United States Government Accountability Office

GAO

Report to Congressional Requesters

November 2006

FOREIGN PHYSICIANS

Data on Use of J-1 Visa Waivers Needed to Better Address Physician Shortages

GAO-07-52

November 2006

FOREIGN PHYSICIANS

Data on Use of J-1 Visa Waivers Needed to Better Address Physician Shortages

GAO Accountability·Integrity·Reliability

Highlights

Highlights of GAO-07-52, a report to congressional requesters

Why GAO Did This Study

Many U.S. communities face difficulties attracting physicians. To address this problem, states and federal agencies have turned to foreign physicians who have just completed graduate medical education in the United States under J-1 visas. Ordinarily, these physicians must return home after completing their programs, but this requirement can be waived at the request of a state or federal agency if the physician agrees to practice in an underserved area. In 1996, GAO reported that J-1 visa waivers had become a major source of physicians for underserved areas but were not well coordinated with Department of Health and Human Services (HHS) programs for addressing physician shortages. GAO was asked to examine (1) the number of waivers requested by states and federal agencies; (2) waiver physicians' practice specialties, settings, and locations; and (3) the extent to which waiver physicians are accounted for in HHS's efforts to address physician shortages. GAO surveyed states and federal agencies about waivers they requested in fiscal years 2003–2005 and reviewed HHS data.

What GAO Recommends

GAO recommends that the Secretary of Health and Human Services collect and maintain data on waiver physicians and use these data when identifying areas experiencing physician shortages and placing physicians in these areas. HHS concurred with GAO's recommendation.

www.gao.gov/cgi-bin/getrpt?GAO-07-52.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Leslie G. Aronovitz at (312) 220-7600 or aronovitzl@gao.gov.

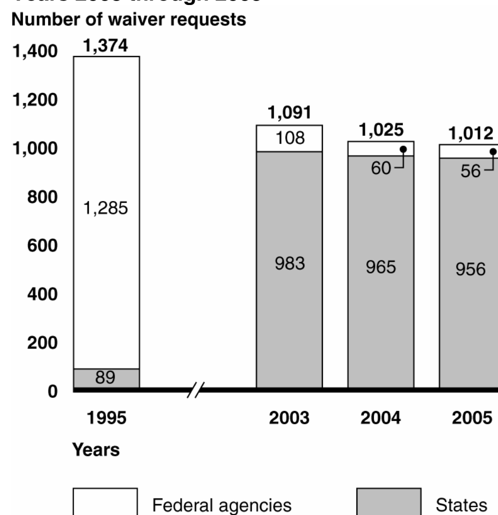
What GAO Found

The use of J-1 visa waivers remains a major means of providing physicians to practice in underserved areas of the United States. More than 1,000 waivers were requested in each of fiscal years 2003 through 2005 by states and three federal agencies—the Appalachian Regional Commission, the Delta Regional Authority, and HHS. At the end of fiscal year 2005, the estimated number of physicians practicing in underserved areas through J-1 visa waivers exceeded the number practicing there through the National Health Service Corps (NHSC)—HHS's primary mechanism for addressing physician shortages. In contrast to a decade ago, when federal agencies requested the vast majority of waivers, states have become the primary source of J-1 visa waiver requests, accounting for 90 percent or more of waiver requests in fiscal years 2003 through 2005.

States and federal agencies requested waivers for physicians to work in a variety of practice specialties, settings, and locations. In fiscal year 2005, a little less than half of the waiver requests were for physicians to practice exclusively primary care. More than three-quarters of the waiver requests were for physicians to work in hospitals or private practices, and about half were for physicians to practice in rural areas.

HHS does not have the information needed to account for waiver physicians in its efforts to address physician shortages. Without such information, when considering where to place NHSC physicians, HHS has no systematic means of knowing if an area's needs are already being met by waiver physicians.

J-1 Visa Waivers Requested by States and Federal Agencies, Calendar Year 1995 and Fiscal Years 2003 through 2005



Sources: GAO/HEHS-97-26; GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: "States" refers to entities eligible to request waivers under the authority granted to states, including the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

Contents

Letter 1

Results in Brief 4
Background 6
Waivers Remain a Major Means for Providing Physicians to Underserved Areas 12
Waivers Were Requested for Physicians to Work in a Variety of Practice Specialties, Settings, and Locations 15
Most States and Federal Agencies Reported That They Conducted Monitoring Activities 20
HHS Lacks Data to Account for Waiver Physicians in Its Efforts to Address Physician Shortages 25
Conclusions 27
Recommendation for Executive Action 27
Agency Comments and our Evaluation 27

Appendix I **Physician Need and Number of Primary Care Waiver and National Health Service Corps Physicians, by State** 30

Appendix II **States' and Federal Agencies' Requests for J-1 Visa Waivers** 35

Appendix III **Comments from the Department of Health and Human Services** 43

Appendix IV **Contact and Acknowledgments** 45

Related GAO Products 46

Tables

Table 1: Physicians Needed and Number of Primary Care Waiver and NHSC Physicians, by State, as of September 30, 2005 32

Table 2: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by State, Fiscal Years 2003 through 2005 35
Table 3: J-1 Visa Waivers Requested by Federal Agencies for Physicians to Practice in Underserved Areas, by State, Fiscal Years 2003 through 2005 37
Table 4: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by Practice Specialty, Fiscal Years 2003 through 2005 38
Table 5: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by Practice Setting, Fiscal Years 2003 through 2005 39
Table 6: States' and Federal Agencies' Policies for Requesting J-1 Visa Waivers, Fiscal Year 2005 40

Figures

Figure 1: Process to Apply for and Obtain a J-1 Visa Waiver for a Physician to Work in an Underserved Area 10
Figure 2: J-1 Visa Waivers Requested by States and Federal Agencies, Calendar Year 1995 and Fiscal Years 2003 through 2005 13
Figure 3: J-1 Visa Waivers Requested by States, Fiscal Year 2005 14
Figure 4: Practice Specialties of Physicians for Whom States and Federal Agencies Requested J-1 Visa Waivers, Fiscal Year 2005 16
Figure 5: J-1 Visa Waivers Requested by States and Federal Agencies, by Practice Specialty, Fiscal Year 2005 17
Figure 6: Practice Settings of Physicians for Whom States Requested J-1 Visa Waivers, Fiscal Year 2005 19
Figure 7: Proportion of J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Rural and Nonrural Areas, Fiscal Year 2005 20
Figure 8: Monitoring Activities That States and Federal Agencies Requesting J-1 Visa Waivers Reported Conducting in Fiscal Year 2005 22
Figure 9: States' and Federal Agencies' Practices to Help Ensure Physicians Meet Their Waiver Agreements 24

Abbreviations

ARC	Appalachian Regional Commission
DRA	Delta Regional Authority
ECFMG	Educational Commission for Foreign Medical Graduates
FTE	full-time equivalent
HHS	Department of Health and Human Services
HPSA	health professional shortage area
MUA/P	medically underserved area or population
NHSC	National Health Service Corps
USCIS	U.S. Citizenship and Immigration Services
VA	Department of Veterans Affairs

This is a work of the U.S. government and is not subject to copyright protection in the United States. It may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

United States Government Accountability Office
Washington, DC 20548

November 30, 2006

The Honorable Sheila Jackson Lee
Ranking Minority Member
Subcommittee on Immigration, Border Security, and Claims
Committee on the Judiciary
House of Representatives

The Honorable Kent Conrad
United States Senate

Many communities throughout the country experience difficulties in attracting physicians to meet their health care needs. To address the need for physicians in underserved areas,[1] states and federal agencies have turned to foreign physicians who have just completed their graduate medical education in the United States. Many of these foreign physicians entered the United States on temporary visas, called J-1 visas. Once they have completed their graduate medical education, these physicians are required to return to their home country or country of last legal residence for at least 2 years before they may apply to stay permanently in the United States or for certain temporary work visas. This foreign residence requirement can, however, be waived in certain circumstances, including at the request of a state or federal agency if the physician agrees to practice in an underserved area for at least 3 years.[2] J-1 visa waivers are granted by the Department of Homeland Security at the recommendation of the Department of State.[3]

In 1996, we reported that the number of J-1 visa waivers requested by states and federal agencies for physicians to work in underserved areas had risen dramatically—from 70 in 1990 to more than 1,300 in 1995—and

[1]In this report, we use the term “underserved areas” to refer to areas, population groups within areas, and facilities with shortages of health care professionals; areas or population groups with shortages of health care services; or both. The Department of Health and Human Services has established specific criteria for identifying these underserved areas, which are described in more detail later in this report.

[2]8 U.S.C. §§ 1182(e), 1184(l)(1)(D).

[3]In this report, we refer to a waiver of the 2-year foreign residence requirement for foreign medical graduates as a “J-1 visa waiver” or “waiver.”

that requesting waivers had become a major means of placing physicians in underserved areas. We estimated that in 1995, the number of waiver physicians practicing in underserved areas exceeded the number of physicians practicing in such areas through National Health Service Corps (NHSC) programs—the Department of Health and Human Services' (HHS) primary mechanism for addressing shortages of physicians and other primary care health professionals.[4] We reported that slightly over half of these waiver physicians practiced internal medicine and that nearly 40 percent of them practiced in nonprofit community or migrant health centers. Further, we noted that controls for ensuring that these physicians met the terms of their waiver agreements were somewhat weak, and we found cases in which physicians were not meeting their waiver agreements, such as not practicing at the facilities or in the underserved areas for which the physicians' waivers were granted. Finally, we reported that the use of waivers was not effectively coordinated with HHS programs addressing underservice, such as NHSC programs. As a result, some states had more physicians than HHS identified as needed to alleviate shortages, while other states were still experiencing shortages.[5]

You expressed an interest in how J-1 visa waivers are being used to place physicians in underserved areas. In May 2006, we testified on preliminary findings from our work, focusing primarily on states' requests for J-1 visa waivers.[6] This report provides information on both states' and federal agencies' J-1 visa waiver requests and addresses (1) the number of waivers requested by states and federal agencies in fiscal years 2003 through 2005; (2) the practice specialties, settings, and locations in which waiver physicians work; (3) the activities states and federal agencies undertake to help ensure that physicians are meeting their agreements to work in underserved areas; and (4) the extent to which waiver physicians are accounted for in HHS's efforts to address physician shortages.

[4]NHSC places physicians and other health care professionals who are U.S. citizens or U.S. nationals in underserved areas, primarily through its scholarship and educational loan repayment programs. Participating students and health professionals are required to practice in underserved areas for at least 2 years.

[5]See GAO, *Foreign Physicians: Exchange Visitor Program Becoming Major Route to Practicing in U.S. Underserved Areas*, GAO/HEHS-97-26 (Washington, D.C.: Dec. 30, 1996), and "Related GAO Products" at the end of this report.

[6]See GAO, *Foreign Physicians: Preliminary Findings on the Use of J-1 Visa Waivers to Practice in Underserved Areas*, GAO-06-773T (Washington, D.C.: May 18, 2006).

To address these issues, we administered a Web-based survey to the entities eligible to request J-1 visa waivers under the authority granted to the states: the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands (hereafter referred to as "states").[7] We also surveyed the three federal agencies that requested waivers for physicians to practice in underserved areas in fiscal years 2003 through 2005—the Appalachian Regional Commission (ARC),[8] the Delta Regional Authority (DRA),[9] and HHS—using a structured data collection instrument. We sent the surveys to the officials in each state or federal agency authorized to sign waiver requests or to his or her designee. The surveys asked each state and federal agency to provide information on the number of waivers requested in each of fiscal years 2003 through 2005;[10] the practice specialties, settings, and locations of physicians for whom waivers were requested; the state's or federal agency's policies for requesting waivers; activities undertaken to help ensure that waiver physicians are meeting their agreements to work in underserved areas;[11] and incidents in which

[7]The Immigration and Nationality Act defines "state" to include the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. 8 U.S.C. §1101(a)(36).

