HOD ACTION: Council on Medical Education Report 3 presented as an informational report; no action required and the remainder of the report filed.

REPORT 3 OF THE COUNCIL ON MEDICAL EDUCATION (I-17)
Impact of Immigration Barriers on the Nation's Health

EXECUTIVE SUMMARY

The recently issued executive order instituting new limitations on immigration to the United States introduced great uncertainty into the lives of many physicians in training, physician scientists, medical researchers, hospital administrators, and patients. The health care community expressed immediate concern regarding the impacts of the order, especially during a time when physician shortages are predicted and the number of patients with multiple chronic conditions is growing.

Widespread media coverage of the order and multiple court rulings regarding its legality, combined with the overall complexity of existing U.S. visa regulations, have contributed to public confusion regarding this complicated topic and its multiple implications.

This comprehensive review characterizes the orders' potential impacts on physicians and patients, and seeks to educate physicians so they can appropriately advocate for their patients and their profession. The report explains the content of the executive order; characterizes the reaction from physicians and scientists; reviews visa implications; discusses potential impacts to international research and data sharing; describes institutional staffing and patient access implications; and offers suggestions regarding areas for further study.

The introduction of the order has prompted extensive and very public discussions regarding the physician workforce in multiple venues, all of which provide an excellent opportunity to educate the American people regarding the crucial, life-saving role played in this country by foreign-born physicians. Additional dialogue regarding the importance of collaborative, international research is also valuable and necessary. The Council on Medical Education will continue to follow this issue and report back to the House of Delegates as necessary.

HOD ACTION: Council on Medical Education Report 3 presented as an informational report; no action required and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 3-I-17

Subject: Impact of Immigration Barriers on the Nation's Health

Presented by: Lynne M. Kirk, MD, Chair

American Medical Association (AMA) Policy D-255.980, "Impact of Immigration Barriers on the Nation's Health," was adopted by the AMA House of Delegates (HOD) at its 2017 Annual Meeting. It states the following:

> 1. Our American Medical Association (AMA) recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
>
> 2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
>
> 3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
>
> 4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.
>
> 5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
>
> 6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.
>
> 7. Our AMA will update the House of Delegates by the 2017 Interim Meeting on the impact of immigration barriers on the physician workforce.

During the HOD meeting, Reference Committee C heard universal support for the timely and salient resolutions that were introduced regarding these topics, which sought to address and rectify the multiple implications of restricting U.S. travel for foreign-born physicians, trainees, and researchers. Testimony also noted that any travel restrictions could negatively affect patient access to care, especially in areas of need. These same implications hold true for patients served by other foreign-born clinicians and trainees employed in this country.

Restricting travel on the basis of country of origin or religion goes against the principles and policy of our AMA, which has worked to enhance physician diversity and to address the quality of care received and experienced by diverse patients and populations. Additionally, many communities, including rural and low-income areas, face challenges attracting physicians to meet their health

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care needs. International medical graduates (IMGs) often fill these openings. Currently, one out of every four physicians practicing in the United States is an IMG. In certain specialties, that number is even higher. These physicians are trained and licensed by the same stringent requirements applied to U.S. medical school graduates. They are more likely to practice in underserved and poor communities, and in primary care and other specialties that face significant workforce shortages.

Concerns related to additional limitations on immigration also have been voiced by the biomedical research community. Restriction of travel can constrain the free flow of ideas and hamper the international cooperation that has historically led to advancements in the delivery of care.

AMA delegates collectively introduced seven related resolutions to the HOD for the 2017 Annual Meeting; an umbrella resolution, which incorporated elements of all seven resolutions, was subsequently adopted. This report addresses Resolves 6 and 7 of that umbrella resolution. The issue of physician immigration also was highlighted by the Council on Medical Education during the Annual Meeting—with support from the Council on Science and Public Health, Academic Physicians Section, International Medical Graduates Section, Integrated Physician Practice Section, and Medical Student Section—through development of an educational session that called attention to and addressed these important concerns.

Individuals eligible for Deferred Action for Childhood Arrivals (DACA) status face related, but not entirely similar, concerns. Council on Medical Education Report 4-A-17, "Evaluation of DACA-Eligible Medical Students, Residents, and Physicians in Addressing Physician Shortages," offers a comprehensive review of DACA-eligible individuals, their prospects, and their potential impact on the U.S. workforce. This report was submitted to and adopted by the HOD (see D-350.986), and interested parties are encouraged to review the report and its findings. The Council on Medical Education continues to monitor DACA and will report back to the HOD as needed.

INTRODUCTION

The executive order issued by President Donald J. Trump on January 27, 2017—"Protecting the Nation from Foreign Terrorist Entry into the United States"—introduced great uncertainty into the lives of physicians in training, physician scientists, other medical researchers, and hospital administrators. Many in the health care community expressed immediate concern regarding the impacts of the proposed order on physicians, institutions, researchers, and patients on multiple levels, especially during a time when physician shortages are predicted and the number of patients with multiple chronic conditions is growing.

