

# RURAL MATTERS

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## **Improvements Made to J-1 Visa Program**

New state legislation has passed that will allow the Tennessee Department of Health to increase the number of physicians that can be placed through the state's J-1 visa program.

HB 1342/SB 1387 has been signed by the governor. It will allow the department to increase the number of placements from 20 to 30 per year and allow additional flexibility in placing specialists in areas determined underserved.

The J1-visa program is for foreign medical graduates (FMGs) who wish to pursue graduate medical training in the U.S. J-1 physicians, also known as foreign medical graduates (FMGs) or international medical graduates (IMGs), are physicians from other countries who have sought and received a J-1 exchange visitor visa. The visa allows holders to remain in the U.S. until their studies are completed.

At the completion of their studies, these physicians may stay in the country to practice in a federally designated health professional shortage area (HPSA) or medically underserved area (MUA) if sponsored by an interested U.S. government agency. State government agencies also may sponsor J-1 physician waiver requests that are called Conrad State 30 programs.

## **National Health Service Corps Demonstration Pilot Program**

The National Health Service Corps (NHSC) will be implementing a demonstration project to determine whether adding chiropractors and pharmacists as permanent NHSC members would enhance the effectiveness of the NHSC.

The demonstration project was authorized by the healthcare safety net amendments that reauthorized the NHSC in October 2002.

The NHSC is planning to implement this demonstration project in fiscal year 2003. In order to do this, it must quickly identify sites that wish to participate. The legislation requires that a health professional licensed to prescribe drugs must provide NHSC obligated service at a site concurrently with the chiropractor/pharmacist who would participate in the demonstration project. However, nothing in this section should be construed to: 1) require such health professionals to supervise the chiropractor or pharmacist; or 2) to supersede state licensure laws.

Eligible sites are organized primary healthcare sites that meet the following eligibility criteria:

- Located in and serving the population of a federally-designated primary care health professional shortage area (HPSA).
- Have a full-time (minimum of 40 hours) vacancy for a pharmacist or chiropractor, or employ a pharmacist or chiropractor full-time who wishes to participate in the NHSC LRP.
- Hire the chiropractor or pharmacist wishing to participate in the demonstration project as a full-time salaried employee of the site. The site must provide a salary and benefits package, including professional liability coverage (which must include tail coverage), at least equal to the compensation that would be offered to a comparably trained and experienced civil service employee of the U.S. government.
- Have a current primary care NHSC scholar or loan repayer serving at the site that can prescribe drugs.

Applications from clinicians and sites that wish to participate in the demonstration project must be received by June 16. Applications should be submitted as soon as possible to have the best chances of recruiting and participating in the demonstration project.

Additional information can be found at <http://nhsc.bhpr.hrsa.gov>. For additional information, contact Felice Vargo, National Health Service Corps, 317-826-9390, [fvargo@comcast.net](mailto:fvargo@comcast.net)

### **HUD Insures First Critical Access Hospital Loans**

The Federal Housing Administration (FHA) has committed \$28.5 million in mortgage insurance to two critical access hospitals, the first such hospitals to receive FHA-insured loans.

The insurance will allow Rio Grande Medical Center, Del Norte, CO, and Shoshone Medical Center, Kellogg, ID, to construct replacement facilities, the U.S. Department of Housing and Urban Development has announced. According to FHA's Office of Insured Health Care Facilities, only three of the 33 hospital loans endorsed in the past 10 years have been for rural hospitals with fewer than 50 beds, none of the them critical access hospitals.

HUD Secretary Mel Martinez said the agency hopes to consider including more critical access hospitals in its hospital Insurance program this year. For more information, see the announcement at <http://www.hud.gov/news/index.cfm>.

Congress also is considering legislation that would expand opportunities for hospitals to raise capital. H.R. 659, sponsored by Rep. Bob Ney, R-OH, would give Housing and Urban Development (HUD) the authority to provide mortgage insurance to hospitals in those jurisdictions where there is not a certificate of need program.