# The Importance of Conrad 30 to Pathology – March 2024 Advocacy Recap

April 5, 2024

**Alec Bose:**

Hello and welcome to the CAP Advocacy Recap. This month we'll talk about a boost to Medicare pay in the new spending bill, calls to address the shortage in the healthcare workforce, and the CAP president's testimony to Congress regarding LDTs.

We start the day with a conversation about retaining talented pathologists. We sat down with Dr. Andres Romero to talk about the Conrad 30 Waiver Program, what it is, and what it means to physicians like him.

So Dr. Romero, thank you so much for joining us today. We really appreciate you being here with us today.

**Dr. Andres Romero:**

I appreciate the invitation. Thank you, Alec. Happy to be here.

**Alec Bose:**

Okay. So first to start us out, Dr. Romero, can you tell us what the Conrad 30 Waiver program is and what your experience with the program was?

**Dr. Andres Romero:**

So the Conrad 30 program is one of the five pathways made for the J-1 positions to be able to stay in the country and not fulfill the absolute requirement that they have to come back to their country for two years after they finish their respective programs. So the Conrad 30, the name 30, comes from the idea that 30 spots are given through this pathway to 30 physicians who are looking for this wave of this requirement. And my experience through that was here at the University of New Mexico, being able to get one of those 30 spots for the state of New Mexico, which was not an easy thing. But I got a lot of support coming from the University of New Mexico and the law firm that the University of New Mexico used for getting one of those spots for their physicians in case they want, especially these underserved areas for the physicians to stay in this area. And that is the main principle of the Conrad 30 to get physicians to serve in underserved areas which are explicitly categorized through the United States Health Systems.

**Alec Bose:**

My next question is, so understanding that about the Conrad 30 program, how can that have a positive impact on the pathology and healthcare workforce overall?

**Dr. Andres Romero:**

So the main idea of the Conrad 30 was made for primary care providers. So there are a lot of comments and books and rumors saying that these are only made for primary care providers for this. I mean, internal medicine, pediatrics, family medicine positions, many are not aware, especially pathology residents or fellows are not aware that they can get the Conrad 30 program through being a subspecialist, being part of a pathology program with a fellowship [under] their belt. So a program, in case of this new program coming up, the Conrad State 30 and Physician Access Authorization Act can help pathologists or pathology residents to get more spots for these physicians to work in these areas, especially having this deficiency of pathologists among United States. And we saw the problem with laboratory testing coming when COVID-19 hit United States where there was a deficiency of laboratory testing. And the need for pathologists was clear at that point, especially giving access to people for the cancer diagnosis, giving access to people to laboratory testing and improving healthcare systems. And I think that will be the positive impact on the pathology and healthcare workforce.

**Alec Bose:**

Thank you, Dr. Romero. I think that's an important thing to note that specialties, including pathology residents, can apply for this program and be included in that program. So as you know, Conrad 30 is one of the main policy priorities at this year's Pathologist Leadership Summit. What policy actions are pathologists calling for from Congress?

**Dr. Andres Romero:**

The Conrad State 30 and Physician Access Authorization Act are asking mainly for two things. One of them is to increase the number of waivers that a state may obtain each fiscal year from 30 to 35 and increase that number by a different requirements every year by five. And the other idea is that to bring up the principle that an all physician may be employed at an academic medical center to meet the Conrad program's employment requirements, if the work is in the public interest, even this is important even if the medical center is not in an underserved area. And this is a huge thing given these academic programs who we know can serve sometimes even more patients than community programs or private institutions. They are limited right now to being in underserved areas in order to recruit this path. Pathologists who are on a J-1 visa, but giving them the possibility of not even being in an underserved area, not even serving an underserved population within the United States requirements, can give the opportunity to hire this J-1 physicians who are very, very in need of looking for these spots, given that otherwise they have to return to their countries.

And one important thing to say is that some of those countries may not be in a good situation. It may be even dangerous for these physicians to come back in. My situation was one of them, I am from Venezuela and it was not an option to come back to my country at this moment. So it's important to keep that in mind.

**Alec Bose:**

Thank you, Dr. Romero. That is something very important to keep in mind. And finally, for those who will not be at the Pathologist Leadership Summit this year, where can they learn more about this program and other opportunities to advocate for it?

**Dr. Andres Romero:**

So the program, it is a bill that has been introduced so far, and it could be found at congress.gov. The title is Conrad State 30 and Physician Access Authorization Act. You can read about it, you can read all the text, all the actions and what is the step or where the bill is right now. Also, there are multiple books right now that the physicians are using for immigration purposes. And they all have to explain the J-1 waiver pathways that they're available and how can a J-1 physician can achieve a permanent residency or later on citizenship in the United States. And lastly, there are immigration lawyers, right? There are immigration firms that have to be familiar with this process, especially those who are a part of a recruitment for these institutions that are trying to recruit J-1 physicians, these firms have to be experienced.