A recent article published in *JAMA* effectively frames these legitimate concerns. The article notes, "At least 1 in 4 physicians [in the U.S.] are foreign born. Research demonstrates that foreign-born physicians offer high-quality care, with low mortality rates among their patients. Due to critical health worker shortages, special visas are offered to foreign physicians who practice for 3 years in rural, underserviced communities. More than 13, 000 physicians from the 6 Muslim-majority countries with suspended entry practice in the United States, including 9,000 from Iran and 3,500 from Syria. In 2015 alone, 453 foreign nationals from these countries were admitted to residency programs. If this group of physicians were not replaced, given the size of the average primary care patient panel (2,500 patients), the ban could affect more than 1 million patients nationally."[1]

UNDERSTANDING THE ORDERS: "PROTECTING THE NATION FROM FOREIGN TERRORIST ENTRY INTO THE UNITED STATES"

- On January 27, 2017, President Donald J. Trump signed the executive order titled "Protecting the Nation from Foreign Terrorist Entry into the United States."[2] The order barred entry to the United States to all individuals with immigrant and non-immigrant visas from Iraq, Iran, Libya, Somalia, Sudan, Syria, and Yemen for a period of 90 days. Refugees worldwide were subject to an entry ban for 120 days, and refugees from Syria were indefinitely banned. In subsequent days, federal lawsuits were filed in New York, Massachusetts, Virginia, and Washington on behalf of travelers denied entry into the U.S. from one of the seven affected countries.
- On February 3, a Federal District Court halted the implementation of the executive order with a temporary restraining order; also that day, the state of Hawaii filed a lawsuit asking the court to block the order's implementation.
- On February 4, the Department of Justice appealed the February 3 restraining order to the Ninth Circuit Court of Appeals.
- On February 9, the Ninth Circuit Court of Appeals unanimously ruled to deny the Justice Department's request for a stay.
- On March 6, rather than continue to litigate the first executive order, President Trump withdrew the first executive order and signed a revised order, which was intended to go into effect on March 16.[3] The revised order removed Iraq from the list of countries facing the 90-day travel ban. Additionally, the order removed the indefinite ban on Syrian refugees and clarified that individuals with a valid visa to enter the U.S. would be permitted to do so, regardless of their country of origin.
- On March 8, Hawaii filed another legal challenge to this revised ban.
- On March 15, a U.S. District Judge issued a temporary restraining order, blocking the executive order from taking effect on March 16.[4] On March 16, a second judge issued a preliminary injunction related to the order.[5]
- On March 29, a federal judge in Hawaii extended an order that blocked the ban from nationwide implementation until Hawaii's lawsuit was decided.[6]
- On June 12, the Ninth Circuit Court largely upheld the injunction on the revised travel ban.
- On June 26, the U.S. Supreme Court allowed parts of the revised order to go into effect; oral arguments are scheduled to be heard in October 2017 (after drafting of this report). The Supreme Court's decision upholds the revised order with the exception of those with "any bona fide relationship with a person or entity in the United States,"[7] which is being defined as those with certain family connections in the U.S. (guidance from the State Department indicated that only parents, step-parents, spouses, children, step-children, adult sons/daughters, sons-/daughters-in-law, and siblings apply, but later added fiancées and grandparents as well[8]); students accepted by a U.S. university; individuals with job offers at U.S. companies; and lecturers invited to address an American audience.
- The partial ban went into effect the evening of Thursday, June 29, and expired on September 24. A new ban was then instituted, scheduled to take effect on October 18, which struck the country of Sudan from the list but added Chad, North Korea, and Venezuela (limited to government officials and their families).
- On October 10, the U.S. Supreme Court dismissed one of two pending lawsuits related to the travel ban based on the argument that the ban in question had expired.
- On October 17, a federal judge in Hawaii blocked the revised travel ban, scheduled to go into effect on October 18. As of the writing of this report, restrictions on North Korea and Venezuela will be permitted to go into effect.

REACTION TO THE ORDER

The U.S. medical and scientific community responded immediately and forcefully to both executive orders. Leading national medical groups, including the AMA,[9,10] Accreditation Council for Graduate Medical Education (ACGME),[11] American Association of Colleges of Osteopathic Medicine (AACOM),[12] Association of American Medical Colleges (AAMC),[13,14] American Hospital Association (AHA),[15,16] American Medical Student Association (AMSA),[17] American Osteopathic Organization (AOA),[18] Committee of Interns and Residents (CIR),[19] and National Medical Association (NMA)[20] all registered their serious concerns, often multiple times, over the following months. The Educational Commission for Foreign Medical Graduates (ECFMG), the body that evaluates and certifies qualified graduates of foreign medical schools prior to their entry into the U.S. graduate medical education system, dedicated an entire page of resources on its website related to the executive order.[21]

Individual specialty societies also spoke out. The American College of Cardiology (ACC),[22] American College of Physicians (ACP),[23] American Society for Clinical Oncology (ASCO),[24] American Academy of Family Physicians (AAFP),[25] and American Academy of Pediatrics (AAP),[26,27] among others, all expressed unease with the content and implications of the executive orders.

On June 12, the AAMC filed an amicus brief with the Supreme Court in opposition to the government's petition for a stay against lower court injunctions against the executive order. Twenty-one organizations joined the brief: the AAFP; AAP; American Association of Colleges of Nursing (AACN); American Association of Colleges of Pharmacy (AACP); American College of Healthcare Executives (ACHE); American College of Obstetricians and Gynecologists (ACOG); ACP; American Dental Education Association (ADEA); American Nurses Association (ANA); American Psychiatric Association (APA); American Public Health Association (APHA); Association of Academic Health Centers (AAHC); Association of Schools and Programs of Public Health (ASPPH); Association of Schools of Allied Health Professions (ASAHP); Association of University Programs in Health Administration (AUPHA); Greater New York Hospital Association; Hispanic-Serving Health Professions Schools, Inc. (HSHPS); NMA; National Resident Matching Program (NRMP); Physician Assistant Education Association (PAEA); and Society of General Internal Medicine (SGIM).

