

# **How the DOCTORS Act Can Address Rural Primary Care Shortages by Reclaiming Opportunities for International Medical Graduates**

Emma Campbell

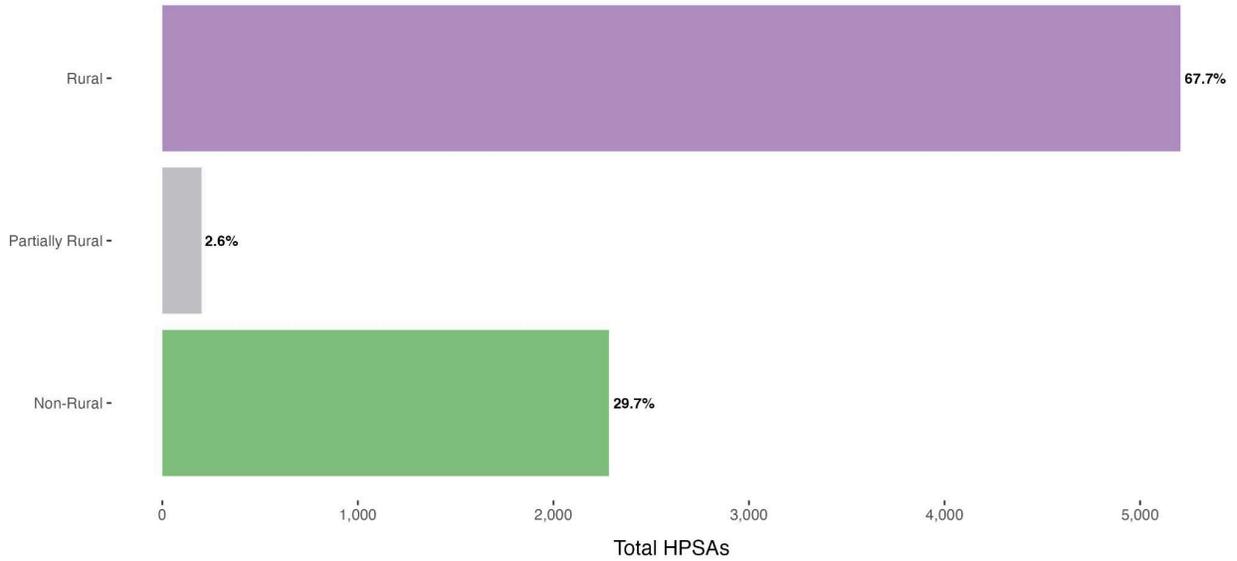
This brief explores how federal policymakers can bring more primary care-practicing International Medical Graduates (IMGs) to rural areas of the United States by passing the DOCTORS Act, a reform to the existing Conrad 30 program. Rural areas of the US are facing the brunt of a growing shortage of primary care physicians (PCPs), and their communities are aging faster and experiencing worse health outcomes than urban areas of the US (CDC 2024). Because non-US citizen IMGs are more likely than US medical graduates to practice primary care, the DOCTORS Act is a small but effective solution to increase rural primary care access by making more Conrad 30 waivers available to states that prioritize the program. By eliminating Conrad 30 waiver waste, policymakers can lessen rural PCP shortages.

## **The Problem: Rural Primary Care Shortages**

The United States faces a growing shortage of physicians. The National Center for Health Workforce Analysis anticipates that total US physicians will fall 124,180 short of demand by 2027 and 187,130 by 2037 (2024-a). Physician shortages are most pronounced among PCPs; of the projected 2037 shortage, 87,150 are expected to be in primary care (National Center for Health Workforce Analysis 2024-b). The Association of American Medical Colleges (AAMC) finds that these shortages will only be more significant if demand for health care among underserved communities increases to match demand in communities with better access to care (2024). PCP shortages make it challenging for patients to get an appointment when they need one (Office of Disease Prevention and Health Promotion n.d.).

PCP shortages are most acute in rural areas. This trend is clear in Figures A through E below. Figure A displays current designated primary care Health Professional Shortage Areas (HPSAs) by their rural status. HPSAs can be geographic areas, facilities, or populations with a shortage of providers (Health Resources & Services Administration n.d.). Nearly 75 million US residents live in HPSAs (National Center for Health Workforce Analysis 2024). As shown in Figure A, slightly over two-thirds (67.7 percent) of HPSAs, or over 5,000 designated areas, are rurally located.

