASE 2

1. Waiver request packages will continue to be accepted after the last Friday in October; however, these request packages will be considered only if all 30 slots are not filled in PHASE 1.
2. Request packages will be considered on a first come, first served basis except that the IDPH reserves the right to delay action on or reject a request package in consideration of factors including but not limited to the number of slots that have already been awarded to a specific specialty, location or employer.
3. Review of request packages will include the following considerations:
 - a. whether contents are tabbed according to instructions in this policy, and
 - b. the extent to which the required content in each tab is thoroughly addressed, and
 - c. whether the planned employment and practice situation meets requirements of the program.
4. Request packages not meeting the current policy criteria will be returned. Request packages may be resubmitted. Resubmitted request packages will be considered new request packages and will be reviewed according to the date the resubmission is received.
5. IDPH does **not** make assurances regarding the length of time it will take to render a decision in PHASE 2. Information about the status of the request package will not be available until the decision is issued. **Parties must refrain from contacting IDPH while the request package is under review. Failure to comply with this requirement may result in disqualification of the request package.**

The Iowa Department of Public Health's policy is completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to IDPH does not ensure that the Department will recommend a waiver. In all instances IDPH reserves the right to recommend or decline any request for a waiver.

VI. EXCEPTIONS

Requests for exception to this policy will require consultation with legal counsel assigned to IDPH. Any party making request for exception to this policy should expect decision no sooner than eight (8) weeks from the time the exception is requested.

WAIVER REQUEST PACKET GUIDELINES

Submit **two** unstapled (1 original/1 copy) copies in a single packet, tabbed with a Table of Contents in the following order. The physician's case number should be on each and every page of the packet.

1. TAB ONE: Letter from legal counsel highlighting the physician's full name, the name of facility at which the physician will work, the facility's address, the HPSA ID#, the physician's date of birth, and the physician's country of origin. (A small two-column table is helpful.) Signature from legal counsel to be in non-black ink.
2. TAB TWO: Contact page including names and contact information, including e-mail addresses and phone numbers, for:
 - a. the facility and/or physician human resources specialist,
 - b. the legal counsel,
 - c. the physician, and
 - d. the person who will be responsible for yearly reporting on the physician (see #17).
 - e. Additionally, the contact page should specify:
 - i. which person should be contacted if there are any questions on the waiver packet or if additional information is needed,
 - ii. which person should be contacted when the waiver request is forwarded to USCIS for final approval,
 - iii. which of the contact persons would like a copy of the letter sent to USCIS (copy will be sent as a PDF via e-mail attachment).
3. TAB THREE: DS-3035 Data Sheet, completed and signed by the physician (including the Third Party Bar Code page).
4. TAB FOUR: A letter from the health care facility at which the physician will be employed must accompany the request packet. Include these items in the letter:
 - a. A request to the Iowa Department of Public Health to act as an interested government agency in order to recommend a waiver for the J-1-physician;
 - b. A detailed summary of the facility's attempts to locate, interview, and hire qualified U.S. physicians (length of time recruiting, methods of recruitment, inquiries received, etc);
 - c. A description of the physician's qualifications, proposed responsibilities, and how the employment of the physician will satisfy important unmet health care needs of the medically underserved community;
 - d. A statement that the facility is offering the physician at least three years of employment;
 - e. A summary of the facility's policies regarding acceptance of Medicaid/Medicare eligible patients and medically indigent patients;
 - i. Include estimates of the percentages of patients the physician will see that are Medicaid, Medicare, and medically indigent patients.
 - f. A statement that the facility will comply with the physician monitoring and retention requirements.
 - g. The signature on the letter must be in non-black ink.
5. TAB FIVE: Detailed description of the health care facility, including the nature and extent and reach of medical services for Iowans. Describe the service area, the general demographics of the patient base, etc. Summarize the effect on the facility if the waiver is denied.

6. TAB SIX: Complete copy of the signed employment offer/contract. The contract must include the following:
 - a. The physician will work at the medical facility that is located within the shortage area for a total of not less than 3 years. If the physician will split time between more than one shortage area, include the information on all locations;
 - b. The physician must practice medicine a minimum of 40 hours per week in the geographic area or areas designated as shortage areas;
 - c. The physician must agree to begin employment within 90 days of receiving the waiver;
 - d. The contract must include salary and other compensation and benefits to be received by the physician – including sign-on bonuses, moving expenses, health insurance, retirement, and all other benefits and compensation being extended to the physician.

