

The Delta Regional Authority J-1 Visa Waiver Program

Guidelines

The Delta Regional Authority (DRA) is committed to helping all residents of the Mississippi Delta Region have access to quality, affordable health care as a core part of the Region's economic development. Accordingly, the DRA is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 Visas under certain conditions.

The DRA's policy is completely discretionary, voluntary, and may be modified or terminated at any time without notice. In all instances, the DRA reserves the right to recommend or decline any request for a waiver. Furthermore, the DRA reserves the right for periodic review and possible revision of the program.

The DRA encourages States to be involved in the DRA J-1 Visa Waiver process because State health agencies are familiar with local health provider shortage issues and opportunities. The DRA process continually and constantly offers States optional opportunities for input in the request for the waiver, so long as the State agency makes such comment within time frames specified in DRA policy promulgated in its "J-1 Visa Waiver Time Line."

These guidelines are the requirements with which employers and applicants must comply for consideration from the Delta Regional Authority.

1. The employer's first major prerequisite before requesting a J-1 visa waiver is to make a good-faith effort to recruit an American physician for the opportunity in the same salary range, without success, for a period of six months before submitting the request for the waiver.

The Delta Regional Authority requires evidence of recruitment on three levels: national, in-state, and state medical school recruitment. Additionally, the employer may submit supplemental documentation such as advertisements in nationally recognized on-line medical job banks specifically targeted to the practice opportunity.

All documentation of advertising and recruitment must be specifically targeted to the employment opportunity (e.g., practice type, specific location, and specific employer) and must have been accomplished through established publishing media. Generalized advertisements such as these are commonly run by recruitment firms on a continuous basis, and internet-only based advertisements do not alone satisfy this advertising requirement. However, on-line advertisements that are specifically targeted to the practice opportunity may be submitted in order to supplement other recruitment documentation.

Acceptable documentation shall include copies of advertisements for the position published in newspapers, journals, copies of letters to state medical schools, targeted mailings, copies of on-line advertisements that specifically target the practice opportunity, and other supporting documentation which demonstrates a good faith effort to recruit American physicians. Additional documentation may also be included regarding written statements of other recruitment activity including phone conversations, personal visits, and such.

Examples of out-of-state publications which are acceptable include newspapers with national circulation (such as *USA Today* or *The Wall Street Journal*) or medical journals (such as *JAMA* or the *New England Journal of Medicine*).

Examples of in-state publications which are acceptable include newspapers with major in-state circulation (such as *The Commercial Appeal*, *The Arkansas Democrat Gazette*, or *The Clarion Ledger*), publications which are circulated in the practice area such as local newspapers / magazines, or in-state medical journals or publications.

2. The physician must agree to provide primary medical care for not less than forty (40) hours a week at a site in a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) as designated by the Secretary of Health and Human Services, within the congressionally defined DRA service area for a minimum of three years or longer. Primary medical care is defined as general or family practice, general internal medicine, pediatrics, obstetrics / gynecology and psychiatry (MHPSA).

The Delta Regional Authority may make wavier recommendations for physicians who wish to practice specialty medicine, given the following information is provided in addition to the requirements for primary care medicine are met:

- A letter from the sponsor outlining the reasons a physician or an additional physician with this particular specialty is needed in this area. The letter shall also contain information concerning the impact of this service not being adequately available to the area, the closest location where this specialty is available if not in this area and whether public transportation is available, and evidence that a physician of this specialty would be viable in the service area.
- A description of the service area demographics and any other information this Agency may use to determine exceptional need for the specialty.

- A letter of support from the Chief Medical Officer of the facility to which the J-1 Physician would provide services to patients speaking to the need for this specialty.
 - At least two (2) letters of support from representatives of primary care centers and primary care physician practices (not affiliated with the sponsor) in the area speaking to the need for this specialty.
 - Any additional evidence that would tend to show the shortage and need for the specialist, such as letters of support from other physicians of the same specialty or local health officers in the service area.
3. The employment contract between the physician and the employer shall not contain a non-compete clause or any other restrictive covenant enforceable against the foreign medical graduate after the tenure of the contract period.
 4. The physician shall provide a copy of his or her state medical license or provide evidence of the filing of a license application. A copy of the state medical license must be received by the DRA by the time the “Physician Employment Verification Form”, which is filed in the first week the physician begins work.
 5. The physician shall provide the DRA with copies of all of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status, forms IAP-66 / DS-2019, and any other document needed to verify status.
 6. It is federal policy that the facility or practice sponsoring the physician must agree to provide health services to individuals without discriminating against them because: (a) they were unable to pay for those services or (b) payment for those health services will be made under Medicare and Medicaid, or a state equivalent indigent health care program. Furthermore, the facility should provide care on a sliding fee payment arrangement for uninsured, low income patients and have this notice publicly posted in the facility.

Therefore, the application must include a statement, signed and dated by the head of the health care facility at which the foreign medical graduate will be employed noting the following:

- The facility is located in an area of the DRA Region designated by the Secretary of Health and Human Services as a Medically Underserved Area, Medically Underserved Population, Primary Medical Care Health Professional Shortage Area, Mental Health Professional Shortage Area, including the shortage designation identification number. The statement should also include the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9-digit zip code of the area where the facility is located.

- The facility's recent record of serving Medicare, Medicaid and medically indigent patients by providing patient data for the three most-recent years of service as well as their continuing intentions to serve such individuals.
 - The current patient-to-physician ratios in the practice area, which should be described geographically and demographically in detail in the statement.
 - The name of the physician, area of study, and how these skills will impact patients at this facility.
7. The physician and employer must sign the DRA "J-1 Visa Waiver Program Guidelines". The physician must sign and have notarized the DRA "J-1 Visa Waiver Program Affidavit and Agreement" prior to consideration by the DRA of the request and must comply with the terms and conditions set forth in those documents.
 8. All requests approved initially by the DRA and approved subsequently by the U.S. Citizenship and Immigration Service will be subject to the periodic review by the DRA for compliance with this policy statement and other applicable laws. An employer's failure to comply in good faith with this waiver policy will be considered in the evaluation of other applications involving the same employer.
 9. If the employment contract specified in Section 2 provides for a minimum of five years employment, the DRA will accept a request for a National Interest Waiver (NIW) support letter. The DRA will also consider other requests for NIW support letters.
 10. The J-1 physician shall submit a personal statement indicating the reasons for not wishing to fulfill the two-year home country residence requirement to which the physician agreed to at the time of accepting the exchange visitor status.
 11. The Delta Regional Authority J-1 Visa Waiver Application Package should include an application processing fee in the amount of \$2,000.00. This fee will be non-refundable. A partial refund request may be submitted to the DRA in writing if, and only if, the application is withdrawn within twenty calendar days after the DRA receives the application. If the request is granted, only fifty percent of the application processing fee will be refunded. Make check or money order payable to the Delta Regional Authority. Place the check or money order in a letter-size envelope stapled to the G-28, or if there is no G-28, staple to the cover letter from the employer.
 12. The DRA will strive to use the respective states' patient to physician ratio to place physicians in those respective states. However, in special need situations, the

Delta Regional Authority reserves the right to use a minimum patient to physician ratio of 2,000 to 1 to qualify the physician for placement.

I have read, fully understand, and comply with the policies and provisions set forth in this document by the Delta Regional Authority

Physician's Signature

Date

Employer's Signature

Date