**Figure A: About two-thirds of primary care Health Professional Shortage Areas are rural**  
 HPSAs by rurality as of 2025

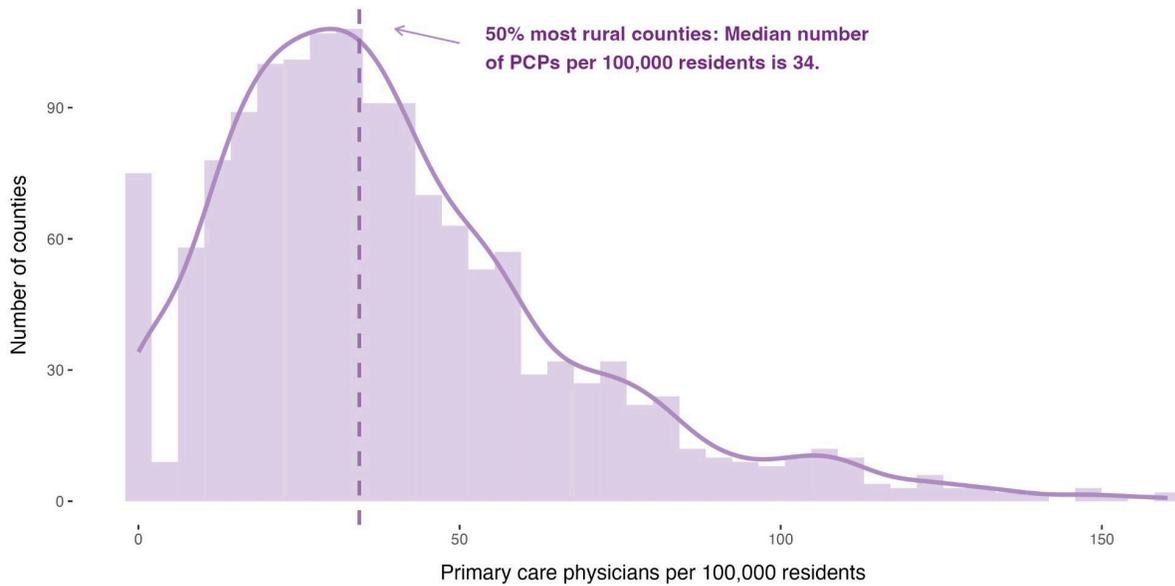


Source: Health Resources & Services Administration

Figure B displays the distribution of PCP rates among the 50 percent most rural US counties, or all US counties with a higher proportion of rural residents than the median. Most of these counties are concentrated toward the left edge of the chart, meaning that they have relatively few PCPs per 100,000 residents. The dashed line indicates a median PCP rate of 34 PCPs per 100,000 residents among the 50 percent most rural counties.

**Figure B: Rural counties tend to have few primary care physicians per capita**

Distribution of primary care physician availability among the more rural 50% of counties; outliers removed