As the brief noted, "Individuals from outside the United States play a critical role in the delivery of healthcare in America…Non-U.S. health professionals hail from around the world, including from the six countries subject to the Executive order's suspension of entry. Economists estimate that more than seven thousand physicians currently working in the United States received training in the six countries, and that those doctors collectively provide fourteen million patient visits each year...Physicians from outside the United States 'situate [themselves] on the front lines of medical need,' including rural and other underserved communities, Native American communities, and U.S. Department of Veterans Affairs hospitals. In Alabama, for example, 'Syria ranks fourth as a source of doctors for medically-needy areas . . . behind India, Pakistan and the Philippines'."[28]

The brief goes on to describe additional implications: "Collaborative international efforts, especially strengthening the capacity of national health systems, are essential to prevent and prepare for an array of threats, from infectious disease pandemics to the silent killers of chronic non-communicable diseases. Any constraint on the participation of recognized experts in the free exchange of scientific research and collaboration impairs the collective knowledge of our healthcare community and jeopardizes American lives."[29]

Innovation and medical research were also highlighted in the brief: “The Executive order also has the potential to adversely affect patient care by constraining medical research and innovation. In 2016, all six American winners of the Nobel Prize in economics and scientific fields were immigrants. Moreover, since 2000, immigrants have been awarded 40%—or 31 of 78—of the Nobel Prizes won by Americans in chemistry, medicine, and physics. An analysis of the U.S. Patent and Trademark Office’s online database shows that 76% of patents awarded to the top ten patent-producing U.S. universities in 2011 listed at least one inventor who had been born in another country. During that same period, 56% of all patents were awarded to inventors who were students, postdoctoral fellows, or staff researchers from another country. Because non-U.S. post-doctorate students are increasingly relied upon to counter a decrease in U.S. students pursuing biomedical research in this nation, chilling their participation could adversely affect biomedical research and our health security.”[30]

VISA IMPLICATIONS

As noted in Council on Medical Education Report 11-A-09, “Rationalize Visa and Licensure Process for IMG Residents,” the two most commonly used temporary, nonimmigrant classifications by IMGs are the J-1 Exchange Visitor program and the H-1B Temporary Worker classification.

Most IMGs in graduate medical education (GME) programs arrive under the J-1 Exchange Visitor Program, although the H-1B Temporary Worker category has been increasingly utilized. Data collected via the AMA’s National GME Census reflect changes in the ease or difficulty of obtaining different visas. Between 2001 and 2008, there was an increase in IMGs in residency programs under H status from 1,474 to 4,777. Meanwhile, IMGs under J status declined over the same period from 5,473 to 4,152.[31] Since then, however, more IMGs have been training with J-1 visas. In 2012 there were 4,059 residents with H visas, and 5,200 with J visas; by 2015 there were 2,889 IMG residents with H visas and 6,394 with J visas.[32]

Additional analysis of the AMA’s National GME Census reveals that during the 2016/2017 academic year, 2,477 physicians who were born in the seven countries affected by the original executive order were participating in GME in the U.S. Of those, 615 (24.8 percent) were training here with a visa.[33]

The J-1 visa is a temporary, non-immigrant visa, meant to enhance educational and cultural exchange and promote mutual understanding between the U.S. and other countries. The ECFMG is the only authorized J-1 visa sponsor of foreign national physicians in U.S. clinical training programs. In 2016/2017, the ECFMG sponsored more than 10,000 individuals who are training in U.S. GME programs in 48 states plus the District of Columbia and Puerto Rico. The majority of these physician trainees were in primary care programs: 50 percent in internal medicine, 10 percent in pediatrics, and 7 percent in family medicine.[34] The ECFMG also reports that in the 2017 NRMP Match, while the overall match rate of non-U.S. citizen IMGs increased slightly, fewer IMGs participated in the Match process.

The ECFMG further reports that the number of J-1 visa applications it has received for the 2017/2018 year has declined 33 percent from Iran and 60 percent from Syria, while remaining flat in Libya and Yemen.[35] As of August 15, 2017, 97.8% of the 2,766 physicians initially sponsored by ECFMG for J-1 visa status had successfully secured this status and arrived at their U.S. training programs. Of the 57 initially-sponsored J-1 physicians who are nationals of the countries identified in Executive Order 13780, 50 (87.7%) have successfully secured J-1 status and reported to their training program. Of the 7 (12.3%) who have not yet reported to their programs in J-1 status, 5

already are in the United States in another visa status and awaiting a change of status through U.S. Citizenship and Immigration Services.[36]

A program known as the Conrad 30 Waiver program, which is intended to lessen physician shortages in medically underserved areas, allows physicians with J-1 status to apply for a waiver for the two-year residence requirement upon completion of the J-1 program (individuals with J-1 status are otherwise required to return to their country of last permanent residence for two consecutive years prior to being permitted to apply for permanent resident status in the U.S.). Participants in the Conrad 30 Waiver program are required to practice medicine for a minimum of three years in an area designated by the U.S. Department of Health and Human Services (HHS) as a health professional shortage area (HPSA), medically underserved area (MUA), or medically underserved population (MUP). At the conclusion of that three-year period, waiver recipients can apply for an immigrant visa and permanent resident status.[37]