[8]ARC is a federal-state economic development partnership between the federal government and 13 states. The commission initiates economic and community development programs and serves as an advocate for the people of the Appalachian Region, including all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia.

[9]DRA is a federal-state partnership between the federal government and eight states. The authority was created to remedy severe and chronic economic distress by stimulating economic development and fostering partnerships that will have a positive impact on the economy of the region. The authority covers 240 counties and parishes in Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee.

[10]Comprehensive data on the precise number of J-1 visa waivers granted at the request of states and federal agencies for physicians to practice in underserved areas are not available. The federal agencies responsible for recommending and granting waiver requests (the Department of State and the Department of Homeland Security) indicated, however, that after review for compliance with statutory requirements and security issues, nearly all states' and federal agencies' waiver requests are recommended and approved.

[11]For the purposes of this report, reference to waiver physicians' meeting their agreements to work in underserved areas refers to complying with the relevant statutory and regulatory requirements, along with the terms and conditions of any agreements physicians enter into with their employers or with the states or federal agencies that requested their waivers. Terms and conditions may include practicing in a certain specialty or serving patients who are uninsured or covered by Medicaid, the joint federal-state program that finances health care for certain low-income individuals.

physicians were not meeting their waiver agreements.[12] The response rate to both surveys was 100 percent. We reviewed the survey responses for internal consistency and for outliers, and we followed up with respondents to resolve discrepancies and clarify responses; we did not, however, verify the accuracy of the responses. Regarding federal agencies' J-1 visa waiver programs, we interviewed officials from ARC, DRA, and HHS and obtained from them data on their waiver requests by state. We reviewed states' and federal agencies' policies and guidelines pertaining to their J-1 visa waiver programs as of September 30, 2005; reviewed relevant laws, regulations, and documents; and interviewed officials involved in recommending and granting waivers at the Department of State and the Department of Homeland Security.

To examine how the use of J-1 visa waivers is accounted for in HHS's efforts to address physician shortages, we interviewed officials from HHS's Health Resources and Services Administration and obtained from them data on the number of NHSC physicians practicing in each state and the number of physicians needed to remove shortage designations in each state as of September 30, 2005. We estimated the number of waiver physicians practicing primary care in each state as of September 2005, using states' and federal agencies' responses to our survey. (See app. I for detailed information on this analysis.) In addition, we interviewed officials at the Educational Commission for Foreign Medical Graduates (ECFMG), the organization that sponsors foreign physicians as exchange visitors for graduate medical education. We conducted our work from August 2005 through November 2006 in accordance with generally accepted government auditing standards.

Results in Brief

The use of J-1 visa waivers remains a major means of providing physicians to practice in underserved areas of the United States, with more than 1,000 waivers requested by states and federal agencies in each of fiscal years 2003 through 2005. Similar to what we found in 1995, the estimated number of waiver physicians practicing in underserved areas at the end of fiscal year 2005 exceeded the number of physicians practicing there through HHS's NHSC programs. In contrast to 1995, when we found that federal agencies requested the vast majority of waivers, states have

[12]We also asked states about their views on the adequacy of the annual limit on the number of waivers that may be granted in response to their requests (states are limited to 30 waivers per state per year) and on having their unused waiver allotments redistributed. For states' views on these issues, see GAO-06-773T.

become the primary source of waiver requests, accounting for 90 percent or more of requests in each of fiscal years 2003 through 2005. In fiscal year 2005, every state except Puerto Rico and the U.S. Virgin Islands reported requesting at least one J-1 visa waiver.

States and federal agencies requested waivers for physicians to work in a variety of practice specialties, settings, and locations. In fiscal year 2005, a little less than half of the waiver requests were for physicians to practice exclusively primary care; a slightly smaller proportion were for physicians to practice exclusively nonprimary care specialties, such as anesthesiology or cardiology.[13] Regarding practice settings, more than three-quarters of states' waiver requests were for physicians to work in hospitals or private practices. Overall, about half of the waiver requests were for physicians to practice in rural areas.

Most states and federal agencies that requested waivers for physicians reported that they conducted some monitoring activities to help ensure that physicians were meeting their agreements to work in underserved areas. While monitoring waiver physicians is not explicitly required of states and federal agencies that request waivers, more than 85 percent of states and two of the three federal agencies that requested waivers in any fiscal year from 2003 through 2005 reported that they had conducted at least one monitoring activity in fiscal year 2005. The most common activity reported was requiring periodic reports from waiver physicians or their employers. For example, some states and federal agencies required written reports that included information such as the number of hours the physician worked. Six states and one federal agency—which together accounted for about 13 percent of waiver requests in fiscal year 2005—reported that they did not conduct any activities to monitor waiver physicians in fiscal year 2005.

Although thousands of physicians are practicing in underserved areas through the use of J-1 visa waivers, HHS—the federal agency with primary responsibility for addressing physician shortages—does not have the information needed to account for waiver physicians in its efforts to address physician shortages. Lacking such data, HHS is not able to consider waiver physicians working in underserved areas when placing

[13]For this report, we define primary care to include family practice, internal medicine, obstetrics/gynecology, and pediatrics. Psychiatry is reported separately from primary care and nonprimary care specialties because some states and federal agencies consider primary care to include psychiatry while others do not.

physicians through its NHSC programs. The lack of information on waiver physicians could also affect HHS's efforts to revise how it identifies areas with shortages of physicians and other health care providers—its health professional shortage area (HPSA) designation system. According to HHS officials, the department has been working on a proposal to revise the HPSA designation system that would, among other things, account for the presence of waiver physicians practicing in underserved areas. HHS officials acknowledged, however, that the department lacks complete data on waiver physicians, needed to implement such a provision.

To better account for physicians practicing in underserved areas through the use of J-1 visa waivers, we are recommending that the Secretary of Health and Human Services collect and maintain data on waiver physicians and use this information when identifying areas experiencing physician shortages and placing physicians in these areas.

In commenting on a draft of this report, HHS concurred with our recommendation. HHS commented that the department's goal is to assure that the limited resources of the J-1 visa waiver program and other programs addressing areas and populations with limited access to health care professionals are targeted most effectively. HHS added that the availability of data on these additional providers would enhance the data used to identify shortage areas.

Background

Many foreign physicians who enter U.S. graduate medical education programs do so as participants in the Department of State's Exchange Visitor Program—an educational and cultural exchange program aimed at increasing mutual understanding between the peoples of the United States and other countries. Participants in the Exchange Visitor Program enter the United States with J-1 visas.[14] Nearly 6,200 foreign physicians with J-1

[14]In addition to foreign physicians who come to the United States for graduate medical education, other categories of exchange visitors include professors and research scholars, short-term scholars, trainees, college and university students, teachers, secondary school students, specialists, international visitors, government visitors, camp counselors, au pairs, and summer work travel. See generally 22 C.F.R. pt. 62. Exchange visitors in these other categories are subject to the 2-year foreign residence requirement under certain circumstances. See 8 U.S.C. § 1182(e)(i), (ii). For more information on the Exchange Visitor Program, see GAO, *State Department: Stronger Action Needed to Improve Oversight and Assess Risks of the Summer Work Travel and Trainee Categories of the Exchange Visitor Program*, GAO-06-106 (Washington, D.C.: Oct. 14, 2005).

visas took part in U.S. graduate medical education programs during academic year 2004–05.

Physicians participating in graduate medical education on J-1 visas are required to return to their home country or country of last legal residence for at least 2 years before they may apply for an immigrant visa, permanent residence, or certain nonimmigrant work visas.[15] They may, however, obtain a waiver of this requirement from the Department of Homeland Security at the request of a state or federal agency if they have agreed to practice in an underserved area for at least 3 years.[16] States were first authorized to request J-1 visa waivers on behalf of foreign physicians in October 1994.[17] Federal agencies were first authorized to request J-1 visa waivers for physicians in graduate medical education in September 1961.[18]

In general, waiver physicians must practice in areas that HHS has designated as underserved. HHS has specified that waiver physicians may practice in HPSAs or medically underserved areas or populations (MUA/P).[19] HPSAs are geographic areas, population groups within areas, or facilities that HHS has designated as having a shortage of health professionals; HPSAs for primary care are generally identified on the basis of the ratio of population to primary care physicians and other factors.[20]

[15] 8 U.S.C. § 1182(e). Such foreign medical graduates with J-1 visas are also prohibited from changing to any other type of nonimmigrant status. 8 U.S.C. § 1258(2).

[16] 8 U.S.C. §§ 1182(e), 1184 (l)(1)(D). Physicians with J-1 visas may also obtain a waiver at the request of the Department of Veterans Affairs (VA) if the physician has agreed to practice at a VA facility for at least 3 years. To obtain a waiver to practice in an underserved area or at a VA facility, such employment must also be determined by the Department of Homeland Security to be in the public interest. Physicians with J-1 visas may also obtain a waiver of the 2-year foreign residence requirement if the Department of Homeland Security determines that their departure from the United States would create an exceptional hardship for the physician's U.S. citizen or permanent resident spouse or child or if the return to the physician's home country or country of last legal residence would subject the physician to persecution because of race, religion, or political opinions.

[17] Pub. L. No. 103-416, § 220, 108 Stat. 4305, 4319.

[18] Pub. L. No. 87-256, § 109(c), 75 Stat. 527, 534.

[19] 60 Fed. Reg. 48515–6 (Sept. 19, 1995).

[20] Separate HPSA designations exist for primary care and for other health care fields, such as mental health. For primary care HPSAs, designation is generally based on the ratio of population to the number of primary care physicians and other factors, such as health care resources available in neighboring areas. Some facilities, however, are not required to meet a specific ratio of population to primary care physicians to be designated as a primary care HPSA.

MUA/Ps are areas or populations that HHS has designated as having shortages of health care services; these are identified using several factors in addition to the ratio of population to primary care physicians. HPSAs and MUA/Ps can overlap; as a result, a facility can be located in both a HPSA and an MUA/P.

States and federal agencies have some discretion in shaping their J-1 visa waiver programs to address particular needs or priorities. For example, while states and federal agencies can request waivers for physicians to work in both primary care and nonprimary care specialties and in a variety of practice settings, they may choose to limit the number of waivers they request for physicians to practice nonprimary care or require that waiver physicians work in certain practice settings.[21] States and federal agencies may also choose to conduct monitoring activities to help ensure that physicians are meeting their waiver agreements—for example, that they are working at the facilities for which their waivers were granted.