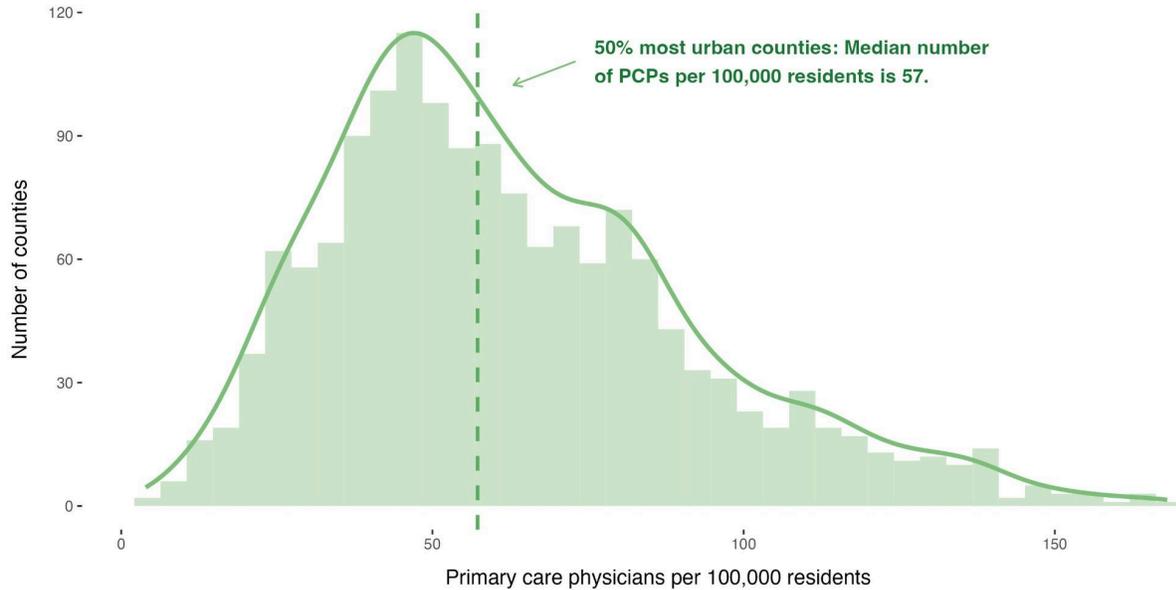


Source: University of Wisconsin County Health Rankings

Figure C, on the other hand, displays the distribution of PCP rates among the 50 percent most urban US counties, or all US counties with a lower proportion of rural residents than the median. The distribution of these urban counties is less skewed to the right than the distribution of rural counties, and this more even distribution demonstrates that urban counties tend to have more PCPs per capita. The median PCP rate among the 50 percent most urban counties is 57 per 100,000 residents.

**Figure C: Urban counties tend to have more primary care physicians per capita**

Distribution of primary care physician availability among the more urban 50% of counties; outliers removed

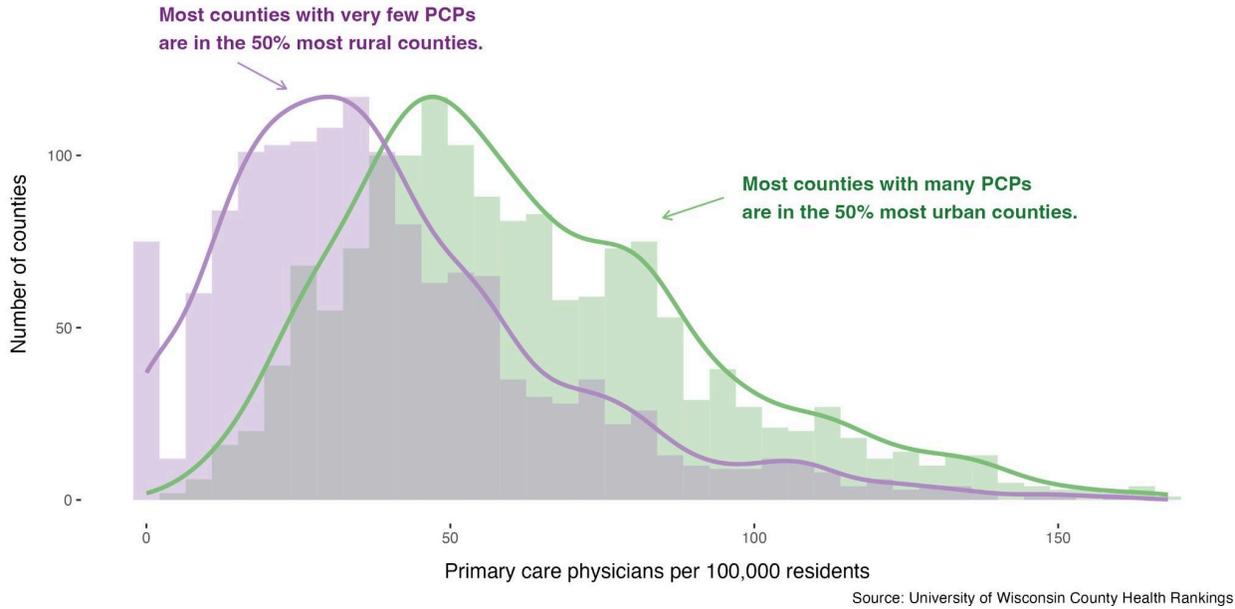


Source: University of Wisconsin County Health Rankings

Figure D overlaps the distributions in Figures A and B for ease of comparison. Toward the left edge of the chart, many more rural than urban counties have very few PCPs per 100,000 residents. Toward the right edge of the chart, many more urban than rural counties have many PCPs per 100,000. While a low number of urban counties have very few PCPs and a low number of rural counties have a high number of PCPs, the trend is clear—PCPs are more scarce in rural America and more abundant in urban America.