The Conrad State 30 and Physician Access Act (S. 898 and H.R. 2141) is intended to address the most recent extension of the Conrad State 30 Program, which was scheduled to expire on April 28. The AMA strongly supports adoption of the Act, writing that "J-1 visa waivers play a significant role in placing physicians in communities that face healthcare access challenges. Many communities, including rural and low-income urban areas, struggle to attract physicians to meet their patient needs. This legislation will help ensure continued access to care in medically underserved communities across the U.S."[38] As of the writing of this report, these bills had been referred to both the Senate and House Committees on the Judiciary.

J-1 Visas and the 2017 Match

The timing of the executive order was extremely disruptive to IMGs applying for residency training programs through the NRMP match, as well as for institutions and program directors seeking to fill their slots. The NRMP was concerned enough to issue a February 3 statement: "We ask the medical education community to support all international medical graduates and their families during these difficult times. Please be assured that NRMP will do all it can to address the uncertainties the order has created. As for the current Match cycle, we hope that applicants and programs will continue to rank each other in the order of true preference, based on the qualifications and qualities each seeks in the other."[39] Although no data exist to support this claim, the Council on Medical Education has heard anecdotally that some GME programs struggled to justify ranking qualified applicants from the list of countries affected by the executive order because of concerns about filling their programs and having enough resident staff on hand to fully serve their local patient populations.

H-1B Visas

In March, U.S. Citizenship and Immigration Services (USCIS) reported that it would temporarily suspend premium processing of H-1B visas beginning on April 3.[40] H-1B visas grant temporary work status for immigrants who work for a specific employer. A recent *JAMA* article[41] noted that physicians practicing in the U.S. with H-1B status accounted for 1.4% of all physicians actively delivering patient care nationwide in 2016 (more than 10,000 physicians). Physicians with this visa status, however, make up much larger percentages of the practicing physician workforce in certain states. For example, of practicing physicians in the following states, 4.7 percent in North Dakota are authorized to work through the H-1B visa program, 4 percent in Rhode Island, 3.9 percent in Michigan, and 3.6 percent in Delaware. It is worth noting, however, that USCIS typically suspends premium processing annually. The primary difference in this suspension, and likely the reason why

it garnered more attention, is that this year's suspension period was longer (potentially up to six months).

On June 23, USCIS announced that the department would resume the expedited processing of H-1B visas for physicians seeking such status under the Conrad 30 waiver program.[42] As of the writing of this report, premium processing remains suspended for other categories of H-1B petitions.

IMPLICATIONS FOR RESEARCHERS AND GLOBAL DATA SHARING

Physician scientists and researchers were quick to note the obstacles the executive order would introduce into the heretofore collaborative nature of scientific research, which has led to life-saving medical advancements at home and abroad.[43,44,45,46,47,48,49] There were concerns that existing research partnerships might be threatened or terminated,[50,51,52] and that the next generation of U.S. researchers and biomedical engineers might be depleted as talented individuals from other countries choose to settle and work outside of the U.S.[53]

A group of almost 200 organizations, ranging from professional scientific, engineering, and education societies, as well as leading research universities, signed a letter to President Trump vocalizing their concerns regarding the January executive order. The letter notes, "Scientific progress depends on openness, transparency, and the free flow of ideas and people, and these principles have helped the United States attract and richly benefit from international scientific talent…The Executive order will discourage many of the best and brightest international students, scholars, engineers and scientists from studying and working, attending academic and scientific conferences, or seeking to build new businesses in the United States. Implementation of this policy will compromise the United States' ability to attract international scientific talent and maintain scientific and economic leadership."[54]

Furthermore, since the first order was signed in January, more than 41,000 academics and researchers from a variety of fields, including 62 Nobel Laureates, have signed a statement attesting that "The EO [Executive order] significantly damages American leadership in higher education and research…The proposed EO limits collaborations with researchers from these nations by restricting entry of these researchers to the US and can potentially lead to departure of many talented individuals who are current and future researchers and entrepreneurs in the US. We strongly believe the immediate and long term consequences of this EO do not serve our national interests."[55]

As noted in a recent article in the *New England Journal of Medicine*, "Whether we are concerned about the competence of the physicians who will care for us when we are ill, the biomedical enterprise that represents one sixth of our economy, the jobs created by academic medical centers, or our global leadership position in health and health care, immigration policy that blocks the best from coming to train and work in the United States and blocks our trainees and faculty from safely traveling to other countries is a step backward, one that will harm our patients, colleagues, and America's position as a world leader in health care and innovation."[56]

INSTITUTIONAL IMPLICATIONS AND PATIENT ACCESS TO CARE

According to research generated by The Immigrant Doctors Project, physicians from Iran, Libya, Somalia, Sudan, Syria and Yemen provide 14 million doctors' appointments each year,[57] and almost all Americans (94%) reside in a community that hosts at least one doctor from one of the countries specified in the executive order.[58]

