



# Critical Solution to Addressing Healthcare Workforce Shortages

## The Conrad 30 Program



### Problem: The State of the Healthcare Workforce

- Physician shortages across the country create significant gaps in access to care, with increased wait times for primary care and specialty services alike.
- Nearly 80 million people live in health professional shortage areas (HPSAs)<sup>1</sup>, further limiting Americans timely access to primary care services.
- Patients, especially Medicare beneficiaries, often travel far for care, reducing the likelihood of follow-up.
- A sizeable portion of the physician workforce is nearing retirement and the numbers entering the physician workforce are not enough to address the growing and aging population, renewing the urgency to tackle the shortage.



### Solution: The Conrad 30 Program Can Rapidly Place Physicians in Difficult to Fill Positions

- The Conrad 30 Program allows U.S.-trained international medical graduates (IMGs) on J-1 visas to remain in the U.S. without the two-year home country return requirement if they work in underserved areas for three years.
- Each state can provide up to 30 waivers annually for J-1 visa holders to practice in these underserved areas.
- IMGs are more likely to practice in underserved areas than their American counterparts, making them crucial to addressing physician shortages<sup>2</sup>.

<sup>1</sup> Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas Statistics: Data as of 04/01/2025. <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>

<sup>2</sup> Ramesh T, Yu H, et al. "Effects of Citizenship Status on International Medical Graduate Specialty Choice and Practice Location in the United States." *Journal of General Internal Medicine*. Published online October 15, 2024.



## How Does the Conrad 30 Program Work?

- Each state administers its own Conrad 30 program meaning there are variations in eligibility criteria, application timelines, and how waivers are allocated<sup>3</sup>.
- Most states open their application cycles in the fall (as early as September, but most in October) for the upcoming year, and some states have rolling applications.
- It is important employers begin the recruitment process early in an IMGs residency so they are familiar with the pathway and your plans to secure a J-1 waiver upon completion of their residency.
- Once an employer and IMG make a contract agreement, they can begin preparing to apply for the J-1 waiver with the assistance of an immigration attorney.
- An IMG should be seeing patients within a year of completing their residency, if they pursue a J-1 waiver from a state Conrad 30 program<sup>4</sup>.



## What is the HHS Exchange Visitor Program?

- The HHS Exchange Visitor Program is an alternative to the Conrad 30 J-1 Visa Waiver program, but it accepts applications year-round meaning physicians could see patients faster than a typical state-run program<sup>5</sup>.
- The HHS Exchange Visitor Program processes roughly 500 clinical J-1 waiver applications each year.
- This program only supports primary care physicians and physicians must work in a Health Professional Shortage Area (HPSA) with a score of 7 or higher at the time of the application.
- There are several employer requirements, such as securing three letters of community support for the hiring of this physician, in addition to specific contract requirements, but the advantages to the program far outweigh those requirements.



## Congress Needs to Reauthorize the Conrad 30 Program

- When Congress reauthorizes legislation, it is an opportunity to improve or strengthen the program. The Conrad 30 program has not been reauthorized in over 10 years, instead operating on short-term extensions that has to be addressed every year.
- For Congress, reauthorizing the Conrad 30 program would strengthen the program, making this pathway significantly more attractive to IMGs and employers, allowing qualifying physicians to not count against per-country caps for employment based green cards.
- The current green card backlog makes the pathway less appealing to IMGs from India or China, who make up a significant number of IMGs in US residency programs, since they will wait a decade or more before receiving their green card<sup>6</sup>.
- The reauthorization would also streamline the employee waiver process by clarifying the transition period between receiving a waiver and beginning work, eliminating unnecessary strain on the transition from residency to employment.
- There are dozens of opportunities to recruit IMGs in states with unfilled slots each year, and even more opportunities in primary care settings via the HHS Exchange Visitor Program.
- But make no mistake, the Conrad 30 program is widely utilized and successful across the country.