**Figure D: Rural counties tend to have fewer primary care physicians per capita**

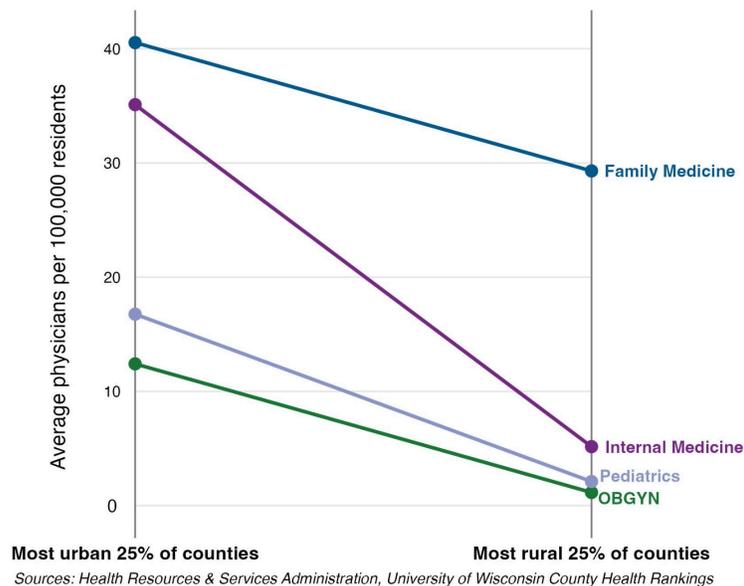
Distribution of primary care physician availability across more rural and less rural counties; outliers removed



Finally, Figure E demonstrates that PCP shortages are present among all primary care specialties in rural counties. This chart displays the difference in rates of average PCPs per 100,000 residents between the 25 percent most urban and 25 percent most rural counties in the US. Across all four primary care specialties shown, rates decrease between the most urban and most rural counties. The particularly steep slope of the line representing internal medicine demonstrates that the greatest shortages in rural areas are within this specialty.

**Figure E: Rural areas experience shortages in all primary care specialties**

Comparing average PCP rates between the most urban and most rural counties



Many factors contribute to these growing shortages among PCPs and other physicians. Most importantly, the US population is both growing and aging, driving increased demand for health care. The nation's total population is expected to grow 8.4 percent by 2036. The population aged 65 and over is expected to grow by 34.1 percent, while those aged 75 and older are projected to increase by 54.7 percent (AAMC 2024). Aging adults tend to use an increased volume of health services (Office of Disease Prevention and Health Promotion 2025). Rural counties skew older than urban counties; in 2019, 17.5 percent of rural populations were over age 65, compared to 13.8% of urban populations (Cohen and Greaney 2022). Moreover, rural America is aging more quickly than urban America, contributing to these critical shortages (Abbott 2022). Along with the rest of the US population, the physician workforce is aging; 20 percent of clinical physicians are 65 years or older, and 22 percent are between ages 55 and 64. As a result, large numbers of physicians are expected to retire in the coming years—potentially around 20 percent within the next two years—shrinking the workforce (AAMC 2024; Henry 2024). Other factors contributing to shortages include physician burnout, job dissatisfaction, limited residency positions, and low compensation for PCPs compared to providers in other specialties (National Center for Health Workforce Analysis 2024-b; AAMC 2024).

It is important to note that the projected physician shortage may be partially offset by nurse practitioners' (NPs) and physician assistants' (PAs) increasing scope of practice, and around half of PAs express interest in working in rural areas, underserved populations, or shortage areas. However, it is expected that these providers will also fail to meet national demand in 2037, with a projected shortage of 66,360 NPs and 460 PAs (National Center for Health Workforce Analysis 2024-a; National Center for Health Workforce Analysis 2024-b).