7. TAB SEVEN: Proof of Iowa licensure eligibility in the form of
 - a. Copy of the application for medical licensure in Iowa AND proof of payment to the Iowa Board of Medicine, OR
 - b. a communication from the Iowa Board of Medicine stating that an application for licensure has been received, OR
 - c. a print out from the Iowa Board of Medicine website showing that the physician has already received a license.

A copy of the universal application alone is not sufficient. Proof of payment to the Iowa Board of Medicine must also be included.

The physician, prior to employment, must meet all medical licensure requirements for the state of Iowa.

8. TAB EIGHT: Copies of Physician Form DS-2019 “Exchange Visitor Program Certificate of Eligibility for Exchange Visitor (J-1) Status” (formerly IAP 66).
9. TAB NINE: Copies of forms I-94 for physician and any family members (i.e., visas/passports).
10. TAB TEN: Proof of passage of required examinations (i.e., USMLE, ECFMG, examination forms).
11. TAB ELEVEN: Highlight recruitment/retention efforts by the health care facility for at least the prior 6 months; describing and clearly demonstrating that a suitable replacement for the physician cannot be found through traditional recruitment methods.
 - a. If available, include copies of advertisements, agreements with placement services, attendance at recruitment fairs, internet postings (including a copy of the posting on 3RNet.org) or other documentation.
 - b. Provide a description of the facility’s recruitment efforts, including how long the position has been vacant.
12. TAB TWELVE: A complete curriculum vitae of the physician.
13. TAB THIRTEEN: Two letters of recommendation related to the physician’s medical training and future employment in Iowa specifically. Letters should be from individuals who have worked with the physician in a professional setting and should not be from the facility hiring the physician currently.
14. TAB FOURTEEN: Completed **DOS Letter Information** form (form IA-J1A).

15. TAB FIFTEEN: The completed, signed and notarized **J-1 Visa Waiver Policy Physician Affidavit and Agreement** form (IA-J1B). Sign in non-black ink.
16. TAB SIXTEEN: The completed, signed and notarized **J-1 Visa Waiver Agreement of Non-Involvement in Other Waiver Processes** form stating that he/she is not involved in other waiver processes while this request package is pending (IA-J1C). Sign in non-black ink.
17. TAB SEVENTEEN: The completed, signed and notarized **J-1 Visa Waiver Policy Employer Affidavit and Agreement** form (IA-J1D). Sign in non-black ink.
18. TAB EIGHTEEN: A statement that the healthcare facility will submit an annual report to the Primary Care Office monitoring the physician's compliance with the three-year service obligation. The name and contact person who will submit the report should be included on this page.
 - a. Once a waiver is approved by IDPH and final approval is received from USCIS, IDPH will send the facility an initial reporting form to document the physician's start date.
 - b. Annual reports will be sent to the contact person listed on the second page of the request packet. Reports will require information on the physician's patient base – including number of patients and insurance status of patients treated by the provider. Additionally, IDPH may use waiting times for referrals from safety net providers if necessary to monitor access concerns.
19. All pages of the request package must contain the DOS case file number.

WAIVER REQUEST PACKAGE CHECKLIST

Please submit waiver request with **one original + one copy of entire package to:**

Primary Care Officer
Primary Care Office
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0075

Use a table of contents and tab the following documents with DOS case number on all pages:

1. LEGAL COUNSEL LETTER WITH BASIC INFORMATION
2. CONTACT PAGE
3. DS-3035 DATA SHEET (barcode page)
4. FACILITY LETTER
5. DETAILED FACILITY DESCRIPTION
6. EMPLOYMENT CONTRACT
7. LICENSURE INFORMATION
8. FORM DS-2019
9. FORM I-94
10. EXAMINATION PASSAGE
11. SIX MONTH RECRUITMENT EFFORTS
12. PHYSICIAN CV
13. RECOMMENDATION LETTERS
14. DOS LETTER INFORMATION
15. WAIVER POLICY AFFIDAVIT AND AGREEMENT
16. WAIVER AGREEMENT OF NON-INVOLVEMENT
17. EMPLOYER AFFIDAVIT AND AGREEMENT
18. REPORTING COMPLIANCE

Iowa J-1 Visa/Conrad 30 Program DOS Letter Information

IA-J1A revision 201408

J-1 Visa Waiver Physician:

Name: _____ Date of Birth: _____
Country of Origin: _____ DOS Case No: _____
Specialty: _____

Employing Organization:

Organization Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____
HPSA ID: _____ MUA ID: _____
MUP ID: _____

Additional Work Locations:

Name of Clinic, Hospital, etc.: _____
Address: _____
City: _____ State: _____ Zip: _____
HPSA ID: _____ MUA ID: _____
MUP ID: _____

