## National Interest Waiver



#### REVIEW AND RECOMMENDATION PROCESS FOR THE STATE OF IOWA

Iowa Department of Public Health, Primary Care Office

**Updated September 2011** 

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### THE NATIONAL INTEREST WAIVER PROGRAM

The State of Iowa Primary Care Office is committed to assisting all residents of Iowa to have access to quality, affordable health care. Therefore, the Iowa Department of Public Health (IDPH), Primary Care Office (PCO) is prepared to consider providing letters of support for the National Interest Waiver (NIW) on behalf of physicians holding certain types of visas under certain conditions. Physicians must be working n medically underserved areas of Iowa, including areas designated as Medically Underserved Areas, Medically Underserved Populations, and Health Professional Shortage areas. In addition, the PCO utilizes the following prioritization of support requests and requires adherence to the NIW support policy outlined below.

### **PRIORITIZATION**

It is the policy of IDPH that support for national interest waivers will be prioritized to primary care physicians who are Board certified in one of the following specialties: **Family Practice, General Surgeons, Internal Medicine, Obstetrics, Gynecology, Pediatrics, Psychiatry, and General Surgery.** Hospitalists also will be considered. In addition, NIW support letters will also be recommended for specialties and sub-specialties.

It is also the priority of the Iowa Department of Public Health to provide letters of support for a National Interest Waiver application to those physicians that have been sponsored by the Iowa Department of Public Health for a J-1 Visa Waiver. However, other physicians will be considered on a case-by-case basis. Unlike the J-1 waiver in which some waivers may be provided for physicians to work in non-designated areas of Iowa, physicians interested in an NIW must practice in a federally designated shortage area in Iowa.

For all applications, the employer must demonstrate that the physician's services are essential to the medical needs of the underserved; that the employer reports the percentage of Medicaid and Medicare patients; and that the application complies with all other requirements of the waiver review process.

#### **POLICY**

A request for a letter of support from IDPH must come from a U.S. health care facility or attorney on behalf of a physician and not directly from a physician. It is highly suggested that facilities utilize experienced immigration attorneys.

All of the required information and documentation must be submitted in a single package with documents presented in the order provided below. NIW support requests that do not comply with these requirements will not be considered. Each case file is reviewed by the Primary Care Office staff for compliance with application requirements and potential for service to Iowans.

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 NIW support request to IDPH does not ensure that the Department will provide a letter of support. In all instances IDPH reserves the right to recommend or decline any request for a letter of support.

## GUIDELINES FOR REQUESTING NIW SUPPORT IF PHYSICIAN WAS **SPONSORED** FOR AN IOWA J-1 WAIVER

- 1. Physician must have been working under the J-1 waiver in Iowa for at least one full year prior to requesting an NIW letter of support.
- 2. Date physician began working in Iowa under a J-1 Waiver, and location of employment under the J-1 waiver if different from the current/future location.
- 3. Copy of USCIS 212(e) J-1 waiver approval from USCIS.
- 4. A letter from the healthcare a facility at which the physician is or will be employed:
  - a. Requesting that the Iowa Department of Public Health act as an interested government agency and support the NIW request for the physician:
  - b. Describing the physician's qualifications, responsibilities, and how his or her employment satisfies important unmet health care needs of a medically underserved community;
  - c. Stating that the medical facility is offering the physician employment for at least the period of time covering the proposed National Interest Waiver.
  - d. Detailing the facility and the nature and extent of medical services provided;
  - e. Stating that the medical facility accepts Medicaid/Medicare eligible patients and medically indigent patients; and
  - f. Summarizing the effect on the area if the facility were to lose the physician.
- 5. A letter from each waiver employer and all other employers where the five year commitment has or will be served confirming the employment of the physician in the following format:

Date

Michelle Holst Iowa Department of Public Health Bureau of Oral and Health Delivery Systems Lucas State Office Bldg 321 East 12<sup>th</sup> Street Des Moines, IA 50319

RE: Employment Confirmation for Dr. XXXX XXXX XXXX

Dear Ms. Holst:

This letter is to confirm that Dr. XXXX has been employed as a full time physician in the specialty of XXXX for [name of employer] at our locations [list addresses] from [start date] to [end date]. These locations are located in federally designated shortage areas. His/Her employment is in conformance with the J-1 waiver and H-1B petition approvals secured on behalf of Dr. XXXX and is in the public interest.

Sincerely,

[Name, title, and signature of authorized employer]

- 6. A complete copy of all employment contracts and addenda for which credit towards the five year NIW commitment is sought. Either the contract or the addenda must have been executed no earlier than three months prior to the request for an NIW support letter. The contract, including addenda, must specify the following:
  - a. The physician must agree to work full-time at the medical facility in which he/she is or will be employed for a period of time which would include the balance of time left on the five year commitment;
  - b. The physician must practice medicine a minimum of 40 hours per week in the geographic area or areas federally designated as shortage areas; and
  - c. The physician's salary and compensation package.
- 7. Copy of physician's Iowa Medical License or print-off from the Iowa Board of Medical Licensure website detailing license status.
- 8. Current copy of physician's Curriculum Vitae.
- 9. At least two letters of recommendation, at least one of them from an administrator or medical chief of staff at the current practice location.
- 10. The physician must complete and sign the **National Interest Waiver Policy Affidavit and Agreement** form.
- 11. The physician must complete and sign the **National Interest Waiver Agreement of Non-Involvement in Other Waiver Processes** form stating that he/she is not involved in other waiver processes while this application is pending.