### ***Importance of Primary Care***

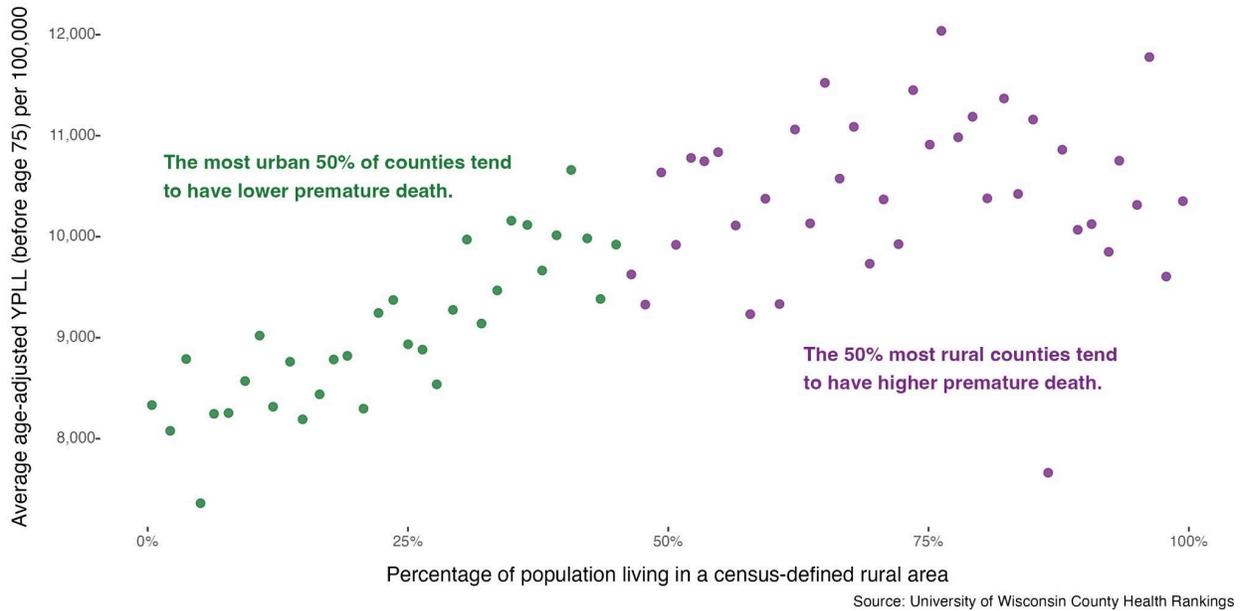
PCP shortages, including in rural areas, are problematic because primary care provides the “first level of contact” between individuals and the national health system and is crucial to reaching a state of “health for all,” according to the World Health Organization (n.d.). Indeed, PCPs play a vital role in preventive care, early detection and treatment of diseases, and management of chronic conditions (National Center for Health Workforce Analysis 2024-b). Because of these health benefits, access to primary care is associated with increased life expectancy; every additional 10 PCPs per 100,000 people is correlated with an additional life expectancy of 114.2 days per decade for those in the community (Vogel 2019). Primary care access decreases health disparities and improves health equity in populations (Office of Disease Prevention and Health Promotion n.d.; Henry et al. 2022).

Figure F displays the correlation between counties' premature death and rurality, possibly indicating the consequences of poorer primary care access in these counties and their need for increased benefits of primary care to communities. The 50 percent most urban counties,

colored green, tend to have lower premature death than the 50 percent most rural counties, colored purple. Premature death is measured as years of potential life lost (YPLL), which quantifies the total number of years not lived by individuals who die before age 75 in a county. As rurality increases among the dots, YPLL tends to increase. To more clearly display the trend, this data is binned, meaning that counties were combined into 70 groups and each dot represents the averages of one group.

**Figure F: Premature death in a county associates with rurality**

Binned counties arranged by rurality and total years of potential life lost in 2024; outliers removed



## International Medical Graduates' Role in Medical Care

IMGs, or physicians who attended medical school outside the US, play a critical role in the US medical system and in filling care shortages. US citizen and non-citizen IMGs make up one-fourth of all US physicians (Intealth 2024). IMGs practice primary care at disproportionate levels compared to their US medical graduate counterparts. As previously mentioned, Figure E shows that the most significant rural primary care shortages are in internal medicine. In the 2025 US residency match, non-US citizen IMGs were 58% more likely to match into an internal medicine residency than US MD and DO seniors (author's calculation based on data from the National Resident Matching Program). In general, non-US citizen IMGs are nine times more likely to practice primary care than US medical graduates (Bello et al. 2025). It is unclear why IMGs practice primary care at relatively high levels. However, considering this propensity, it is clear that policymakers should explore policies that help more IMGs practice in rural areas.

