**Conrad 30 J1-Pre-Conference Session**

3RNet’s survey of state J1 numbers can be found on 3RNet page [https://3rnet.org/j1-filled [3rnet.org]](https://urldefense.proofpoint.com/v2/url?u=https-3A__3rnet.org_j1-2Dfilled&d=DwMGaQ&c=tSLbvWYfvulPN3G_n48TUw&r=uPOo_G_rAWhvMB83Oof8muyxaGS3sWthgpFOK4OMGO8&m=KC8iJBKFmQIo8dVBSFIVn_TLUJ6TuyO1V3MQ_GnXi-4&s=9EWHDa2t9XpeNCImsDbSTSCxkFN3mbIov1W-gZRrB7E&e=)

**What are the goals of your program?**

Fill all slots

 What can we do if we fill all slots? Some of you have an alternative of federal waiver sponsors. ARC, Delta… design program to have waiver candidates who apply under state program move them to federal program. NC person says ARC is now charging $3000. Bob says the state has an obligation to get as many docs in the state, so they have the option to move someone to the ARC or delta to preserve their Conrad 30 waivers.

 Bob —O1 visa- Physician must possess “extraordinary abilities” – Used in academic centers and in come community center. O1 allows you to work for 3 years but eventually you must get a waiver.

 Dentists on F1/ H1B has quota restriction-they are not eligible for this (Conrad 30 J1) program

**Prioritizing Disciplines**

Bob says he has a bias that you’re not doing the best thing by doing a first in, first out basis. It may not be getting you the providers you really need. Instead he says give yourself a 30-day waiver review period so applicants can move on if they want, and then you have the time to prioritize. Some states use HPSA scores, MUA/MUP designations, or payer mix to prioritize applications.

Jerry- NM- small states might not be able to wait. They will lose people if the don’t use first come basis. Applicants use HPSA but, they use MUA and MUP.

Jill- RI- has tried in the past to reserve slots (for example PCP only until Dec), but they didn’t fill so they don’t do that anymore. As a small state, first come, first serve works.

Ruonan- Connecticut – discretionary power by the state commissioner to adjust the mix of the specialties for prioritization each year (some slots are held only for these). You can reach out to partners and find out what they need.

Virginia – work with PCA to make recommendations about what is needed. Take top five and have the epidemiology folks verify this. Virginia does that this in statute.

Kansas – Implemented a set waiver and prioritizing waivers. Primary care HPSA first and then look at payer mix.

Texas flipped their application criteria- shifting from sub specialists to primary care

Tennessee — A sponsoring employer is considered for a J-1 visa waiver placement

**Flex Waiver**

If it is not an MUA or HPSA then it is a Flex waiver and each state can only use 10.

 -Could be on a payer mix basis or medical discipline basis. It’s all up to the state how they use the flex slots. There does have to be SOME component of contribution to indigent and medically underserved.

 Some states — require them to prove the patient mix for flex waivers.

Olivetti (VA)— if slots aren’t filled by February 1st, they open it up to flex.

**D.C. Update**

There are very few things you need by federal law. Most of what is required is created by the state.

Contractual obligation with home country? Rarely is physician funded by the home country.

Federal requirements can be found at <https://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program>

Fundamentals of J1 – Law going back to 1978 said foreign physicians coming into US to train have to come in at a J1 visa. It’s a foreign exchange with an obligation to return home. 100% of all physicians fall subject to requirement to return to home country for 2 years. That makes them ineligible for H1B or permanent residence.

 Three options:

1. Go home for 2 years
2. Get a waiver – Show persecution, show you have an anchor relative who will suffer, or get a government agency to say its important for physician to stay – that’s Conrad.
3. O1 visa

Conrad legislation expired in Sept. 30, 2018. Technically we do not have Conrad so anyone who came in after that date will not be eligible for a waiver.

 Conrad will likely be renewed. There is legislation pending in congress — Amy Klobuchar is sponsoring legislation to improve it. There’s an organization fighting for legislation-Physicians for American Healthcare Access. Some provisions are below

1. Extend to 2021
2. Forget about 3 year H1B. Can sponsor for permanent residence. All of that will count toward permanent residence
3. Forget about 90 day start period. Expand it to 120 days. If someone gets a waiver but still in residency, they can start the 120 days at the end of their residency. (Bob currently gets clients who can’t start in 90 days to sign an affidavit saying they will start within 90 days after residency)
4. If 90 percent of the states use at least 5 or more slots, then the number of waivers per state can go up to 35. If they use up 35, it goes to 40. Does not lift quota entirely but does alleviate some of the pressure. If there is a decrease in utilization, the numbers could go back. It can go up but can’t go below 30.

Will it impact small states negatively? If there is no limit on popular states, then how will that impact states that don’t use all their waivers and are not typically competitive.

Currently take 10-15 years (for some countries) to get permanent residence but the Klobuchar bill would address this and move this to much quicker movement toward permanent residence

**Wages:**

H1b — 100% of prevailing wage. That comes in during the H1B process but it is not a requirement for J1 waiver.

Time away from practice — Bob says this is the ultimate grey zone. Federal law just says fulltime, not 40 hours. If fulltime is only 40 hours/week, it would cause problems with hospitalist contracts.

Physician must work in H1B status. You have to work three years. Does FMLA impact this? Periods of absence that are consistent within the employer’s policies are part of the 3 years requirement. You can’t have two separate sets of rules. Can’t penalize a foreign national for using the benefits available to US citizen workers.

**Retention:**

Tracking retention – Biggest way to increase retention is to give employment opportunities to the spouse.

 Jerry – Retention collaborative. Our experience is that waiver applicants stay longer than NHSC recipients. The next question is where do they go after they leave?

 Bob – Conrad provides requirement for retention of 3 years. If the employer adds in permanent residence sponsorship, you can keep them another two. That gives you 5 years to retain.

 Jill-Rhode Island — Does a breakfast for J1 physicians/ encourages volunteering in the community – do what can you do to get the community to welcome them

**State that charge**

Texas — $3000

Mississippi — $1500

Colorado — $1000

**Contract Issues – Leaving and entering states**

Less than half of the states have a requirement in their state policies to be notified. Employee:

1. Must get a job in another underserved area
2. Must show extenuating circumstances
3. New employer must file a new H1B sponsorship

Technically physician does not need to report to the state.

Part of Klobuchar bill is that if someone leaves a state and goes to another state, the state they left would get a J1 waiver restored to them.

**Designing your program:**

No one rule fits all.

**Future Plans:**

J1 list serve- right now states use yahoo group, started by Texas. One of the problems was new people have a difficult time joining, some aren’t getting all the emails, and many can’t open attachments. Ideally, we would like to have ability to archive, see FAQ’s.

Mike says we could use our 3rnet listserve and expand it to people. Would be some cost to that.

Did not get to PNIW program- possible future webinars about this and other topics.