As previously noted, concerns have been voiced that regardless of country of origin, qualified non-US citizen IMGs will in the future pursue training and employment in other countries.[59] Yet we know that higher proportions of IMGs, compared to U.S. medical school graduates, provide care to socioeconomically disadvantaged patients,[60,61,62] and health care systems and patients rely heavily on foreign-born physicians. According to a recent article in the *New York Times*, "in Coudersport, Pa., a town in a mountainous region an hour's drive from the nearest Walmart, Cole Memorial Hospital counts on two Jordanian physicians to keep its obstetrics unit open and is actively recruiting foreign specialists. In Fargo, N.D., a gastroenterologist from Lebanon — who is among hundreds of foreign physicians in the state — has risen to become vice president of the North Dakota Medical Association. In Great Falls, Mont., 60 percent of the doctors who specialize in hospital care at Benefis Health System, which serves about 230,000 people in 15 counties, are foreign doctors on work visas."[63] Findings from a recent survey from a physician recruiting agency further highlight this country's need for foreign-born physicians, noting that just over eight percent of practicing physicians and less than three percent of trainees believe that practicing in a rural area is desirable.[64]

Some specialties rely more heavily on IMGs. According to data from the 2017 NRMP Match, primary care continues to depend on foreign-born physicians. Of 7,233 positions offered in internal medicine, 2,003 were filled by non-U.S. IMGs. Of 3,356 positions offered in family medicine, 337 were filled by non-U.S. IMGs, and of 2,738 positions offered in pediatrics, 253 were filled by non-U.S. IMGs.[65] Certain subspecialties also depend heavily on non-U.S. citizen graduates of international medical schools. The NRMP notes that in 2017, these individuals filled 45.1% of nephrology fellowship positions, 41.6% of vascular neurology positions, 39.3% of endocrinology/diabetes/metabolism positions, 37% of interventional pulmonology positions, and 35.3% of abdominal transplant surgery positions.[66]

RELEVANT AMA POLICY

Policy D-255.991, "Visa Complications for IMGs in GME," directs our AMA to work with the ECFMG to minimize delays in the visa process for international medical graduates applying for visas to enter the U.S. for GME and/or medical practice; promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for international medical graduates; and work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants and reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position. It also calls on our AMA to study, in collaboration with the ECFMG and the ACGME, the frequency of such J-1 Visa reentry denials and their impact on patient care and residency training, and, with other stakeholders, to advocate for unfettered travel for IMGs for the duration of their legal stay in the US in order to complete their residency or fellowship training to prevent disruption of patient care.

Policy D-255.985, "Conrad 30 - J-1 Visa Waivers," directs our AMA to advocate for solutions to expand the J-1 Visa Waiver Program to increase the overall number of waiver positions in the U.S. in order to increase the number of IMGs who are willing to work in underserved areas to alleviate the physician workforce shortage; work with the Educational Commission for Foreign Medical Graduates and other stakeholders to facilitate better communication and information sharing among Conrad administrators, IMGs, US Citizenship and Immigration Services and the State Department; and continue to communicate with the Conrad 30 administrators and IMG members to share information and best practices in order to fully utilize and expand the Conrad 30 program.

1 CONCLUSIONS AND AREAS FOR FURTHER STUDY
2
3 Ultimately, the real impact of the executive order will not be known until it becomes clear how the
4 language of the revised ban is interpreted and applied at U.S. points of entry both at home and in
5 consular offices abroad. The Supreme Court's ruling would seem to imply that practicing
6 physicians and resident physicians with a job offer from a U.S. institution will indeed be permitted
7 to travel to and from the United States. However, anecdotal evidence indicates that several
8 incoming resident trainees have either not been able to obtain a visa or have experienced significant
9 delays, preventing them from starting residency on July 1; also, an Iranian researcher with a valid
10 J-1 visa and job offer as a visiting scholar was prevented from entering the country on July 11.[67,68]
11
12 As noted previously, even the specter of immigration limitations can have an effect on individuals
13 seeking to enter the United States. As a recent article observes, "Even with the travel restrictions on
14 hold, admissions from the six nations fell dramatically in March and April, government data show.
15 Compared with a year earlier, the number of people admitted from Iran, Libya, Somalia, Sudan,
16 Syria and Yemen was down by about half year over year. It was unclear whether that was primarily
17 due to fewer people seeking to travel to the U.S. or to the administration rejecting more
18 applications."[69]
19
20 Although not the focus of this report, what is less clear at this time is how the ruling will apply to
21 foreign students seeking to apply to U.S. medical schools. As a parallel, we might look to the
22 immigration environment immediately following the 2001 terrorist attacks. As one recent article
23 notes, "Student visa applications dropped by 25 percent between 2001 and 2002, and the number of
24 rejections rose from 25 to 34 percent between 2001 and 2003; and perhaps as a result of those post-
25 9/11 policies, the number of international students enrolled at universities dropped for several
26 years, says the 2009 report by the Council on Foreign Relations. 'Overall, the number of foreign
27 students attending American universities would have been about 25 percent higher if the pre-9/11
28 growth rates had continued,' the report says. During that same time period, the report continues,
29 international enrollment in the United Kingdom, France, Australia, Japan, and Germany surged as
30 students went elsewhere."[70] The effects of the executive order on medical school enrollment bear
31 monitoring, as a diverse body of medical students is critical to the creation and retention of a
32 diverse physician workforce.
33
34 If there is a bright side to the executive orders, it is this: extensive and very public discussions are
35 taking place in multiple venues, all of which provide an excellent opportunity to educate the
36 American people regarding the crucial, life-saving role played in this country by foreign-born
37 physicians. Additional dialogue regarding the importance of collaborative, international research is
38 also valuable and necessary. The Council on Medical Education therefore will continue to follow
39 this issue and report back to the House of Delegates as necessary.