Although states and federal agencies are generally subject to the same statutory provisions regarding requests for J-1 visa waivers for physicians, there are two notable distinctions. First, states are limited in the number of waivers that may be granted in response to their requests each year. Initially, states were authorized to request waivers for up to 20 physicians each fiscal year; in 2002, the limit was increased to 30 waivers per state per year. Federal agencies are not statutorily limited in the number of waivers that may be granted in response to their requests each year. Second, while federal agencies' waiver requests must be for physicians to practice in underserved areas, Congress gave states the flexibility, in December 2004, to use up to 5 of their 30 waiver allotments each year for physicians to work in facilities located outside of HHS-designated undeserved areas, provided that the facilities treat patients who reside in underserved areas.[22] We refer to these waivers as "flexible waivers."[23]

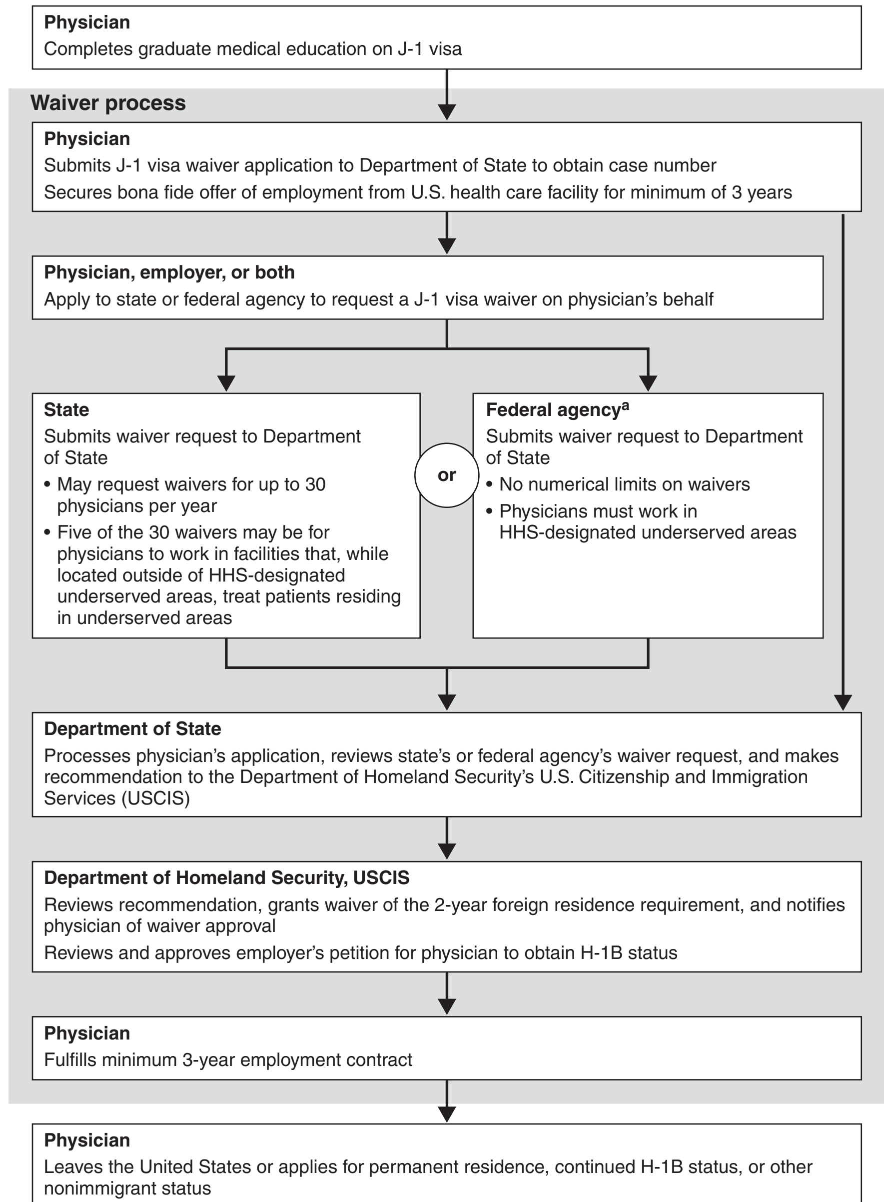
[21]States and federal agencies requesting waivers for physicians to practice nonprimary care specialties are required to demonstrate, according to their own criteria, a shortage of health care professionals able to provide services in that medical specialty to the patients who would be served by that physician. 8 U.S.C. § 1184(l)(1)(D)(iii).

[22]Pub. L. No. 108-441, § 1(d), 118 Stat. 2630.

[23]In this report, unless otherwise noted, when referring to waiver physicians practicing or working in underserved areas, we include physicians practicing with flexible waivers.

Obtaining a J-1 visa waiver at the request of a state or federal agency to practice in an underserved area involves multiple steps (see fig. 1). A physician must submit an application to obtain a case number from the Department of State and must secure a bona fide offer of employment from a health care facility that is located in an underserved area or, in the case of flexible waivers, from a health care facility that treats residents of an underserved area. The physician, the prospective employer, or both apply to a state or federal agency to request a waiver on the physician's behalf. If, after reviewing the application, the state or federal agency decides to request a waiver, the state or federal agency submits a letter of request to the Department of State affirming that it is in the public interest for the physician to remain in the United States. If the Department of State decides to recommend the waiver, it forwards its recommendation to the Department of Homeland Security's U.S. Citizenship and Immigration Services (USCIS). USCIS is responsible for making the final determination and notifying the physician when the waiver is granted. According to officials involved in recommending and approving waivers at the Department of State and USCIS, after a review for compliance with statutory requirements and security issues, nearly all waiver requests are recommended and granted. Once the physician is granted the waiver, the employer petitions USCIS for the physician to obtain H-1B status (a nonimmigrant classification used by foreign nationals employed temporarily in a specialty occupation). The physician must work at the facility specified in the waiver application for a minimum of 3 years, unless the physician obtains approval from USCIS to transfer to another facility. USCIS considers transfer requests only in extenuating circumstances, such as closure of the physician's assigned facility. Once the physician fulfills the employment contract, the physician may apply for permanent residence, continued H-1B status, or other nonimmigrant status, if the physician wishes to remain in the United States.

Figure 1: Process to Apply for and Obtain a J-1 Visa Waiver for a Physician to Work in an Underserved Area



Source: GAO.

[a]Waivers requested by ARC are first reviewed for eligibility and completeness by the state in which the physician seeks to practice, then forwarded to ARC for final review and processing.

No single federal agency is responsible for managing or tracking the use of J-1 visa waivers for physicians to practice in underserved areas. HHS is the primary federal agency responsible for addressing physician shortages, both in terms of administering NHSC programs that place physicians and other providers in areas experiencing shortages of health professionals and in designating areas as underserved. HHS's oversight of waiver physicians practicing in underserved areas, however, has generally been limited to the few physicians for whom it has requested J-1 visa waivers. USCIS and the Department of State process J-1 visa waiver requests but do not maintain comprehensive information about waiver physicians' numbers, practice locations, and practice specialties.[24] States and federal agencies that request waivers maintain such information for the physicians for whom they request waivers, but this information is not centrally collected and maintained by any federal agency.

Although the use of J-1 visa waivers has not been systematically tracked, available data indicate that the pool of physicians who could seek waivers—that is, the number of foreign physicians in graduate medical education with J-1 visas—has declined in recent years. In academic year 1996–97, a little more than 11,600 foreign physicians took part in U.S. graduate medical education programs with J-1 visas; by academic year 2004–05 this number had decreased more than 45 percent to slightly less than 6,200. The reasons for this decrease are not completely understood.[25]

[24]According to USCIS officials, the agency's data systems are not able to identify J-1 visa waivers granted specifically for physicians to practice in underserved areas and do not include information on waiver physicians' practice specialties. According to Department of State officials, the department maintains data on the number of J-1 visa waivers it has recommended but does not maintain data on the physicians' practice locations or specialties.

[25]Foreign physicians also enter the United States for graduate medical education using other visa types, such as H-1B visas, temporary work visas for foreign nationals employed in certain specialty occupations. These other visa types may require the physician to meet additional statutory or regulatory requirements, such as evidence that the physician has a license to practice medicine in a particular state. Reliable data are not available on the extent to which these other visa types are used.

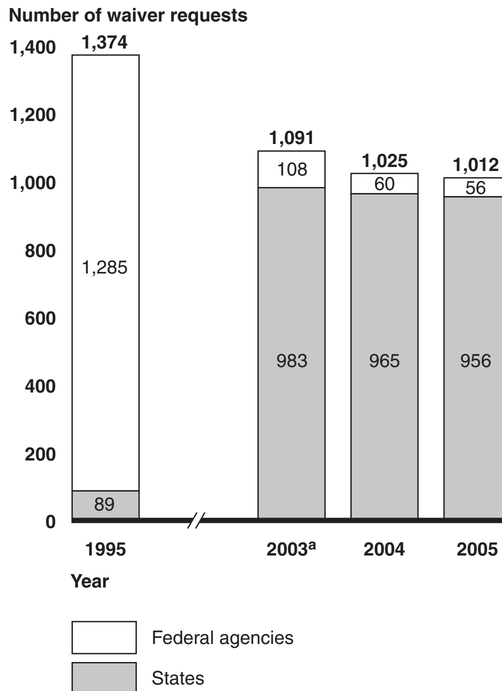
Waivers Remain a Major Means for Providing Physicians to Underserved Areas

States and federal agencies reported requesting more than 1,000 J-1 visa waivers in each of fiscal years 2003 through 2005 (see fig. 2).[26] We estimated that, at the end of fiscal year 2005, there were roughly one and a half times as many waiver physicians practicing in underserved areas (3,128) as U.S. physicians practicing in underserved areas through NHSC programs (2,054).[27]

[26]See appendix II for states' and federal agencies' responses to selected survey questions, including the number of J-1 visa waivers requested, in total, by federal agency, by practice specialty, and by practice setting.

[27]Although data are not available on the number of physicians granted J-1 visa waivers and practicing in underserved areas at any given time, we estimated that number by totaling the number of waiver requests in each of fiscal years 2003 through 2005. This number represents the physicians expected to be fulfilling the minimum 3-year employment contract at the end of fiscal year 2005 or who had waivers in process to do so. We compared that estimate to the number of physicians practicing in underserved areas through NHSC programs in the 50 states, District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands as of September 30, 2005.

Figure 2: J-1 Visa Waivers Requested by States and Federal Agencies, Calendar Year 1995 and Fiscal Years 2003 through 2005



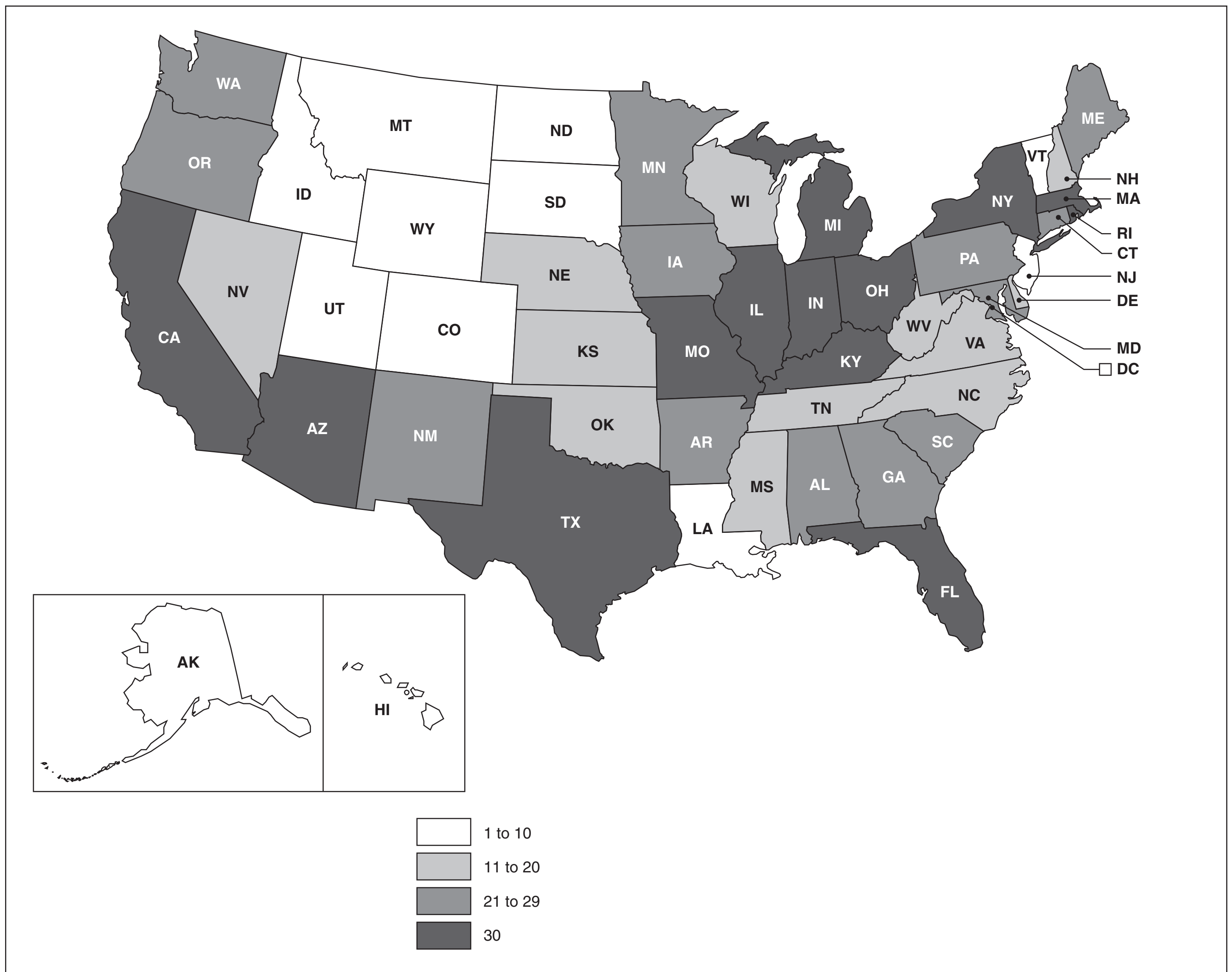
Sources: GAO/HEHS-97-26; GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: In 1995, up to 20 waivers per year could be granted in response to each state's requests. Since 2002, the annual limit has been 30 waivers per state. There are no limits on the number of waivers that may be granted in response to federal agencies' requests each year.