These firms have to be very sharp about what is the paperwork and how they can aim to get that achieved. The reason is that the ask for the physicians to stay in United States comes from a first ask to the department of a state from that state that they're asking from. So that will be the first step. When you're recruiting a J-1 physician, the firm and the institution will make a whole contract and we'll make a whole package to ask to the Department of State. Once that goes to the Department of State and the Department of State gives their recommendation, so they only give a recommendation to the United States Customs and Immigration Services, then is when the United States Customer Immigration Services gives the final approval for the waiver basically to be approved and the physician can stay. And that will be the final proof for the physician to apply to the separate Visa to be completely able to work United States, which in this case will be the H-1B visa with the contract that they have to work on that specific institution for at least three years.

And they have other certain requirements that they have to fill in order to be all of these approved. So it goes first to the Department of State, then the recommendation goes to United States Customs and Immigration Services, and once that's approved, then your waiver is approved, but you need the visa. So then the lawyers will apply for the H-1B Visa to get that work authorization basically, and the physician can stay and work for that institution. And I am on that final level. I already had my H-1B approved last week, so it was a big, as you can see, it was huge paperwork. It was a big package. So it needs to be communicated. These ideas and these policies need to be communicated with the law firms because they are the ones who are very familiar, especially immigration specialized ones who are very familiar with this process.

**Alec Bose:**

Thank you, Dr. Romero. I think that's a great place to leave it on and congratulations. Thank you so much for joining us.

**Dr. Andres Romero:**

Oh, thank you. Thank you. It was a pleasure.

**Alec Bose:**

We turn now to news from Capitol Hill. Congress passed the 2024 Consolidated Appropriations Act that included additional relief from Medicare payment cuts. Physicians will receive a boost in Medicare pay for patient services starting from the legislation's enactment through the end of 2024. This new relief equates to more than $19 million per pathologist increasing Medicare pay for the remainder of the year by 1.68%. This means that overall pathology pay would increase over current 2024 levels while still being 1.04% lower than last year. Throughout 2023 and early 2024, the CAP persistently lobbied lawmakers to enact short-term Medicare payment relief. The CAP appreciates the partial payment relief. However, the CAP continues to urge Congress to pass legislation to stop these devastating Medicare cuts for good. Be sure to follow us for further updates on Medicare payment.

Next, we move to efforts to address shortages in the healthcare workforce. The CAP and more than 50 physician and healthcare groups strongly urged Congress to support the Healthcare Workforce Resilience Act. In a letter to both the House and the Senate, the groups emphasized the urgent healthcare workforce shortage the US is facing and how it is expected to get worse over the next decade, this legislation would initiate a one-time recapture of up to 40,000 unused employment-based visas, 25,000 for foreign-born nurses and 15,000 for foreign-born physicians so they can strengthen and provide stability to the US healthcare system. The legislation would also allow for thousands of international physicians who are currently working in this country on temporary visas with approved immigrant petitions to adjust their status. The CAP will continue its advocacy efforts, finding legislative solutions to address the healthcare workforce shortage and protect the value of pathologists.

And we end the day back on Capitol Hill, CAP President, Dr. Donald Karcher testified before the House Energy and Commerce subcommittee on Health for a hearing evaluating the FDA's proposed rule on LDT oversight. Dr. Karcher firmly stated the CAP's opposition to the proposed regulation and advocated for policy solutions that targeted full regulation of only the highest risk LDTs. Both members of the committee and testifying witnesses agreed that they do not support the current FDA LDT proposed rule without significant changes. In fact, the majority of the witnesses, including Dr. Karcher, called for Congress to consider the Verifying Accurate Leading-Edge IVCT Development or Valid Act. This legislation would overhaul the FDA's approach to regulating in vitro clinical tests, including LDTs and ensure uniform standards and clinical lab diagnostic testing. Here's a brief snippet of an exchange between Dr. Karcher and Representative Kim Schrier of Washington that happened during the hearing.

**Kim Schrier:**

So many labs need to do these tests in-house. Children's hospitals use LDTs when there's no FDA-approved alternative or when they have a test that's just better and faster. Dr. Karcher, there doesn't seem to be any specific mention of pediatrics children's hospitals in this proposed role. I was wondering how FDA might make some exceptions.

**Dr. Donald Karcher:**

Thank you so much for that question because we very much worry about pediatric patients really being on the losing end if this proposed rule goes forward as written. We clearly need to be able to allow pediatric hospitals who develop a large percentage of LDTs as you know well in your own practice. We need to find a way to have a flexible system that ensures accuracy and validity of the test, but also allows enough flexibility that they don't, they're not prevented from continuing to develop those lifesaving tests.

**Kim Schrier:**

I appreciate that. In five seconds, I'll just say that I agree that we need this flexibility and that when we talked with researchers at the University of Washington and Seattle Children's, they described lack of flexibility in this rule as potentially devastating. Thank you. I yield back.

**Alec Bose:**

That's all for this edition of the recap. Thank you so much for listening. For more information on any of the stories you heard today, be sure to subscribe to our weekly newsletter and follow us on Twitter at CAPDCadvocacy. Once again for advocacy communications, I'm Alec Bose and we'll see you next month.