REFERENCES

[1] Gostin LO, OCathaoir E. Presidential Immigration Policies: Endangering Health and Well-being? *JAMA*. Available at http://jamanetwork.com/journals/jama/fullarticle/2613724?utm_medium=alert&utm_source=JAMAPublishAheadofPrint&utm_campaign=23-03-2017. Accessed June 29, 2017.
[2] The White House. Executive Order 13769: Protecting the Nation from Foreign Terrorist Entry into the United States. Available at https://www.whitehouse.gov/the-press-office/2017/01/27/executive-order-protecting-nation-foreign-terrorist-entry-united-states. Accessed July 7, 2017.
[3] The White House. Executive Order 13769: Protecting the Nation from Foreign Terrorist Entry into the United States. Available at https://www.whitehouse.gov/the-press-office/2017/03/06/executive-order-protecting-nation-foreign-terrorist-entry-united-states. Accessed July 7, 2017.
[4] United States District Court, District of Hawaii. CV. NO. 17-00050 DKW-KSC. Available at https://www.clearinghouse.net/chDocs/public/IM-HI-0004-0032.pdf. Accessed July 7, 2017.
[5] United States District Court, District of Maryland. Civil Action No. TDC-17-0361. Available at https://www.clearinghouse.net/chDocs/public/IM-MD-0004-0034.pdf. Accessed July 7, 2017.
[6] United States District Court, District of Hawaii. CV. NO. 17-00050 DKW-KSC. Available at https://www.clearinghouse.net/chDocs/public/IM-HI-0004-0039.pdf. Accessed July 7, 2017.
[7] Supreme Court of the United States. 582 U. S. ____ (2017). Available at https://www.supremecourt.gov/opinions/16pdf/16-1436_l6hc.pdf. Accessed July 12, 2017.
[8] U.S. Department of Homeland Security. Frequently Asked Questions on Protecting the Nation from Foreign Terrorist Entry into the United States. Available at https://www.dhs.gov/news/2017/06/29/frequently-asked-questions-protecting-nation-foreign-terrorist-entry-united-states. Accessed July 14, 2017.
[9] American Medical Association. AMA Urges Trump Administration to Clarify Immigration Executive Order. Available at https://www.ama-assn.org/ama-urges-trump-administration-clarify-immigration-executive-order. Accessed June 30, 2017.
[10] American Medical Association. New Immigration, Travel Order Leaves Hundreds of Physicians in Limbo. Available at https://www.ama-assn.org/new-immigration-travel-order-leaves-hundreds-physicians-limbo. Accessed June 30, 2017.
[11] Accreditation Council for Graduate Medical Education. Letter to Members of the Graduate Medical Education Community. Available at https://www.acgme.org/Portals/0/PDFs/Nasca-Community/Nasca-Letter-Immigration-2-2-17.pdf. Accessed June 30, 2017.
[12] American Association of Colleges of Osteopathic Medicine. AACOM's Statement on Immigration Executive Order. Available at https://www.aacom.org/news-and-events/news-detail/2017/01/31/response-to-EO-on-immigration. Accessed June 30, 2017.
[13] Association of American Medical Colleges. AAMC Statement on President Trump's Executive Order on Immigration. Available at https://news.aamc.org/press-releases/article/executive-order-immigration-013017/. Accessed June 30, 2017.
[14] Association of American Medical Colleges. AAMC Statement on President Trump's Revised Executive Order on Immigration. Available at https://news.aamc.org/press-releases/article/immigration_order_03062017/. Accessed June 30, 2017.
[15] American Hospital Association. Statement on President Trump's Executive Order on Immigration. Available at http://www.aha.org/presscenter/pressrel/2017/013017-pr-immigration.shtml. Accessed June 30, 2017.
[16] American Hospital Association. Statement on President Trump's Executive Order on Immigration. Available at http://www.aha.org/presscenter/pressrel/2017/030617-pr-immigration.shtml. Accessed June 30, 2017.
[17] American Medical Student Association. American Medical Student Association Stands with Immigrant Communities & Decries President Trump's Executive Order. Available at http://www.amsa.org/about/amsa-press-room/american-medical-student-association-stands-with-immigrant-communities-decries-president-trumps-executive-order/. Accessed June 30, 2017.
[18] American Osteopathic Association. The American Osteopathic Association Responds to Executive Order on Immigration. Available at https://www.osteopathic.org/inside-aoa/news-and-publications/media-center/2017-news-releases/Pages/1-30-aoa-responds-to-executive-order-on-immigration.aspx. Accessed June 30, 2017.