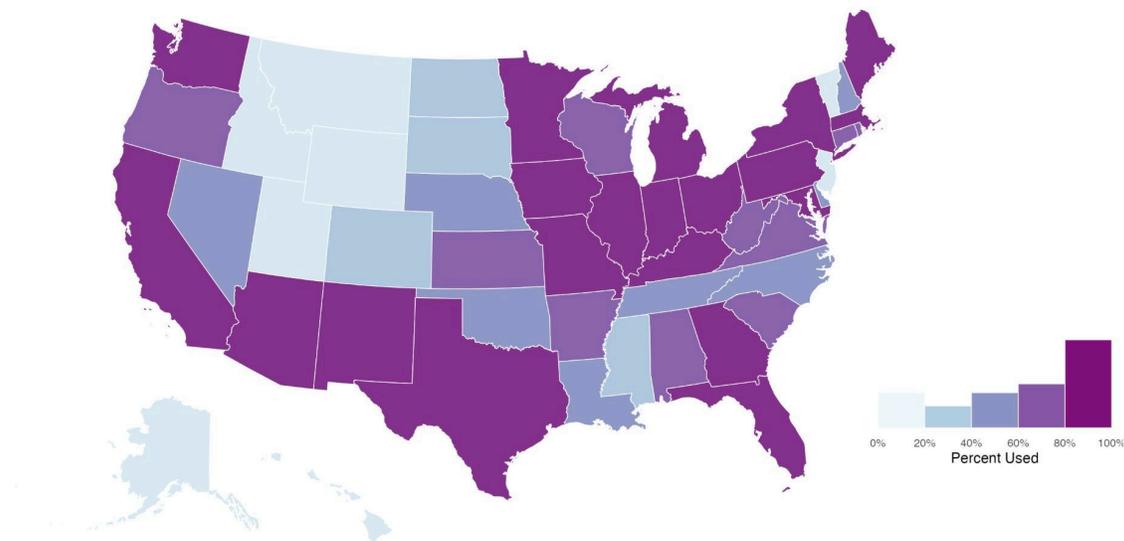
## Conrad 30

An existing policy that aims to bring non-US citizen IMGs to rural areas is Conrad 30. Created in 1994, this policy allows some IMGs completing their residencies in the US on a J-1 visa to apply to waive the 2-year foreign residence requirement (Ash 2025; US Citizenship and Immigration Services n.d.). Under this requirement, IMG residents on J-1 visas must return to their home country for at least two years before obtaining other immigration benefits to return to and practice medicine in the US (Bureau of Consular Affairs n.d.). Conrad 30 allows each state to sponsor waivers for 30 IMGs per year provided each recipient agrees to practice in a designated HPSA, Medically Underserved Area (MUA), or Medically Underserved Population (MUP) for at least three years (US Citizenship and Immigration Services n.d.). 15,000 IMG physicians have been brought to rural and underserved communities through this program (Ash 2025).

Not all states use all 30 waivers each year, and some states use very few. Figure G shows all 50 US states colored according to the total percent of available waivers they used from 2001 to 2024. The lightest states used fewer than 20 percent of their waivers, while the darkest used over 80 percent.

**Figure G: States vary widely in Conrad 30 waiver use**

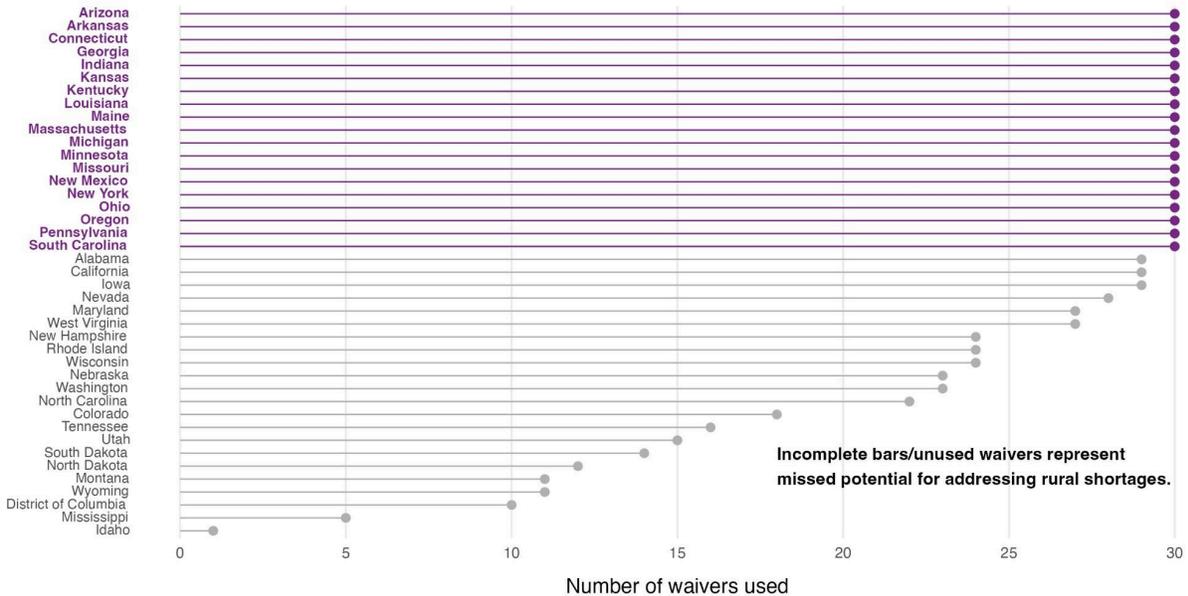
Percent of total Conrad 30 waivers used by state (2001–2024)



