

# 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 September 2011

The state of Iowa is committed to assisting all residents of Iowa to have access to quality, affordable health care. Therefore, the Primary Care Office, within the Bureau of Health Care Access within the Iowa Department of Public Health (IDPH), is prepared to 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.

The intent of the Iowa J-1-Visa Waiver/Conrad 30 Program is to assist in meeting the needs of the underserved in Iowa. This is determined by the geographic area in which the physician will be located and the number and types of patients that the physician will treat. **Note, to this end, 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 the geographic area.

## REVIEW OF WAIVER REQUESTS

Iowa traditionally fills all 30 waiver slot requests. Therefore, it has been necessary to develop a process to insure all applications receive a fair and timely review and to insure that the needs of Iowans are being appropriately served by the program. Ultimately, waivers will be approved based on the potential for increased access to healthcare for Iowans.

A waiver request to IDPH must come from 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 an experienced immigration attorney. After the thirty available waiver slots have been filled, applications will be returned without being reviewed. Returned applications will have to be resubmitted during the next federal fiscal year. The federal fiscal year begins on October 1 and ends on September 30.

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 below. Waiver requests that do not comply with these requirements will be returned. When **complete** packages are received, they will be stamped with a receipt date.

The review of waiver requests is as follows:

1. Facilities and/or legal counsel should notify Michelle Holst at the Primary Care Office in the Iowa Department of Public Health of incoming waiver requests prior to submission at [Michelle.Holst@idph.iowa.gov](mailto:Michelle.Holst@idph.iowa.gov). The appropriate time to do this is when recruitment efforts have identified a physician and that physician has indicated he/she will sign a contract or a contract has been signed. Notification of an incoming waiver request DOES NOT mean the request will be granted, or that a slot has been allocated, it simply assists us in planning our slot allocation.
2. Completed waiver request packages will be accepted beginning on October 1 of each year in accordance with the federal fiscal year.

3. Once request packages are received, they will be stamped with a date of receipt and reviewed for completeness of information. Incomplete packages will be returned. The final “receipt date” of the request package will be the date all materials have been accurately submitted.
4. Slots will be held for Iowa’s Federally Qualified Health Centers (FQHC) until March 1. If more waivers requests from non-FQHC providers have been received than are slots available and held for FQHCs, applications will be held until all FQHC waiver packages are received.
5. On March 1, all requests that have been received to date will be assessed and prioritized by primary care/specialty care, rural/urban location, and impact on service to Iowa’s underserved populations. If more than 30 requests are received, requests will also be sorted by health care facility/health system, geographic location within the state, shortage area, and date final packet was received. (ie: the goal is that no one facility, city, or shortage area will receive an unbalanced number of approvals).

### **PRIORITIZATION**

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 insurance status, income, or language barriers. Within this prioritization:

IDPH will give priority to physicians 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 specialist.

After primary care, waiver requests will 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.

Given the submissions, IDPH will give priority to the health care safety net, service to the underserved, primary care providers, facilities in rural areas, and non-profit organizations. As authorized in 2008, up to ten slots may be allotted to un-designated areas. IDPH will also attempt to balance the slots among facilities and shortage designation areas. IDPH will attempt to approve waivers that represent a geographic spread across the state. If needed, IDPH will review slot allocations from the previous two years to determine a fair and equal spread of slots to cities/facilities statewide. Past compliance with the program guidelines will also be considered.

Iowa will use the option to place up to ten slots in facilities located in non-designated areas should there be a strong argument as to how these physicians will fill unmet needs in Iowa.

**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.**

## 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 #16).
  - 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.
4. TAB FOUR: A letter from the healthcare facility at which the physician will be employed must accompany the request packet. The letter is to include:
  - 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 summary of the effect on the population in the geographic area and facility if the waiver was denied;
  - g. A statement that the facility will comply with the physician monitoring and retention requirements (see #16).
  - h. The signature on the letter must be in non-black ink.
5. TAB FIVE: Detailed description of the healthcare facility, including the nature and extent and reach of medical services for lowans. Describe the service area, the general demographics of the patient base, etc.
  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: Copy of the application for medical licensure in Iowa OR a letter from the Iowa Board of Medicine detailing that an application for licensure has been received OR a print out from the Iowa Board of Medicine website showing that the physician has already received a license. 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 healthcare facility for at least 6 months; describing and clearly demonstrating that a suitable replacement for the physician cannot be found through traditional recruitment methods.
    - a. Include copies of advertisements, agreements with placement services, attendance at recruitment fairs, etc.

- 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: The completed and signed **J-1 Visa Waiver Policy Affidavit and Agreement** form (Attachment 1). Sign in non-black ink.
- 15. TAB FIFTEEN: The completed and signed **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 application is pending (Attachment 2). Sign in non-black ink.
- 16. TAB SIXTEEN: 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.
- 17. All pages of the application must contain the DOS case file number.

## WAIVER REQUEST PACKAGE CHECKLIST

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

Michelle Holst  
Primary Care Office  
Iowa Department of Public Health  
Lucas State Office Bldg.  
321 East 12<sup>th</sup> 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. WAIVER POLICY AFFIDAVIT AND AGREEMENT
15. WAIVER AGREEMENT OF NON-INVOLVEMENT
16. REPORTING COMPLIANCE

## J-1 VISA WAIVER POLICY AFFIDAVIT AND AGREEMENT

I \_\_\_\_\_, being duly sworn, hereby request the Iowa Department of Public Health to review my application 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 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 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 4.

I further agree that any employment agreement I enter pursuant to paragraph 4 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 4 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**

I, \_\_\_\_\_, hereby declare and certify that:

1. I have sought the cooperation of the **Iowa Department of Public Health.**
  
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**