Iowa J-1 Visa/Conrad 30 Program
DOS Letter Information
IA-J1A revision 201408

Name of Clinic, Hospital, etc.: _____

Address: _____

City: _____ State: _____ Zip: _____

HPSA ID: _____ MUA ID: _____

MUP ID: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

City: _____ State: _____ Zip: _____

HPSA ID: _____ MUA ID: _____

MUP ID: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

City: _____ State: _____ Zip: _____

HPSA ID: _____ MUA ID: _____

MUP ID: _____

Reproduce this page as needed to list all locations

J-1 VISA WAIVER POLICY PHYSICIAN AFFIDAVIT AND AGREEMENT

IA-J1B Revision 201408

I _____, being duly sworn, hereby request the Iowa Department of Public Health to review my request package for the purpose of recommending waiver of the foreign residence requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Iowa, the Iowa Department of Public Health, any and all State of Iowa employees, agents and assigns from any action or lack of action made in connection with this request.

I understand that once my request is submitted to the Iowa Department of Public Health, it will be processed according to the date submitted and cannot be held until a future date at my request. I understand that by submitting this request package, I am fully and completely committed to the review and request process and resulting three-year service commitment in Iowa.

I further understand and acknowledge that the entire basis for the consideration of my request is the Iowa Department of Public Health’s voluntary policy and desire to improve the availability of primary medical care in medically underserved regions.

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical services to patients, including the indigent, for a minimum of forty (40) hours per week within an U.S. Public Health Services designated shortage area in Iowa. Such service shall commence not later than ninety (90) days after I receive notification of approval by both U.S. Department of Labor and shall continue for a period of at least three (3) years.

I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement into any and all employment agreements I enter pursuant to paragraph 5.

I further agree that any employment agreement I enter pursuant to paragraph 5 shall not contain any provision which modifies or amends any of these terms of this J-1 Visa Waiver Affidavit and Agreement.

I understand and agree that my primary medical care services rendered pursuant to paragraph 5 shall be in a Medicare and Medicaid certified facility which has an open, non-discriminatory admissions policy and that will accept medically indigent patients.

I have read and fully understand the “Waiver Request Guidelines,” a copy of which is attached hereto and is specifically incorporated by reference.

I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the United States Citizenship and Immigration Services, and I agree to provide written notification of the specific location and nature of my practice to the Iowa Department of Public Health, at the time I commence rendering services, and on an annual basis to the Iowa Department of Public Health, thereafter.

I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Affidavit and Agreement, the Iowa Department of Public Health will notify USCIS. Additionally, any and all other measures available to the Iowa Department of Public Health will be taken in the event of non-compliance.

I declare under the penalties of perjury that the foregoing is true and correct.

(Physician’s Signature)

Subscribed and sworn to before me

This ____ day of _____, 20__

Notary Public

**J-1 VISA WAIVER AGREEMENT OF NON-INVOLVEMENT
IN OTHER WAIVER PROCESSES**

IA-J1C Revision 201408

I, _____, hereby declare and certify that:

1. I have requested that the **Iowa Department of Public Health** consider recommending waiver of the foreign residence requirement set forth in my J-1 visa.

2. I do not now have pending, nor will I submit during the pending of this request, another request to any U.S. Government department or agency equivalent to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

Signature

Date

Subscribed and sworn to before me

This _____ day of _____, 20____.

Notary Public

J-1 VISA WAIVER POLICY EMPLOYER AFFIDAVIT AND AGREEMENT
IA-J1D Revision 201408

Physician Name: _____ (hereinafter referred to as “Physician”).

Employer: _____ (hereinafter referred to as “Employer”).

I _____, (insert Employer authorized representative name) being duly sworn, hereby request the Iowa Department of Public Health to review the request package for the purpose of recommending waiver of the foreign residence requirement set forth in Physician’s J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant this request, Employer holds harmless the State of Iowa, the Iowa Department of Public Health, any and all State of Iowa employees, agents and assigns from any action or lack of action made in connection with this request.

I understand that once this request is submitted to the Iowa Department of Public Health, it will be processed according to the date submitted and cannot be held until a future date at my request or at the physician’s request.

I understand that by submitting this request package, Employer is fully and completely committed to the review and request process and resulting three-year commitment to employ Physician in Iowa.

I declare under the penalties of perjury that the foregoing is true and correct.

(Employer’s Authorized Representative’s Signature)

Subscribed and sworn to before me

This ____ day of _____, 20__

Notary Public