Source: 3RNet

Similarly, Figure H displays the states that used all 30 of their waivers in 2024 and those that did not. Several states were missing 2024 data and thus are not represented within this chart. Incomplete bars represent unused waivers and missed potential for IMGs to practice in an underserved area, bringing more PCPs to rural America.

**Figure H: Only nineteen states used all 30 Conrad waivers in 2024**  
States missing data excluded

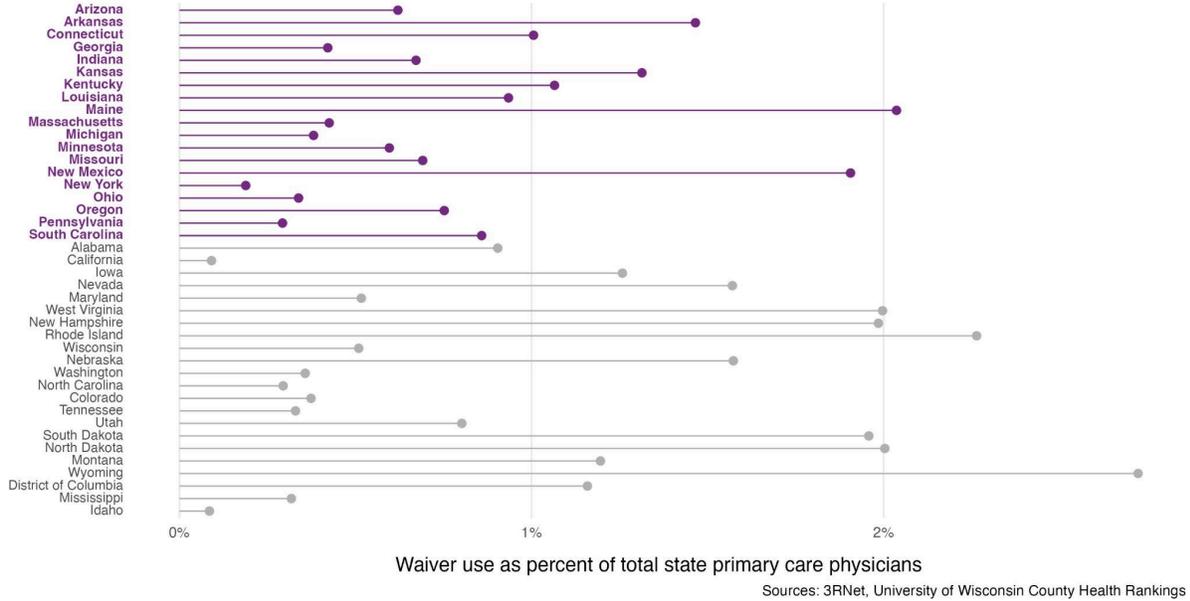


Source: 3RNet

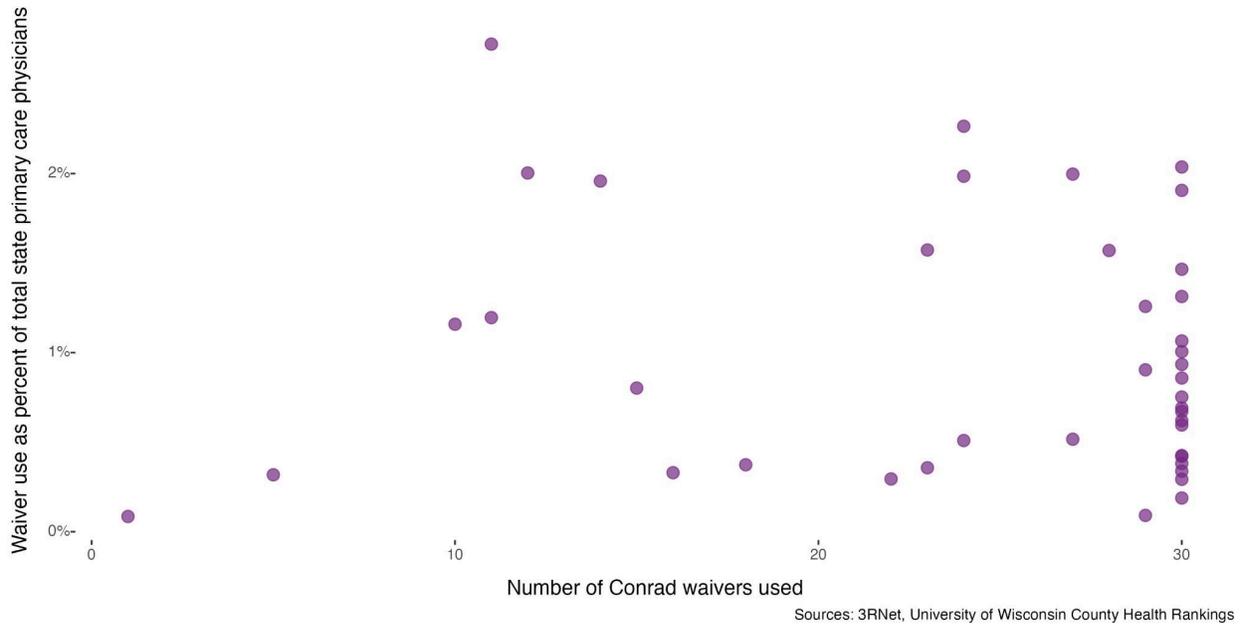
Low Conrad 30 waiver use is likely not due to low demand for IMGs to practice, as evidenced by Figures I and J. These charts explore each state’s 2024 waiver use as a percent of the total number of PCPs in the state. Figure I maintains the same listed state order as Figure H, while Figure J is a scatter plot depicting the association between total waiver use and waiver use as a percentage of total PCPs. If states with higher demand for doctors used more waivers, one would expect raw total waiver use to increase in these charts alongside increasing waiver use as a percent of total physicians. However, this is not the case, and no meaningful association is visible.

Data concerning the number of IMG waiver applications each state receives is scarce, making it difficult to determine whether some states use few waivers because of a low supply of willing IMG participants. However, Conrad 30 policies that vary between states may discourage or make it more difficult for some IMGs to apply. Eligibility criteria and application requirements differ among states, and some states may lack the funding or staff to successfully administer the program. Some states also have more burdensome waiver application processes than others (Ramesh et al. 2024). For example, Idaho, which uses only one waiver on average per year, maintains more rigid requirements than those required by US Citizenship and Immigration Services. The state requires sponsoring healthcare facilities to provide specific documentation demonstrating that they tried for at least six months to fill the position with a US citizen and does not allow more than two applications per facility (Ramesh 2024; Idaho Department of Health and Welfare 2022; US Citizenship and Immigration Services n.d.).