[a]In our May 2006 testimony on preliminary findings (GAO-06-773T), we reported that federal agencies requested 110 waivers and that states and federal agencies requested a total of 1,093 waivers in fiscal year 2003. Our final analysis of agency data determined that federal agencies requested 108 waivers and that states and federal agencies requested a total of 1,091 waivers that year.

In contrast to our findings a decade ago, states have become the primary source of waiver requests for physicians to practice in underserved areas, accounting for 90 percent or more of requests in each of fiscal years 2003 through 2005. The number of states that reported ever having requested a J-1 visa waiver has grown steadily since they were first authorized to do so, from 20 states in fiscal year 1995 to 53 states (all but Puerto Rico) as of fiscal year 2005. States varied, however, in the number of waivers they requested in fiscal years 2003 through 2005. For example, in fiscal year 2005, about one-quarter of the 54 states requested the maximum of 30 waivers, about one-quarter requested 10 or fewer, and two (Puerto Rico and the U.S. Virgin Islands) requested no waivers (see fig. 3).

Figure 3: J-1 Visa Waivers Requested by States, Fiscal Year 2005



Sources: GAO survey of states, 2005 (data); copyright © Corel Corp., all rights reserved (map).

Notes: Guam, Puerto Rico, and the U.S. Virgin Islands are not shown. Guam requested 2 waivers in fiscal year 2005; Puerto Rico and the U.S. Virgin Islands requested no waivers that year. Additionally, ARC requested 36 waivers for physicians to practice in eight states, DRA requested 16 waivers for physicians to practice in six states, and HHS requested 4 waivers for physicians to practice in four states.

The number of waivers requested by federal agencies has decreased significantly since 1995, with the exit of the two agencies that requested the most waivers for physicians to practice in underserved areas that year. The Department of Agriculture, which stopped requesting waivers for physicians to practice in underserved areas in 2002, and the Department of Housing and Urban Development, which stopped in 1996, together requested more than 1,100 waivers for physicians to practice in 47 states in 1995, providing a significant source of physicians for some states. Federal agencies accounted for about 94 percent of waiver requests that year, in contrast to fiscal year 2005, when federal agencies made about 6 percent of requests. Of the 1,012 waivers requested by states and federal agencies in fiscal year 2005, ARC, DRA, and HHS accounted for 56 requests for physicians to practice in 14 states.[28]

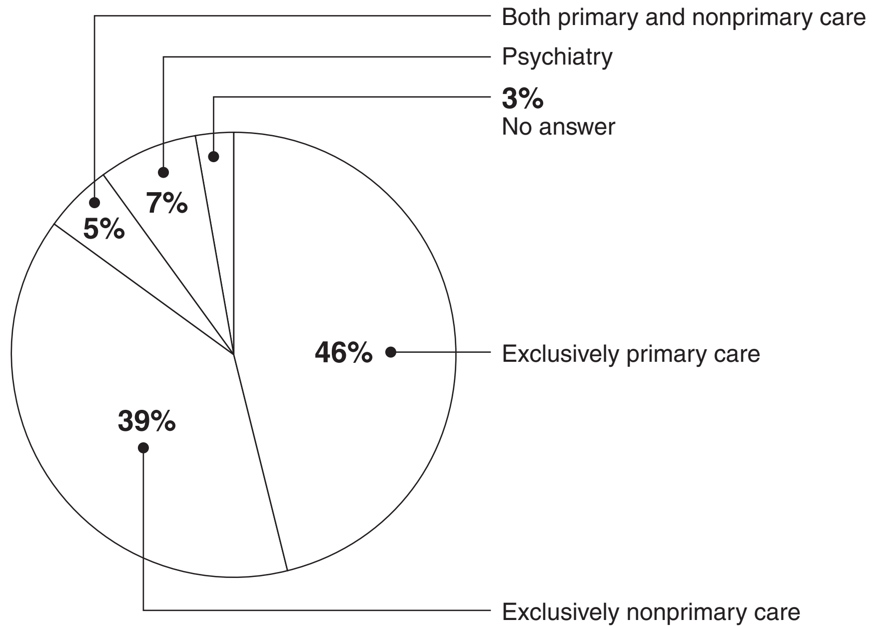
Waivers Were Requested for Physicians to Work in a Variety of Practice Specialties, Settings, and Locations

States and federal agencies requested waivers for physicians to practice a variety of specialties, with states requesting waivers for physicians to practice both primary and nonprimary care and federal agencies generally focusing on primary care. Although the waivers states and federal agencies requested were for physicians to work in diverse practice settings, most were for physicians to work in hospitals and private practices. These practice settings were about equally divided between rural and nonrural areas. Additionally, less than half of the states opted to request flexible waivers for physicians to work outside of designated underserved areas.

Overall, a little less than half (46 percent) of the waivers requested by states and federal agencies in fiscal year 2005 were for physicians to practice exclusively primary care, while a slightly smaller proportion (39 percent) were for physicians to practice exclusively nonprimary care (see fig. 4). A small proportion of waiver requests (5 percent) were for physicians to practice both primary and nonprimary care—for example, for individual physicians to practice both internal medicine and cardiology. An additional 7 percent of waiver requests in fiscal year 2005 were for physicians to practice psychiatry.

[28]In our May 2006 testimony on preliminary findings (GAO-06-773T), we reported that ARC, DRA, and HHS requested waivers for physicians to practice in 15 states in fiscal year 2005. Our final analysis of agency data determined that these agencies requested waivers for physicians to practice in 14 states that year (see app. II).

Figure 4: Practice Specialties of Physicians for Whom States and Federal Agencies Requested J-1 Visa Waivers, Fiscal Year 2005

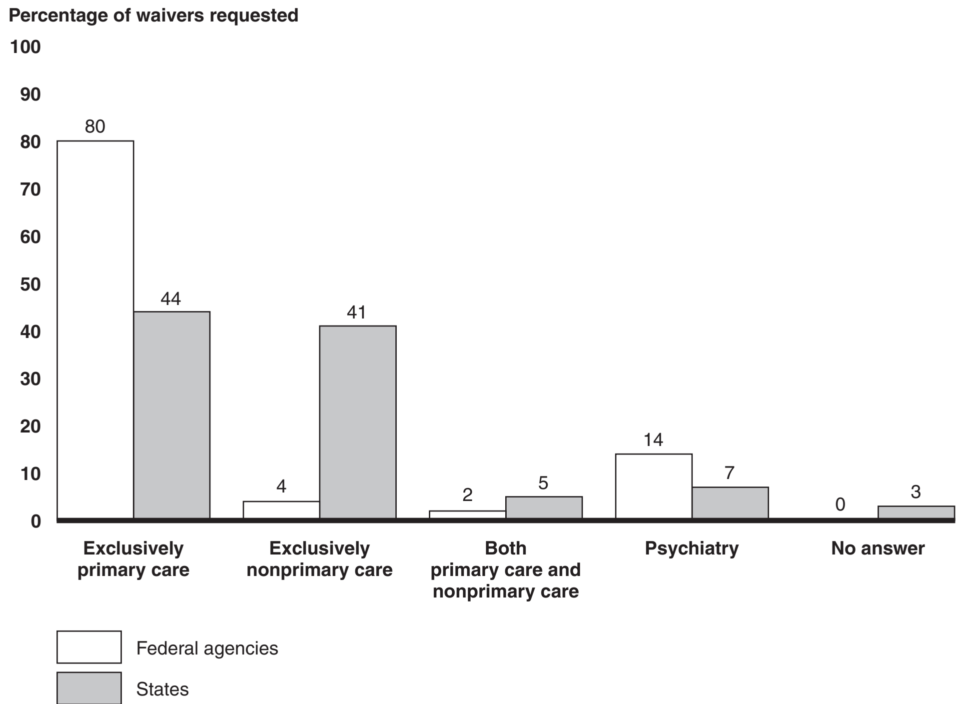


Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Notes: Percentages are based on 956 waivers requested by 52 states and 56 waivers requested by three federal agencies in fiscal year 2005. Puerto Rico and the U.S. Virgin Islands requested no waivers that year. Psychiatry is reported separately from primary care and nonprimary care specialties because some states and federal agencies consider primary care to include psychiatry while others do not.

States and federal agencies differed, however, in the proportion of waivers they requested for physicians to practice primary versus nonprimary care (see fig. 5). Less than 50 percent of the waivers requested by states in fiscal year 2005 were for physicians to practice exclusively primary care, compared with 80 percent of those requested by federal agencies.

Figure 5: J-1 Visa Waivers Requested by States and Federal Agencies, by Practice Specialty, Fiscal Year 2005



Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Notes: Percentages are based on 956 waivers requested by 52 states and 56 waivers requested by three federal agencies in fiscal year 2005. Puerto Rico and the U.S. Virgin Islands requested no waivers that year. Psychiatry is reported separately from primary care and nonprimary care specialties because some states and federal agencies consider primary care to include psychiatry while others do not.

Nearly all of the states and DRA reported that their fiscal year 2005 policies allowed them to request waivers for physicians to practice nonprimary care.[29] Twenty-seven of these states, however, reported placing some limits on such requests, including limiting the number of requests for physicians to practice nonprimary care or restricting the number of hours a physician could practice a nonprimary care specialty. Even with these limitations, the number of waivers requested for physicians to practice nonprimary care increased among both states and federal agencies over the 3-year period beginning in fiscal year 2003.

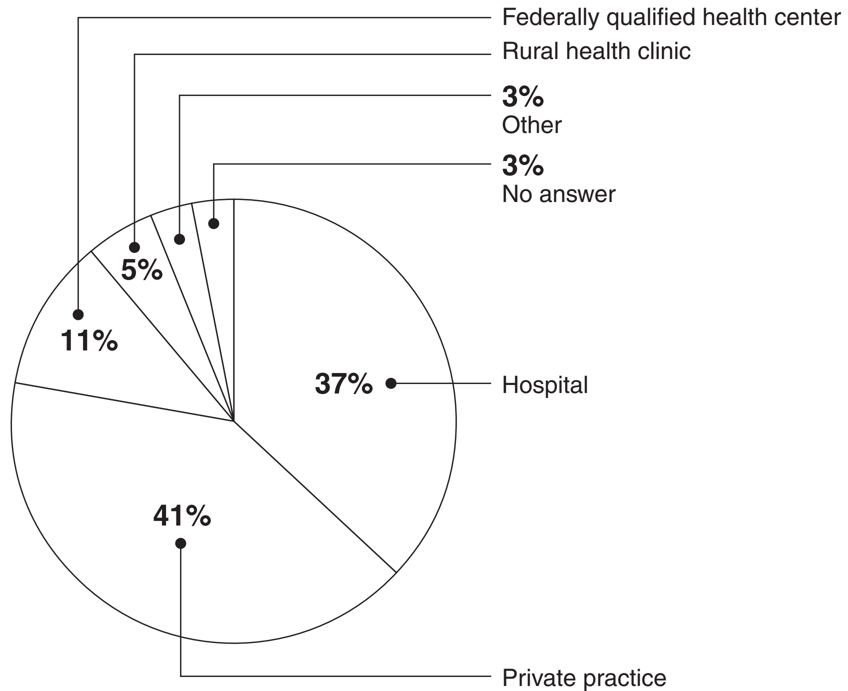
[29]See appendix II for states' and federal agencies' responses to selected survey questions, including their policies for requesting waivers.