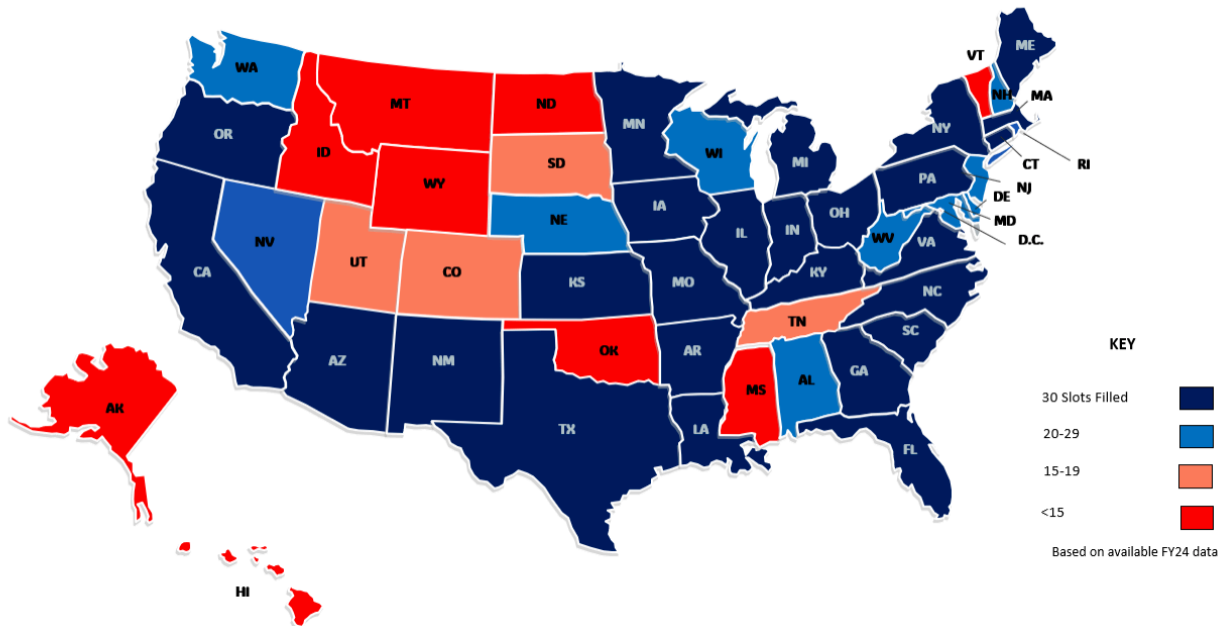
<sup>3</sup> To find the specific Conrad 30 requirements for a particular state, individuals should visit the website of the state's Department of Health or its equivalent agency, as each state administers its own Conrad 30 program and publishes its requirements online. Most states provide detailed guidelines, application forms, deadlines, and contact information for their Conrad 30 program on their official health department or primary care office websites.

<sup>4</sup> United States Citizenship and Immigration Services (USCIS), Conrad 30 Waiver Program. <https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program>

<sup>5</sup> <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>

<sup>6</sup> American Medical Association. "Backlog of H-1B visas for physicians affects patients in need." August 28, 2018. Available at: <https://www.ama-assn.org/education/international-medical-education/backlog-h-1b-visas-physicians-affects-patients-need>

## Conrad 30 Waiver Slots Filled



## Why should we support the Conrad 30 program reauthorization in Congress?

- The most compelling reason to support this program is due to workforce shortages. If Congress does not act soon, workforce shortages will significantly undermine the delivery of healthcare.
- By clarifying and strengthening employment protections, IMGs will see the benefit of pursuing this pathway knowing they have secure employment and a supportive environment to live and work for themselves and their families.
- This is both a healthcare access issue and an economic one which warrants your attention and consideration as a recruitment pathway.

## How can we leverage the Conrad 30 program in our state?

- Understand State-Specific Requirements and Opportunities: Familiarize yourself with the unique application and eligibility requirements for the Conrad 30 Program and engage with local residency programs.
- Replicate Successful Recruitment Strategies: Engage local stakeholders to create a welcoming environment for IMGs. Highlight the benefits of your practice model and professional development resources.
- Address Candidate and Family Needs: Understand the specific needs and concerns of IMG candidates, including professional aspirations, cultural considerations, and personal preferences.
- Support Cultural Integration: Offer mentorship opportunities to help IMGs and their families integrate into the community.
- Utilize Available Resources and Networks: Collaborate with organizations that support the Conrad 30 Program, and stay informed on legislative changes to adapt your recruitment strategies and take advantage of new opportunities.