[19] Committee of Interns and Residents. We Won't Let Trump Immigration Actions Stop Us from Caring for All Patients. Available at http://www.cirseiu.org/immigrationstatement/. Accessed June 30, 2017.
[20] National Medical Association. The NMA Joins the AAMC Supreme Court Amicus Brief in Travel Ban Cases. Available at http://www.nmanet.org/news/351242/Latest-The-NMA-Joins-the-AAMC-Supreme-Court-Amicus-Brief-in-Travel-Ban.htm. Accessed June 30, 2017.
[21] Educational Commission for Foreign Medical Graduates. Resources on Executive Order. Available at http://www.ecfmg.org/news/executive-order/. Accessed June 30, 2017.
[22] American College of Cardiology. Statement from ACC President Richard A. Chazal, MD, FACC, on Executive Order Banning Travel By Foreign Nationals in Seven Countries. Available at http://www.acc.org/about-acc/press-releases/2017/01/30/16/19/statement-from-acc-president-richard-a-chazal-md-facc-on-executive-order-banning-travel-by-foreign-nationals-in-seven-countries. Accessed June 30, 2017.
[23] American College of Physicians. American College of Physicians Issues Comprehensive Statement on U.S. Immigration Policy. Available at https://www.acponline.org/acp-newsroom/acp-comprehensive-statement-us-immigration-policy. Accessed June 30, 2017.
[24] American Society for Clinical Oncology. ASCO Statement on the U.S. Presidential Executive Order on Entry Into the United States. Available at https://connection.asco.org/magazine/society-member-news/asco-statement-us-presidential-executive-order-entry-united-states. Accessed June 30, 2017.
[25] American Academy of Family Physicians. Re-evaluate Immigration Order, AAFP Urges President. Available at http://www.aafp.org/news/government-medicine/20170131immigrationletter.html. Accessed June 30, 2017.
[26] American Academy of Pediatrics. AAP Statement on Protecting Immigrant Children. Available at https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aapstatementonprotectingimmigrantchildren.aspx. Accessed June 30, 2017.
[27] American Academy of Pediatrics. AAP Statement on Revised Immigrant and Refugee Travel Ban Executive Order. Available at https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Statement-on-Revised-Immigrant-and-Refugee-Travel-Ban-Executive-Order.aspx. Accessed June 30, 2017.
[28] Association of American Medical Colleges. Motion for Leave to File and Brief for the Association of American Medical Colleges and Others as Amici Curiae Supporting Respondents. Available at https://www.aamc.org/download/480546/data/aamcfilesamicusbriefinimmigrationbancases.pdf. Accessed July 6, 2017.
[29] Ibid.
[30] Ibid.
[31] American Medical Association Council on Medical Education. Rationalize Visa and Licensure Process for IMG Residents. Available at https://www.ama-assn.org/about-us/img-reports-council-medical-education. Accessed July 6, 2017.
[32] Brotherton SE, Etzel SI. 2012-2013. *JAMA*. 2013;310(21):2328-2346. doi:10.1001/jama.2013.278364 and *JAMA*. 2016;316(21):2291-2310. doi:10.1001/jama.2016.13513.
[33] Personal Communication from Sarah Brotherton, Director, Data Acquisition Services, American Medical Association.
[34] Personal Communication from William Pinsky, President and CEO, Educational Commission for Foreign Medical Graduates.
[35] Ibid.
[36] Ibid.
[37] U.S. Citizenship and Immigration Services. Conrad 30 Waiver Program. Available at https://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program. Accessed July 6, 2017.
[38] American Medical Association. April 26, 2017. Available at https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2017-4-26-Sen-Klobuchar-Conrad-30-Program.pdf. Accessed July 6, 2017.
[39] National Resident Matching Program. NRMP Statement on the Executive Order on Immigration. Available at http://www.nrmp.org/nrmp-statement-on-the-executive-order-on-immigration/. Accessed July 6, 2017.