Overall, requests for physicians to practice exclusively nonprimary care increased from about 300 (28 percent) in fiscal year 2003 to nearly 400 (39 percent) in fiscal year 2005. States and federal agencies reported requesting waivers in fiscal year 2005 for physicians to practice more than 40 nonprimary care specialties (e.g., anesthesiology) and subspecialties (e.g., pediatric cardiology); the most common of these were anesthesiology, cardiology, and pulmonology (the study and treatment of respiratory diseases).

Regarding practice settings, more than three-quarters of the waivers requested by states in fiscal year 2005 were for physicians to practice in hospitals (37 percent) and private practices (41 percent) (see fig. 6).[30] In addition, 16 percent were for physicians to practice in federally qualified health centers (facilities that provide primary care services in underserved areas) and rural health clinics (facilities that provide outpatient primary care services in rural areas). Although the largest proportion of waivers that states requested was for physicians to work in private practices, more than 80 percent of the states and all three federal agencies reported that their fiscal year 2005 policies required the facilities where waiver physicians work—regardless of practice setting—to accept some patients who are uninsured or covered by Medicaid.

[30]Data on practice settings were not available for all federal agencies. ARC, which requested 36 waivers in fiscal year 2005 (more than half of all federally requested waivers that year), reported that it does not track waiver physicians' practice settings. (See app. II for available data on practice settings reported by federal agencies.)

Figure 6: Practice Settings of Physicians for Whom States Requested J-1 Visa Waivers, Fiscal Year 2005



Source: GAO survey of states, 2005.

Note: Percentages are based on 956 waivers requested by 52 states in fiscal year 2005. Puerto Rico and the U.S. Virgin Islands requested no waivers that year.

Overall, about half of all waiver requests in fiscal year 2005 were for physicians to practice in areas that respondents considered rural, although the proportions differed between states' and federal agencies' requests. States' waiver requests in fiscal year 2005, which accounted for the vast majority of total requests that year, were about equally divided between those for physicians to work in areas respondents considered rural and those they considered nonrural. Federal agencies' waiver requests were mostly (93 percent) for physicians to work in areas considered rural (see fig. 7).

Figure 7: Proportion of J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Rural and Nonrural Areas, Fiscal Year 2005

Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Percentages are based on 956 waivers requested by 52 states and 56 waivers requested by three federal agencies in fiscal year 2005. Puerto Rico and the U.S. Virgin Islands requested no waivers that year.

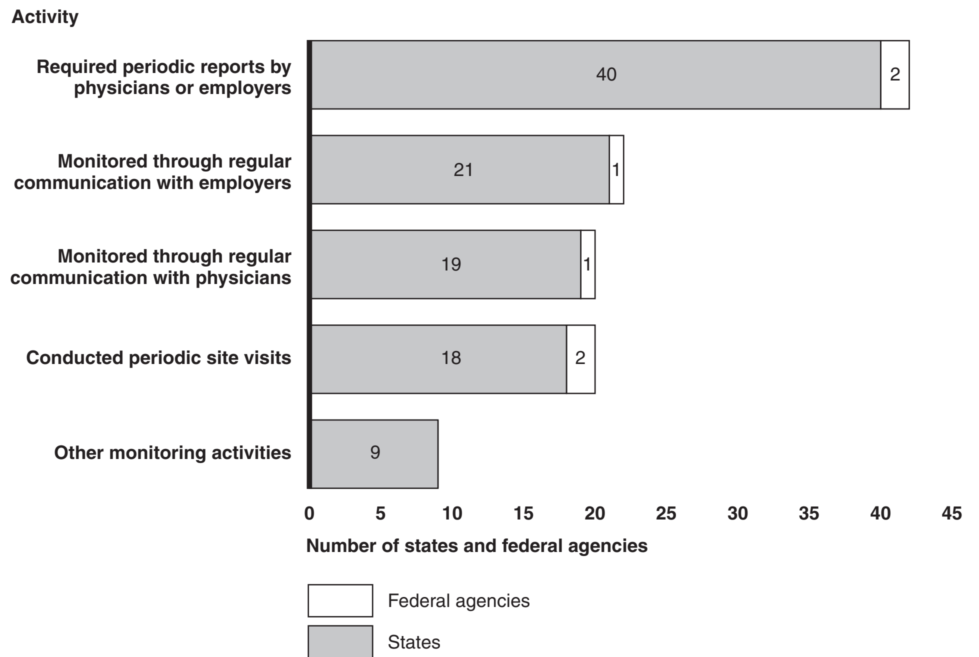
Most of the waivers requested by states and federal agencies in fiscal year 2005 were for physicians to practice in HPSAs. While federal regulations generally permit states and federal agencies to request waivers for physicians to work in HPSAs or MUA/Ps, about a quarter of the states and two federal agencies (ARC and HHS) had policies in place in fiscal year 2005 that limited at least some types of physicians to practicing in HPSAs. Overall, more than three-quarters (77 percent) of waivers requested by states and federal agencies in fiscal year 2005 were for physicians to work in facilities located in HPSAs, and 16 percent were for physicians to work in facilities located in MUA/Ps that were outside of HPSAs. Additionally, less than half of the states (23 states) reported taking advantage of the option to request flexible waivers—those for physicians to work in facilities that, while located outside of HHS-designated underserved areas, treat patients residing in underserved areas. Requests for flexible waivers in fiscal year 2005, the first year such waivers were allowed, accounted for 7 percent of all waiver requests that year.

Most States and Federal Agencies Reported That They Conducted Monitoring Activities

Most states and federal agencies reported that they conducted monitoring activities to help ensure that physicians were meeting their agreements to work in underserved areas. Although monitoring is not explicitly required of states and federal agencies that request waivers, more than 85 percent of states and two of the three federal agencies that requested waivers in any fiscal year from 2003 through 2005 reported that they conducted at least one monitoring activity in fiscal year 2005. These activities included

actions to help determine, for example, whether physicians were working in the locations for which their waivers were requested or whether they were treating the intended patients, such as those who were uninsured or covered by Medicaid. The most common monitoring activity—reported by 40 states, ARC, and DRA—was to require periodic reports from physicians or employers (see fig. 8). For example, some states and federal agencies required written reports submitted once or twice a year that included information such as the number of hours waiver physicians worked or the number of patients for whom Medicaid claims were submitted. States and federal agencies that requested waivers also reported that they monitored waiver physicians through regular communications with employers and physicians, such as through phone calls, and through site visits to waiver physicians' practice locations. In addition, a small number of states reported conducting other monitoring activities. For example, one state official said the state's J-1 visa waiver program used Medicaid data to confirm that waiver physicians were treating patients covered by Medicaid.

Figure 8: Monitoring Activities That States and Federal Agencies Requesting J-1 Visa Waivers Reported Conducting in Fiscal Year 2005



Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Our surveys asked states and federal agencies that requested waivers whether they conducted any of these specific activities in fiscal year 2005 to help ensure that physicians were meeting their waiver agreements. Data are for the 53 states and three federal agencies that requested waivers in any fiscal year from 2003 through 2005. Puerto Rico did not request waivers during this period.

Although most states and federal agencies reported conducting at least one monitoring activity, the number of monitoring activities varied. Ten states and DRA reported conducting at least four different activities, while six states and HHS—together accounting for about 13 percent of waiver requests in fiscal year 2005—reported that they did not conduct any monitoring activities in fiscal year 2005. Four of the six states that reported they did not conduct monitoring activities reported requesting more than 25 waivers in each of fiscal years 2003 through 2005.

States and federal agencies reported identifying relatively few incidents in fiscal years 2003 through 2005 in which physicians were not meeting their

waiver agreements.[31] These incidents included cases in which the physician was not working in the practice specialty or at the facility specified in his or her waiver agreement, was not seeing the intended patients, or did not serve the entire 3-year employment contract. The most common issue cited was physicians' transferring to another location or employer without the approval of the state or federal agency that requested their waivers.[32] In addition, several states reported that they had identified cases in which waiver physicians never reported to work. Officials from these states cited examples in which physicians simply failed to appear at the practice sites and did not contact the state that had made the waiver requests on the physicians' behalf. According to states and federal agencies that reported identifying any incidents, physicians were not solely responsible in all cases in which they did not meet their waiver agreements. Some state officials provided examples of employers who directed physicians to work in locations other than those for which their waivers were requested, including locations outside of underserved areas.

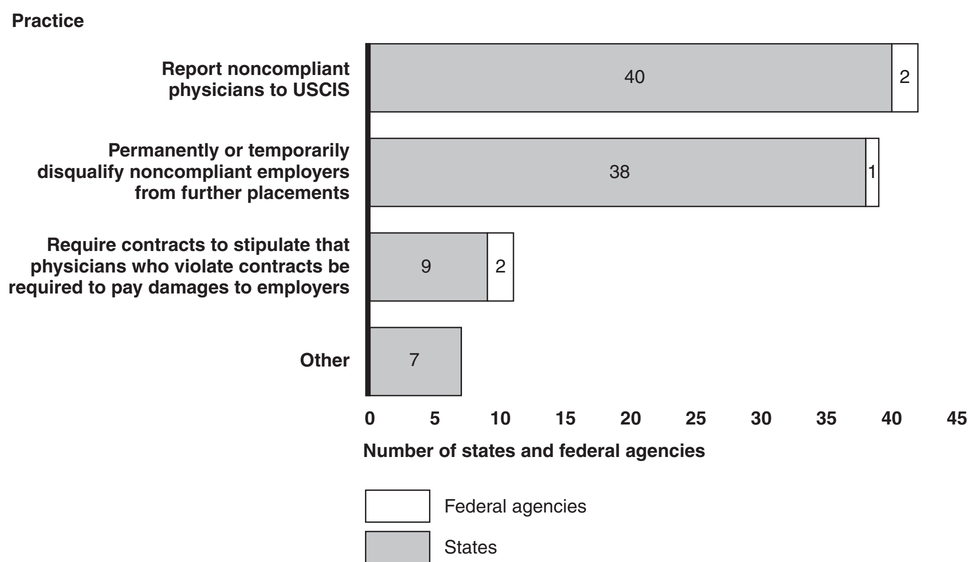
States and federal agencies that requested waivers reported that they use a variety of practices to prevent or respond to cases of physicians' not meeting their waiver agreements (see fig. 9). For example, 38 states and HHS reported that it is their practice to bar employers who are responsible for problems involving waiver physicians from consideration for future J-1 visa waiver physician placements, either temporarily or permanently. Forty states and two federal agencies reported that it is their practice to inform USCIS if they identify physicians who are not meeting their waiver agreements. Physicians not meeting their waiver agreements would again be subject to the 2-year foreign residence requirement and would need to return to their home country or country of last legal residence before they could apply for an immigrant visa, permanent residence, or certain nonimmigrant work visas. USCIS officials said that reports of physicians not meeting their waiver agreements have been relatively rare. Some states and federal agencies that requested waivers also reported that they

[31]States and federal agencies reported identifying a total of 81 incidents of physicians not meeting their waiver agreements in fiscal years 2003 through 2005; we did not independently verify these incidents. We estimated that at the end of fiscal year 2005, more than 3,000 waiver physicians were working in underserved areas.