# GUIDELINES FOR REQUESTING NIW SUPPORT IF PHYSICIAN **WAS NOT SPONSORED** FOR AN IOWA J-1 WAIVER

- 1. If the physician was in another state under a J-1 waiver, include a completion of obligation letter from the State Primary Care Office that provided the J-1 waiver.
- 2. A letter from the facility at which the physician will be or is employed:
  - a. Requesting that the Iowa Department of Public Health act as an interested government agency and provide a letter of support for the NIW;
  - b. Summarizing how the healthcare facility has attempted to locate qualified U.S. physicians;
  - c. A description of the facility including the nature and extent of medical services;
  - d. Describing the physician's qualifications and proposed responsibilities and how his/her employment will satisfy important unmet health care needs of a medically underserved community;
  - e. Stating that the medical facility is offering the physician employment for at least the period of time covering the proposed National Interest Waiver;
  - f. Stating that the medical facility accepts Medicaid/Medicare eligible patients and medically indigent patients; and
  - g. Summarizing the effect on the area without the services of the physician.
- 3. A letter from each waiver employer and all other employers where the five year commitment has or will be served confirming the employment of the physician in the following format:

Date

Michelle Holst Iowa Department of Public Health Bureau of Oral and Health Delivery Systems Lucas State Office Bldg 321 East 12<sup>th</sup> Street Des Moines, IA 50319

RE: Employment Confirmation for Dr. XXXX XXXX XXXX

Dear Ms. Holst:

This letter is to confirm that Dr. XXXX has been employed as a full time physician in the specialty of XXXX for [name of employer] at our locations [list addresses] from [start date] to [end date]. These locations are located in federally designated shortage areas. His/Her employment is in conformance with the J-1 waiver and H-1B petition approvals secured on behalf of Dr. XXXX and is in the public interest.

Sincerely,

[Name, title, and signature of authorized employer]

4. A complete copy of all employment contracts and addenda for which credit towards the five year NIW commitment is sought. Either the contract or the addenda must have been executed no earlier than three

months prior to the request for an NIW support letter. The contract, including addenda, must specify the following:

- a. The physician must agree to work full-time at the medical facility in which he/she is or will be employed for a period of time which would include the balance of time left on the five year commitment;
- b. The physician must practice medicine a minimum of 40 hours per week in the geographic area or areas federally designated as shortage areas; and
- c. The physician's salary and compensation package.
- 5. Documentation of application to the Iowa Board of Medicine for licensure or a copy of Iowa license or information from the Iowa Board of Medicine website detailing status of Iowa license.
- 6. Complete curriculum vitae of the physician.
- 7. At least 2 letters of recommendation regarding the physician's clinical and personal strengths. The letters must be dated within the previous six months.
- 8. The physician must complete and sign the **National Interest Waiver Policy Affidavit and Agreement** form.
- 9. The physician must complete and sign the **National Interest Waiver Agreement of Non-Involvement in Other Waiver Processes** form stating that he/she is not involved in other waiver processes while this application is pending.
- 10. Copies of most recently issued I-94 forms for physician and any family members.
- 11. Copies of Physician Form DS-2019 "Exchange Visitor Program Certificate of Eligibility for Exchange Visitor (J-1) status (formerly IAP 66).

Please submit 1 copy and 1 original of entire package of the NIW support letter request with to:

Michelle Holst Iowa Department of Public Health Bureau of Oral and Health Delivery Systems Lucas State Office Bldg. 321 East 12<sup>th</sup> Street Des Moines, IA 50319-0075

## NATIONAL INTEREST WAIVER POLICY AFFIDAVIT AND AGREEMENT

I	, being duly sworn, hereby request the Iowa Department of
Pub	lic Health to review my application for the purpose of recommending a National Interest Waiver
purs	suant 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 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. Such service shall continue for a period of time equal to or greater than the time I will be working under the National Interest Waiver.

I agree to incorporate all the terms of <u>National Interest Waiver Affidavit and Agreement</u> into any and all employment agreements I enter pursuant to paragraph 3.

I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of these terms of this <u>National Interest Waiver Affidavit and Agreement</u>.

I understand and agree that my primary medical care services rendered pursuant to paragraph 3 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 USCIS, 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 <u>National</u> <u>Interest Waiver Affidavit and Agreement</u>, the Iowa Department of Public Health will notify U.S. Citizenship and Immigration Services Additionally, any and all other measures available to the Iowa Department of Public Health will be taken in the event of non-compliance.

## National Interest Waiver Policy Affidavit and Agreement Page Two

I declare under the penalties of perjui	ry that the foregoing is true and correc
	(Physician's Signature)
Subscribed and sworn to before me	
This, 20	
Notary Public	

## NATIONAL INTEREST WAIVER AGREEMENT OF NON-INVOLVEMENT IN OTHER WAIVER PROCESSES

Ι,		, hereby declare and certify that:
	1.	I have sought the support of the <b>Iowa Department of Public Health</b>
	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 National Interest Waiver.
	Sign	ature Date
Sı	ıbscri	bed and sworn to before me
Tl	his	day of, 20
N	otary 1	Public