[40] U.S. Citizenship and Immigration Services. "USCIS Will Temporarily Suspend Premium Processing for All H-1B Petitions." Available at https://www.uscis.gov/news/alerts/uscis-will-temporarily-suspend-premium-processing-all-h-1b-petitions. Accessed June 29, 2017.
[41] Kahn PA, Gardin TM. Distribution of Physicians with H-1B Visas by State and Sponsoring Employer. *JAMA*. June 6, 2017. Available at http://jamanetwork.com/journals/jama/fullarticle/2620160. Accessed June 29, 2017.
[42] U.S. Citizenship and Immigration Services. USCIS to Resume H-1B Premium Processing for Physicians under the Conrad 30 Waiver Program. Available at https://www.uscis.gov/news/news-releases/uscis-resume-h-1b-premium-processing-physicians-under-conrad-30-waiver-program. Accessed June 29, 2017.
[43] Armstrong K, Anderson ME, Carethers JM et al. International Exchange and American Medicine. *NEJM*. Available at http://www.nejm.org/doi/full/10.1056/nejmp1701339. Accessed June 30, 2017.
[44] Ardehali H. Potential Consequences of the Immigration Ban on the Scientific Community. Available at https://www.jci.org/articles/view/93276. Accessed June 30, 2017.
[45] Stone R, Wadman M. Scientists' Lives Upended by Trump's Immigration Order. *Science*. Available at http://www.sciencemag.org/news/2017/01/scientists-lives-upended-trump-s-immigration-order. Accessed June 30, 2017.
[46] Holt R. Act for Science. *Science*. Available at http://science.sciencemag.org/content/355/6325/551.full. Accessed June 30, 2017.
[47] Garde D. Biotech Execs Slam Trump's 'Misguided' Immigration Ban. STAT News. Available at https://www.statnews.com/2017/02/07/biotech-trumps-immigration-ban/. Accessed June 30, 2017.
[48] Reardon S. How the Fallout from Trump's Travel Ban is Reshaping Science. *Nature*. Available at http://www.nature.com/news/how-the-fallout-from-trump-s-travel-ban-is-reshaping-science-1.21579. Accessed June 30, 2017.
[49] Witze A. Trump Agenda Threatens US Legacy of Science Diplomacy. *Nature*. Available at http://www.nature.com/news/trump-agenda-threatens-us-legacy-of-science-diplomacy-1.21382. Accessed June 30, 2017.
[50] Murnane K. Trump's Travel Ban Threatens to Turn the US into an International Scientific Pariah. *Forbes*. Available at https://www.forbes.com/sites/kevinmurnane/2017/02/06/trumps-travel-ban-threatens-to-turn-the-us-into-an-international-scientific-pariah/#7634f06cb2b4. Accessed June 30, 2017.
[51] Whyte C. Trump's Travel Ban Is Already Stopping Scientific Collaboration. *New Scientist*. Available at https://www.newscientist.com/article/2119910-trumps-travel-ban-is-already-stopping-scientific-collaboration/. Accessed June 30, 2017.
[52] Maxmen A. Trump Immigration Ban Upends International Work on Disease. *Nature*. Available at http://www.nature.com/news/trump-immigration-ban-upends-international-work-on-disease-1.21420. Accessed June 30, 2017.
[53] Fountain H. Science Will Suffer under Trump's Travel Ban, Researchers Say. *The New York Times*. Available at https://www.nytimes.com/2017/01/30/science/scientists-donald-trump-travel-ban.html?_r=0. Accessed June 30, 2017.
[54] Multiple organizations. Letter to President Donald J. Trump. Available at https://www.aps.org/about/governance/letters/upload/multisociety-imm.pdf. Accessed June 30, 2017.
[55] Academics Against Immigration Executive Order. Available at https://notoimmigrationban.com/. Accessed June 30, 2017.
[56] Armstrong K, Anderson ME, Carethers JM et al. International Exchange and American Medicine. *NEJM*. Available at http://www.nejm.org/doi/full/10.1056/nejmp1701339. Accessed July 6, 2017.
[57] The Immigrant Doctors Project. What Do Immigrant Doctors Bring to America? Available at https://immigrantdoctors.org/. Accessed June 30, 2017.
[58] Ibid.
[59] Tery K. New Visa Restrictions Affecting Foreign Physicians' Entry into US. Medscape. Available at http://www.medscape.com/viewarticle/881508?src=wnl_mdplsnews_170616_mscpedit_wir&uac=244835MG&impID=1369552&faf=1. Accessed July 6, 2017.
[60] Hart LG, Skillman SM, Fordyce M et al. International Medical Graduate Physicians in the United States: Changes since 1981. *Health Aff (Millwood)*. 2007;26(4):1159-1169.
[61] Chen PG, Auerbach DI, Muench U et al. Policy Solutions to Address the Foreign-Educated and Foreign-Born Health Care Workforce in the United States. *Health Aff (Millwood)*. 2013;32(11):1906-1913.

[62] Fordyce MA, Doescher MP, Chen FM, Hart LG. Osteopathic Physicians and International Medical Graduates in the Rural Primary Care Physician Workforce. *Fam Med*. 2012;44(6):396-403.
[63] Jordan M. Rural Areas Brace for a Shortage of Doctors Due to Visa Policy. *The New York Times*. Available at https://www.nytimes.com/2017/03/18/us/doctor-shortage-visa-policy.html. Accessed July 6, 2017.
[64] Beaulieu D. Physician Recruiting Woes Build for Rural, Primary Care Physicians. Health Leaders Media. Available at http://www.healthleadersmedia.com/physician-leaders/physician-recruiting-woes-build-rural-primary-care-positions. Accessed July 18, 2017.
[65] National Resident Matching Program. Results and Data: 2017 Main Residency Match. Available at http://www.nrmp.org/wp-content/uploads/2017/06/Main-Match-Results-and-Data-2017.pdf. Accessed July 11, 2017.
[66] National Resident Matching Program. Specialties Matching Service: 2017 Appointment Year. Available at http://www.nrmp.org/wp-content/uploads/2017/02/Results-and-Data-SMS-2017.pdf. Accessed June 30, 2017.
[67] McCord S. Incoming AU Medical Residents Can't Get Visas to Train. July 5, 2017. *The Augusta Chronicle*. Available at http://chronicle.augusta.com/news/2017-07-05/incoming-au-medical-residents-can-t-get-visas-train. Accessed July 6, 2017.
[68] Thielking M. Iranian scientist traveling to Boston for cancer research is detained. STAT News. Available at https://www.statnews.com/2017/07/11/iranian-cancer-researcher-boston/. Accessed July 12, 2017.
[69] Kendall B. Supreme Court Allows Partial Implementation of Trump Travel Ban. *The Wall Street Journal*. Available at https://www.wsj.com/articles/supreme-court-allows-implementation-of-most-of-trump-travel-ban-1498487727. Accessed July 7, 2017.
[70] Drake N. Surprising Ways Science Survives Travel Bans and Gag Orders. *National Geographic*. Available at http://news.nationalgeographic.com/2017/02/trump-travel-ban-executive-order-scientists-visas-refugees-science/. Accessed July 6, 2017.