[32]Most of the states and the one federal agency that reported identifying physicians who had transferred without their approval had policies or guidelines requiring physicians seeking transfers to notify or obtain approval from their J-1 visa waiver programs in addition to obtaining the required approval from USCIS.

require physicians' contracts to stipulate fees to be imposed if the physicians fail to meet their waiver agreements. These requirements include, for example, liquidated damages clauses, which set a particular amount that physicians agree to pay employers if the physicians break their employment contracts. Other practices that states reported included reporting problems with waiver physicians to state medical boards.

Figure 9: States' and Federal Agencies' Practices to Help Ensure Physicians Meet Their Waiver Agreements



Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Our surveys asked states and federal agencies that requested waivers whether they use any of these specific practices to help ensure that physicians meet their waiver agreements. Data are for the 53 states and three federal agencies that requested waivers in any fiscal year from 2003 through 2005. Puerto Rico did not request waivers during this period.

States cited a number of factors affecting their ability to monitor or take other actions that they believed could help them ensure that physicians meet their waiver agreements. More than one-quarter of the states reported that funding and staffing constraints limited their ability to carry out monitoring activities.[33] For example, four states commented that time

[33]Six states and DRA reported charging application fees ranging from $200 to $2,000 in fiscal year 2005 to help fund their J-1 visa waiver programs. Our survey results showed no statistically significant relationship between charging application fees and the number of monitoring activities conducted.

and staff constraints limited their ability to conduct visits to physicians' practice sites. Several states noted that they have little or no authority to take actions that would help ensure that physicians meet their waiver agreements. For example, one state commented that beyond reporting physicians who do not meet their waiver agreements to USCIS, it has no authority over waiver physicians. In addition, a few states noted that their ability to effectively monitor physicians is limited by the fact that they are not notified when USCIS grants waivers or approves transfers. Consequently, states may not know with certainty which physicians USCIS has authorized to work in, or move to or from, their states.[34] One federal agency (ARC) cited two factors that positively affected its ability to help ensure that physicians meet their waiver agreements: the liquidated damages clauses for violating employment agreements that ARC requires to be in physicians' employment contracts, and site visits by staff of ARC's Office of Inspector General. According to a senior ARC official, these unannounced visits have occasionally resulted in the discovery of physicians working at sites other than those at which the physicians were authorized to work. The official commented that the visits have also had a deterrent effect.

HHS Lacks Data to Account for Waiver Physicians in Its Efforts to Address Physician Shortages

Although the use of J-1 visa waivers remains a major means of providing physicians to practice in underserved areas, HHS does not have the information needed to account for waiver physicians in its efforts to address physician shortages. Without such information, when considering where to place NHSC physicians, HHS has no systematic means of knowing whether the needs of a HPSA are already being met through waiver physicians. Our analysis indicates that some states could have had more waiver and NHSC physicians practicing primary care in HPSAs than HHS identified as needed, while other states were below HHS's identified need. Although data were not available to determine the number of waiver physicians practicing primary care specifically in HPSAs, our analysis showed that in seven states the estimated number of waiver physicians practicing primary care in all locations (including HPSAs, MUA/Ps, and nondesignated areas), combined with the number of NHSC physicians practicing primary care in HPSAs at the end of fiscal year 2005, exceeded the number of physicians HHS identified as needed to remove the primary

[34]According to USCIS officials, as of September 2006, the agency did not notify states and federal agencies when it approved waiver and transfer requests. The officials said that the agency was working with the Department of State to develop a system to do so and expected such a system to be in place in fiscal year 2007.

care HPSA designations in the state.[35] In six of these seven states, the estimated number of primary care waiver and NHSC physicians exceeded by at least 20 percent the number needed to remove primary care HPSA designations. Meanwhile, in each of 25 states, the estimated number of primary care waiver and NHSC physicians was less than half of the state's identified need for primary care physicians.

The lack of information on waiver physicians could also affect HHS's efforts to revise how it designates primary care HPSAs and other underserved areas. Multiple federal programs use HHS's primary care HPSA designation system to allocate resources or provide benefits, but as we have reported, the designation system does not account for all primary care providers practicing in underserved areas, including waiver physicians.[36] Specifically, waiver physicians practicing primary care in an area are not counted in the ratio of population to primary care physicians, one of the factors used to determine whether an area may be designated as a primary care HPSA. HHS has been working on a proposal—in process since 1998—to revise the primary care HPSA designation system, which would, among other things, account for waiver physicians, according to HHS officials. HHS officials acknowledged, however, that the department lacked complete data on waiver physicians, needed to implement such a provision.[37]

Recognizing the lack of a comprehensive database with information on J-1 visa waiver physicians and other international medical graduates,[38] HHS in 2003 contracted with ECFMG—the organization that sponsors all foreign physicians with J-1 visas participating in graduate medical education—to

[35]See appendix I for detailed information on this analysis. Data were not available to determine the areas (HPSA, MUA/P, or nondesignated areas) where waiver physicians were practicing primary care at the end of fiscal year 2005.

[36]See GAO, *Health Care Shortage Areas: Designations Not a Useful Tool for Directing Resources to the Underserved*, GAO/HEHS-95-200 (Washington, D.C.: Sept. 8, 1995).

[37]In October 2006, we recommended that the Secretary of Health and Human Services complete and publish the proposal to revise the HPSA designation system and address the shortcomings that have been identified. See GAO, *Health Professional Shortage Areas: Problems Remain with Primary Care Shortage Area Designation System*, GAO-07-84 (Washington, D.C.: Oct. 24, 2006). In commenting on that report, HHS agreed with this recommendation.

[38]International medical graduates are physicians who completed their medical education in schools outside the United States and Canada; they include U.S. citizens and permanent residents as well as foreign nationals.

assess the feasibility of developing a database that would provide access to information on the U.S. practice locations of, populations served by, and other information about international medical graduates. ECFMG completed the study and in 2004 submitted a draft report to HHS that included recommendations. As of September 2006, a final report had not been published.

Conclusions

The use of J-1 visa waivers remains a major means of placing physicians in underserved areas of the United States, supplying even more physicians to these areas than NHSC programs. Although thousands of physicians practice in underserved areas through the use of J-1 visa waivers, comprehensive data on their overall numbers, practice locations, and practice specialties are not routinely collected and maintained by HHS. Only by surveying states and federal agencies that requested waivers were we able to collect information for this report. Having comprehensive data on waiver physicians could help HHS more effectively target the placement of NHSC physicians and implement proposed changes to designating underserved areas.

Recommendation for Executive Action

To better account for physicians practicing in underserved areas through the use of J-1 visa waivers, we recommend that the Secretary of Health and Human Services collect and maintain data on waiver physicians—including information on their numbers, practice locations, and practice specialties—and use this information when identifying areas experiencing physician shortages and placing physicians in these areas.

Agency Comments and our Evaluation

We provided a draft copy of this report to the five federal agencies that are involved with waivers for physicians to practice in underserved areas: ARC, DRA, HHS, the Department of Homeland Security, and the Department of State. We received written comments on the draft report from HHS (see app. III). HHS concurred with our recommendation that data should be collected and maintained to track waiver physicians. HHS noted that the department had also discussed, internally, tracking other physicians who are working under H-1B visas, stating that this would allow a more complete accounting of the actual number of physicians providing care in underserved areas. HHS commented that the department's goal is to assure that the limited resources of the J-1 visa waiver program and other programs addressing areas and populations with limited access to health care professionals are targeted most

effectively and that the availability of complete data on these additional providers would enhance the data used to identify such shortage areas.

HHS also commented that the draft report may have overstated, to a degree, the "oversupply" of physicians in some states. HHS acknowledged that we made important adjustments in our analysis for physicians practicing nonprimary care and psychiatry. The department, however, expressed concern that our calculations did not address the fact that some J-1 visa waiver placements are not in HPSAs, referring to our finding that 23 percent of waivers requested in fiscal year 2005 were for physicians to practice outside of HPSAs. We believe that applying this percentage to our analysis would be inappropriate for several reasons. First, this percentage pertained to waiver physicians practicing all specialties, including primary care, nonprimary care, and psychiatry, while our analysis focused on physicians practicing primary care. Further, the 23 percent figure represents waivers requested in only one fiscal year (fiscal year 2005), while our analysis covered waivers requested in 3 fiscal years. In addition, fiscal year 2005 was the only year in our analysis in which states could request waivers for physicians to practice in nondesignated areas. In our draft report, we did not use the term "oversupply," but we acknowledge that our report should clearly specify the limitations in the data used in our analysis. To do so, we clarified the text describing our methodology and results.

We also received technical comments from HHS and the Department of Homeland Security's USCIS, which we incorporated as appropriate. Three agencies—ARC, DRA, and Department of State—said that they did not have comments on the draft report.

We are sending copies of this report to the Secretary of Health and Human Services, the Secretary of Homeland Security, the Secretary of State, the Federal Co-chair of ARC, the Federal Co-chairman of DRA, and appropriate congressional committees. We will also provide copies to others upon request. In addition, the report is available at no charge on the GAO Web site at http://www.gao.gov.

If you or your staff members have any questions about this report, please contact me at (312) 220-7600 or aronovitzl@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix IV.

Leslie G. Aronovitz
Director, Health Care

Appendix I: Physician Need and Number of Primary Care Waiver and National Health Service Corps Physicians, by State

This appendix presents the following information for each state as of the end of fiscal year 2005: (1) the number of primary care physicians the Department of Health and Human Services (HHS) identified as needed to remove primary care health professional shortage area (HPSA) designations, (2) our estimate of the number of J-1 visa waiver physicians practicing primary care, (3) the number of National Health Service Corps (NHSC) physicians practicing primary care, and (4) primary care waiver and NHSC physicians as a percentage of the HHS-identified need.

To determine the need for primary care physicians in each state, we used the number of physicians HHS reported as needed to remove primary care HPSA designations in the state, a measurement used by HHS to identify the need for physicians. Specifically, we used summary data from HHS's Health Resources and Services Administration on the number of additional full-time equivalent (FTE) primary care physicians needed to remove primary care HPSA designations in the state as of September 30, 2005. HHS determines the number of additional full-time primary care physicians needed to remove primary care HPSA designations for geographic areas, population groups, and facilities. For geographic areas, HHS's threshold for the ratio of population to primary care physicians is 3,500 to 1 (or 3,000 to 1 under special circumstances); for population groups, it is 3,000 to 1; for facilities that are state or federal correctional institutions, it is 1,000 to 1.[1] In calculating the ratio of population to primary care physicians, HHS does not take into account waiver physicians and most NHSC physicians. In addition to HPSAs, waiver physicians may also practice in designated medically underserved areas or populations (MUA/P). HHS does not, however, have a similar measure of the number of physicians needed in MUA/Ps.[2]

To determine the number of NHSC physicians practicing primary care in HPSAs in each state as of September 30, 2005, we used data obtained from the Health Resources and Services Administration on the number of primary care physicians practicing through the NHSC Scholarship, NHSC

[1]Certain facilities, including all federally qualified health centers and certain rural health clinics, are not required to meet a specific ratio of population to primary care physicians for primary care HPSA designation. Because data were not available to identify which waiver and NHSC physicians were working in these facility HPSAs, these physicians were included in physician counts for this analysis.

[2]HHS has been working on a proposal to revise the MUA/P designation system. As of September 2006, this proposal was in the department's clearance process.

Loan Repayment, and NHSC Ready Responder programs.[3] NHSC physicians are required to practice in HPSAs.

Although data are not available on the number of physicians granted J-1 visa waivers and practicing primary care in underserved areas at any given time, we estimated this number using data on waivers requested by states and by three federal agencies—the Appalachian Regional Commission (ARC), the Delta Regional Authority (DRA), and HHS. We estimated the number of waiver physicians practicing primary care in each state as of September 30, 2005, by using the number of waivers requested in fiscal years 2003 through 2005 for such physicians. This number represents the number of primary care physicians expected to be fulfilling the minimum 3-year employment contract at the end of fiscal year 2005 or who had waivers in process to do so.[4] Our estimate includes all waiver physicians practicing primary care in the state (including those practicing in HPSAs, MUA/Ps, and nondesignated areas). Data were not available to distinguish waiver physicians practicing primary care in HPSAs from those practicing in MUA/Ps or nondesignated areas.[5]

Table 1 shows the estimated number of waiver and NHSC physicians practicing primary care at the end of fiscal year 2005 and the number of physicians needed to remove primary care HPSA designations in each state.

[3]A total of 499 physicians practicing in the states through two other NHSC programs—the State Loan Repayment and Community Scholarship programs—were not included in the total number of NHSC physicians for this analysis because, according to HHS officials, they are already counted as physicians practicing in HPSAs when HHS identifies the number of additional primary care physicians required to remove HPSA designations.

[4]Physicians for whom waivers were requested to practice both primary and nonprimary care (e.g., physicians who practiced both internal medicine and cardiology) were counted as 0.5 FTE. We excluded from our analysis 1,051waivers requested in fiscal years 2003 through 2005 for physicians to practice exclusively nonprimary care. We also excluded 256 waivers requested during that time for physicians to practice psychiatry because psychiatrists are not included in physician counts for primary care HPSAs.

[5]Data were not available to determine the areas (HPSA, MUA/P, or nondesignated area) where physicians whose waivers were requested in fiscal years 2003–2005 were practicing primary care. For all physicians whose waivers were requested in fiscal year 2005—including those requested to practice primary care, nonprimary care or psychiatry—we found that 77 percent worked in facilities located in HPSAs, 16 percent worked in MUA/Ps that were not also in HPSAs, and 7 percent worked outside of HPSAs and MUA/Ps.

Table 1: Physicians Needed and Number of Primary Care Waiver and NHSC Physicians, by State, as of September 30, 2005

State	Physicians needed to remove primary care HPSA designations[a]	Estimated number of primary care waiver physicians[b]					Number of primary care NHSC physicians[c]	Total number of primary care waiver and NHSC physicians	Primary care waiver and NHSC physicians as a percentage of physicians needed
		State	ARC	DRA	HHS	Total			
Alabama	218	20.0	8.0			28.0	40	68.0	31.2%
Alaska	29	0.5				0.5	9	9.5	32.8
Arizona	272	69.0			1.0	70.0	58	128.0	47.1
Arkansas	71	26.0		5.0		31.0	6	37.0	52.1
California	816	73.0			4.0	77.0	72	149.0	18.3
Colorado	144	9.5				9.5	35	44.5	30.9
Connecticut	57	[d]			1.0	[d]	15	[d]	[d]
Delaware	12	27.0				27.0	10	37.0	308.3
District of Columbia	35	8.0				8.0	40	48.0	137.1
Florida	774	74.0			9.0	83.0	105	188.0	24.3
Georgia	347	53.5	6.0			59.5	53	112.5	32.4
Guam	5	0.5				0.5	0	0.5	10.0
Hawaii	16	6.5				6.5	8	14.5	90.6
Idaho	58	1.0			2.0	3.0	19	22.0	37.9
Illinois	404	78.0		3.0	1.0	82.0	75	157.0	38.9
Indiana	107	47.0			2.0	49.0	20	69.0	64.5
Iowa	58	33.0				33.0	11	44.0	75.9
Kansas	98	29.0				29.0	11	40.0	40.8
Kentucky	99	48.5	41.0	1.0		90.5	11	101.5	102.5
Louisiana	161	30.5		3.0		33.5	15	48.5	30.1
Maine	24	19.5				19.5	19	38.5	160.4
Maryland	79	45.5	1.0		2.0	48.5	23	71.5	90.5
Massachusetts	60	37.0				37.0	36	73.0	121.7
Michigan	274	72.0			3.0	75.0	63	138.0	50.4
Minnesota	73	36.0				36.0	13	49.0	67.1
Mississippi	173	31.0	11.0	10.5	1.0	53.5	24	77.5	44.8
Missouri	356	12.0		4.0	3.0	19.0	67	86.0	24.2
Montana	56	4.0				4.0	15	19.0	33.9
Nebraska	17	9.0				9.0	2	11.0	64.7
Nevada	95	52.0				52.0	10	62.0	65.3

State	Physicians needed to remove primary care HPSA designations[a]	Estimated number of primary care waiver physicians[b]					Number of primary care NHSC physicians[c]	Total number of primary care waiver and NHSC physicians	Primary care waiver and NHSC physicians as a percentage of physicians needed
		State	ARC	DRA	HHS	Total			
New Hampshire	17	6.5				6.5	5	11.5	67.6
New Jersey	28	5.0				5.0	8	13.0	46.4
New Mexico	130	34.0				34.0	32	66.0	50.8
New York	325	26.0	7.0		5.0	38.0	79	117.0	36.0
North Carolina	143	31.0	1.0			32.0	38	70.0	49.0
North Dakota	33	17.0				17.0	3	20.0	60.6
Ohio	144	25.0	13.0			38.0	30	68.0	47.2
Oklahoma	69	9.0			1.0	10.0	13	23.0	33.3
Oregon	45	31.5				31.5	24	55.5	123.3
Pennsylvania	173	16.0	4.0			20.0	50	70.0	40.5
Puerto Rico	263					0.0	9	9.0	3.4
Rhode Island	12	51.0				51.0	9	60.0	500.0
South Carolina	117	26.0			1.0	27.0	36	63.0	53.8
South Dakota	104	8.0				8.0	2	10.0	9.6
Tennessee	149	43.0	5.0	6.0	1.0	55.0	31	86.0	57.7
Texas	664	33.0			19.0	52.0	63	115.0	17.3
U.S. Virgin Islands	2	1.0				1.0	1	2.0	100.0
Utah	66	4.5				4.5	23	27.5	41.7
Vermont	2	1.0				1.0	1	2.0	100.0
Virginia	106	38.5				38.5	22	60.5	57.1
Washington	146	49.0			1.0	50.0	33	83.0	56.8
West Virginia	58	8.0	7.0			15.0	16	31.0	53.4
Wisconsin	126	58.0				58.0	23	81.0	64.3
Wyoming	27	3.0				3.0	12	15.0	55.6
Total	**7,937**	**1,477.5**[e]	**104.0**	**32.5**	**57.0**	**1,670.0**[e]	**1,448**	**3,103.0**[e]	**39.1**[e]

Sources: GAO survey of states, 2005; data provided by ARC, DRA, and HHS; Health Resources and Services Administration.

Note: Data are presented in terms of FTE physicians.

[a]The number of additional FTE physicians HHS identified as needed as of September 30, 2005, to remove primary care HPSA designations in the state.

[b]The estimated number of primary care waiver physicians practicing in HPSAs, MUA/Ps, and nondesignated areas as of September 30, 2005. Data were not available to distinguish waiver physicians practicing primary care in HPSAs from those practicing in MUA/Ps or nondesignated areas. Physicians for whom waivers were requested to practice both primary and nonprimary care (e.g., physicians who practiced both internal medicine and cardiology) were counted as 0.5 FTE.

[c]The number of primary care NHSC physicians practicing in primary care HPSAs as of September 30, 2005.

[d]Data were not available to estimate the number of waiver physicians practicing primary care in Connecticut or to make associated calculations.

[e]Total does not include waiver physicians who may have been practicing primary care in Connecticut.

Appendix II: States' and Federal Agencies' Requests for J-1 Visa Waivers

This appendix summarizes states' and federal agencies' responses to selected questions from GAO's surveys, as well as data obtained from ARC, DRA, and HHS on their waiver requests by state. The following tables present data on the number of waivers states and federal agencies requested in each of fiscal years 2003 through 2005, in total (table 2), by federal agency (table 3), by practice specialty (table 4), and by practice setting (table 5). We also present data on states' and federal agencies' policies for requesting waivers (table 6).

Table 2: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by State, Fiscal Years 2003 through 2005

	Number of waivers requested						
	2003		2004		2005		
State	State	Federal agencies	State	Federal agencies	State	Federal agencies	Total 2003–2005
Alabama	18	3	19	3	24	4	**71**
Alaska	5				1		**6**
Arizona	30	1	30		30		**91**
Arkansas	30		30	5	29	1	**95**
California	30	3	30		30	1	**94**
Colorado	11		3		5		**19**
Connecticut	27	1	30		26		**84**
Delaware	21		21		16		**58**
District of Columbia	3		9		3		**15**
Florida	30	10	30		30		**100**
Georgia	30	5	30	1	28		**94**
Guam			1		2		**3**
Hawaii	2		1		4		**7**
Idaho		2			1		**3**
Illinois	28	3	30		30	1	**92**
Indiana	27	1	30		30	1	**89**
Iowa	30		30		28		**88**
Kansas	14		26		17		**57**
Kentucky	30	25	30	13	30	9	**137**
Louisiana	15	2	13	1	10		**41**
Maine	29		18		25		**72**
Maryland	15	3	22		29		**69**
Massachusetts	28		30		30		**88**
Michigan	30	1	30	2	30		**93**

State	Number of waivers requested						
	2003		2004		2005		
	State	Federal agencies	State	Federal agencies	State	Federal agencies	Total 2003–2005
Minnesota	30		15		21		**66**
Mississippi	19	5	17	7	18	14	**80**
Missouri	30	2	30	4	30	3	**99**
Montana	2		1		2		**5**
Nebraska	15		7		13		**35**
Nevada	26		18		13		**57**
New Hampshire	6		11		15		**32**
New Jersey	2		1		2		**5**
New Mexico	29		27		29		**85**
New York	30	5	30	3	30	8	**106**
North Carolina	10		11		16	1	**38**
North Dakota	11		13		6		**30**
Ohio	30	7	30	5	30	7	**109**
Oklahoma		1	17		12		**30**
Oregon	20		19		22		**61**
Pennsylvania	13	7	16		22		**58**
Puerto Rico							
Rhode Island	30		30		30		**90**
South Carolina	30	1	26		21		**78**
South Dakota	10		6		6		**22**
Tennessee	21	4	27	6	12	3	**73**
Texas	30	10	30	8	30	1	**109**
U.S. Virgin Islands	1						**1**
Utah	4		6		5		**15**
Vermont			1		2		**3**
Virginia	17		13		19		**49**
Washington	30	2	30		28		**90**
Wisconsin	29		23		12		**64**
West Virginia	22	4	14	2	18	2	**62**
Wyoming	3		3		4		**10**
Total	**983**	**108**	**965**	**60**	**956**	**56**	**3,128**

Sources: GAO survey of states, 2005; data provided by ARC, DRA, and HHS.

Note: A blank cell indicates that no waivers were requested.

Table 3: J-1 Visa Waivers Requested by Federal Agencies for Physicians to Practice in Underserved Areas, by State, Fiscal Years 2003 through 2005

	Number of waivers requested								
	2003			2004			2005		
State	**ARC**	**DRA**	**HHS**	**ARC**	**DRA**	**HHS**	**ARC**	**DRA**	**HHS**
Alabama	3			3			4		
Arizona			1						
Arkansas					5			1	
California			3						1
Connecticut			1						
Florida			10						
Georgia	5			1					
Idaho			2						
Illinois		2	1					1	
Indiana			1						1
Kentucky	25			13			8	1	
Louisiana		2			1				
Maryland	1		2						
Michigan			1			2			
Mississippi	4	1		4	2	1	5	9	
Missouri		1	1		3	1		2	1
New York			5	3			8		
North Carolina							1		
Ohio	7			5			7		
Oklahoma			1						
Pennsylvania	7								
South Carolina			1						
Tennessee	2	1	1	3	3		1	2	
Texas			10			8			1
Washington			2						
West Virginia	4			2			2		
Total	**58**	**7**	**43**	**34**	**14**	**12**	**36**	**16**	**4**

Sources: Data provided by ARC, DRA, and HHS.

Notes: Only states where federal agencies requested waivers in any fiscal year from 2003 through 2005 are shown; federal agencies requested no waivers for other states. A blank cell indicates that no waivers were requested.

Table 4: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by Practice Specialty, Fiscal Years 2003 through 2005

	Number of waivers requested (percentage)					
States	**2003**		**2004**		**2005**	
Exclusively primary care	525	(53)	462	(48)	424	(44)
Exclusively nonprimary care	302	(31)	356	(37)	390	(41)
Both primary and nonprimary care	49	(5)	35	(4)	49	(5)
Psychiatry[a]	80	(8)	82	(8)	67	(7)
No answer	27	(3)	30	(3)	26	(3)
Total	**983**	**(100)**	**965**	**(100)**	**956**	**(100)**
Federal agencies						
Exclusively primary care	93	(86)	55	(92)	45	(80)
Exclusively nonprimary care	0	(0)	1	(2)	2	(4)
Both primary and nonprimary care	0	(0)	0	(0)	1	(2)
Psychiatry[a]	15	(14)	4	(7)	8	(14)
No answer	0	(0)	0	(0)	0	(0)
Total	**108**	**(100)**	**60**	**(100)**	**56**	**(100)**
States and federal agencies combined						
Exclusively primary care	618	(57)	517	(50)	469	(46)
Exclusively nonprimary care	302	(28)	357	(35)	392	(39)
Both primary and nonprimary care	49	(4)	35	(3)	50	(5)
Psychiatry[a]	95	(9)	86	(8)	75	(7)
No answer	27	(2)	30	(3)	26	(3)
Total	**1,091**	**(100)**	**1,025**	**(100)**	**1,012**	**(100)**

Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Percentages may not add to 100 because of rounding.

[a]Psychiatry is reported separately from primary care and nonprimary care specialties because some states and federal agencies consider primary care to include psychiatry while others do not.

Table 5: J-1 Visa Waivers Requested by States and Federal Agencies for Physicians to Practice in Underserved Areas, by Practice Setting, Fiscal Years 2003 through 2005

	Number of waivers requested (percentage)					
States	**2003**		**2004**		**2005**	
Federally qualified health center	91	(9)	97	(10)	101	(11)
Rural health clinic	50	(5)	39	(4)	45	(5)
Hospital	261	(27)	296	(31)	353	(37)
Private individual or group practice	486	(49)	452	(47)	394	(41)
Other settings	35	(4)	51	(5)	33	(3)
No answer	60	(6)	30	(3)	30	(3)
Total	**983**	**(100)**	**965**	**(100)**	**956**	**(100)**
Federal agencies[a]						
Federally qualified health center	6	(6)	6	(10)	3	(5)
Rural health clinic	3	(3)	11	(18)	7	(13)
Hospital	4	(4)	6	(10)	6	(11)
Private individual or group practice	34	(31)	3	(5)	4	(7)
Other settings	3	(3)	0	(0)	0	(0)
No answer	58	(54)	34	(57)	36	(64)
Total	**108**	**(100)**	**60**	**(100)**	**56**	**(100)**
States and federal agencies combined						
Federally qualified health center	97	(9)	103	(10)	104	(10)
Rural health clinic	53	(5)	50	(5)	52	(5)
Hospital	265	(24)	302	(29)	359	(35)
Private individual or group practice	520	(48)	455	(44)	398	(39)
Other settings	38	(3)	51	(5)	33	(3)
No answer	118	(11)	64	(6)	66	(7)
Total	**1,091**	**(100)**	**1,025**	**(100)**	**1,012**	**(100)**

Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Percentages may not add to 100 because of rounding.

[a]Data on practice settings are for DRA and HHS; "no answer" represents waivers requested by ARC, which reported that it does not track waiver physicians' practice settings.

Table 6: States' and Federal Agencies' Policies for Requesting J-1 Visa Waivers, Fiscal Year 2005

State	Facilities where waiver physicians work required to accept some patients who are uninsured or covered by Medicaid	Nonprimary care physicians not eligible	Nonprimary care physicians eligible with limitations[a]	Nonprimary care physicians eligible without limitations	Requests for primary care physicians limited to HPSAs[b]	Requests for nonprimary care physicians limited to HPSAs
Alabama	X		X		X	
Alaska				X		
Arizona	X		X			
Arkansas	X			X		
California		X				[c]
Colorado	X			X		
Connecticut				X		
Delaware	X			X		
District of Columbia	X			X		
Florida			X			
Georgia	X		X			
Guam	X			X	X	X
Hawaii	X		X			
Idaho	X	X				[c]
Illinois			X		X	
Indiana	X			X		
Iowa	X			X		
Kansas	X		X			
Kentucky	X			X		
Louisiana	X		X			
Maine	X			X		
Maryland	X		X			
Massachusetts	X		X			
Michigan	X		X		X	
Minnesota	X			X		
Mississippi	X		X		X	
Missouri	X			X	X	X
Montana	X		X			
Nebraska	X		X			
Nevada	X		X			

State	Facilities where waiver physicians work required to accept some patients who are uninsured or covered by Medicaid	Nonprimary care physicians not eligible	Nonprimary care physicians eligible with limitations[a]	Nonprimary care physicians eligible without limitations	Requests for primary care physicians limited to HPSAs[b]	Requests for nonprimary care physicians limited to HPSAs
New Hampshire	X		X			
New Jersey	X		X		X	X
New Mexico	X		X		X	
New York	X			X		
North Carolina	X		X		X	X
North Dakota				X		
Ohio	X			X	X	X
Oklahoma	X		X			
Oregon	X			X		
Pennsylvania	X			X		
Rhode Island	X			X		
South Carolina	X			X		
South Dakota	X			X		
Tennessee			X			
Texas			X		X	
Utah	X			X	X	X
Vermont	X		X			
Virginia	X		X			
Washington	X		X			
Wisconsin	X		X			
West Virginia	X			X		
Wyoming	X		X		X	X
Federal agency						
ARC	X	X			X	[c]
DRA	X			X		
HHS	X	X			X	[c]

Sources: GAO survey of states, 2005; GAO survey of federal agencies, 2005.

Note: Responses are for the 52 states and three federal agencies that requested any waivers in fiscal year 2005. Puerto Rico and the U.S. Virgin Islands requested no waivers that year.

[a]Examples of limitations provided in the survey question included policies limiting the number of nonprimary care physicians allowed and the number of practice hours allowed in a specialty outside primary care.

[b]HPSAs are health professional shortage areas, as designated by the Secretary of Health and Human Services under section 332 of the Public Health Service Act (42 U.S.C. § 254e).

[c]California, Idaho, ARC, and HHS reported that their fiscal year 2005 policies did not allow them to request waivers for physicians to practice nonprimary care.

Appendix III: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary for Legislation

Washington, D.C. 20201

NOV 2 2006

Leslie Aronovitz
Director of Health Care
U.S. Government Accountability Office
Washington, DC 20548

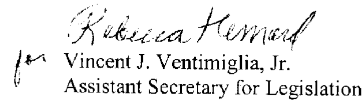
Dear Ms. Arnonvitz:

Enclosed are the Department's comments on the U.S. Government Accountability Office's (GAO) draft report entitled, "FOREIGN PHYSICIANS: Data on use of J-1 Visa Waivers Needed to Better Address Physicians Shortages" (GAO-07-52), before its publication.

The Department provided several technical comments directly to your staff.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,



for Vincent J. Ventimiglia, Jr.
Assistant Secretary for Legislation

COMMENTS FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON FOREIGN PHYSICIANS: DATA ON USE OF J-1 VISA WAIVERS NEEDED TO BETTER ADDRESS PHYSICIAN SHORTAGES" GAO-07-52

HHS Comments

HHS concurs with the recommendation that data should be collected and maintained to track the J-1 Visa Waiver physicians. HHS has also discussed internally the tracking of other physicians who are working under the H-1 B Visa, which would allow a more complete accounting of the actual number of physicians providing care in underserved areas. Such a system would involve coordination across multiple departments and agencies and is not the sole responsibility of HRSA or the Department of Health and Human Services.

HHS's goal is to assure that the limited resources of the J-1 Visa waiver program and other programs in addressing areas and populations with limited access to health care professionals are targeted most effectively. The availability of complete data on these additional providers would enhance the data used to identify such shortage areas.

Physician Need and Number of Primary Care Waiver and National Health Service Corps Physicians, by State, Fiscal Year 2005

It is HHS's opinion that the report as currently drafted may overstate, to a degree, the "oversupply" in some states, based on the number of physicians exceeding the number needed to reach the non-designation threshold. Adjustments have been made for the non-primary care and psychiatry physicians, which is important. However, the calculations do not address the fact that 23 percent of the J-1 Visa waiver placements are not in the Health Professional Shortage Areas (HPSAs) at all. Based on the numbers in the report, 17 percent are placed in Medically Underserved Areas (MUAs) that are not also HPSAs, and 6 percent are placed in non-designated areas. Since these areas are not reflected in the "need" calculations, it may be misleading to count them as "oversupply."

2

Appendix IV: Contact and Acknowledgments

GAO Contact

Leslie G. Aronovitz, (312) 220-7600 or aronovitzl@gao.gov

Acknowledgments

In addition to the contact named above, Kim Yamane, Assistant Director; Ellen W. Chu; Jill Hodges; Julian Klazkin; Linda Y.A. McIver; and Perry Parsons made key contributions to this report.

Related GAO Products

Health Professional Shortage Areas: Problems Remain with Primary Care Shortage Area Designation System. GAO-07-84. Washington, D.C.: October 24, 2006.

Foreign Physicians: Preliminary Findings on the Use of J-1 Visa Waivers to Practice in Underserved Areas. GAO-06-773T. Washington, D.C.: May 18, 2006.

State Department: Stronger Action Needed to Improve Oversight and Assess Risks of the Summer Work Travel and Trainee Categories of the Exchange Visitor Program. GAO-06-106. Washington, D.C.: October 14, 2005.

Health Workforce: Ensuring Adequate Supply and Distribution Remains Challenging. GAO-01-1042T. Washington, D.C.: August 1, 2001.

Health Care Access: Programs for Underserved Populations Could Be Improved. GAO/T-HEHS-00-81. Washington, D.C.: March 23, 2000.

Foreign Physicians: Exchange Visitor Program Becoming Major Route to Practicing in U.S. Underserved Areas. GAO/HEHS-97-26. Washington, D.C.: December 30, 1996.

Health Care Shortage Areas: Designations Not a Useful Tool for Directing Resources to the Underserved. GAO/HEHS-95-200. Washington, D.C.: September 8, 1995.

(290485)

GAO's Mission

The Government Accountability Office, the audit, evaluation and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's Web site (www.gao.gov). Each weekday, GAO posts newly released reports, testimony, and correspondence on its Web site. To have GAO e-mail you a list of newly posted products every afternoon, go to www.gao.gov and select "Subscribe to Updates."

Order by Mail or Phone

The first copy of each printed report is free. Additional copies are $2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. Government Accountability Office
441 G Street NW, Room LM
Washington, D.C. 20548

To order by Phone: Voice: (202) 512-6000
TDD: (202) 512-2537
Fax: (202) 512-6061

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: www.gao.gov/fraudnet/fraudnet.htm
E-mail: fraudnet@gao.gov
Automated answering system: (800) 424-5454 or (202) 512-7470

Congressional Relations

Gloria Jarmon, Managing Director, JarmonG@gao.gov (202) 512-4400
U.S. Government Accountability Office, 441 G Street NW, Room 7125
Washington, D.C. 20548

Public Affairs

Paul Anderson, Managing Director, AndersonP1@gao.gov (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, D.C. 20548

PRINTED ON RECYCLED PAPER