**Figure I: Conrad waiver showed little association with total state PCPs in 2024**  
 States missing data excluded; listed in order of total waiver use



**Figure J: Conrad waiver use showed little association with total state PCPs in 2024**  
 States arranged by total waiver use in 2024 and total state PCPs; states missing data excluded



## DOCTORS Act and Recommendation

The DOCTORS Act (“Directing Our Country’s Transfer of Residency Slots”), introduced in 2023 in the US Senate by Senator Joni Ernst (R-Iowa) and cosponsored by Senator Amy Klobuchar

(D-Minnesota), aims to improve the Conrad 30 program by reclaiming unused waivers. The bill would require states to report their total waiver use each year, then require the US Secretary of State to calculate the total number of unused waivers and divide this total by three. This number of waivers would then be redistributed the following year to the states that had used all their full 30 waivers for their extra use if needed (Zimmer 2024; S. 2719, 118th Congress).

Rather than addressing state policies that lead to low waiver use in some states, which may be a more politically complicated option, federal policymakers should pass the relatively simple DOCTORS Act to eliminate waiver waste. This policy option does not ask states to change their policies, does not change the total number of available waivers over time, and does not force states to use more or fewer waivers. Rather, it makes extra, unused waivers available to eager states, giving more IMGs the option to remain in the US and practice medicine in rural areas.

Considering that 15,000 physicians have practiced medicine in rural and underserved areas of the US through the Conrad 30 program, the DOCTORS Act has the potential over time to bring hundreds more IMGs to rural areas (Ash 2025). At least 43.7 percent of non-US citizen IMGs matched into a primary care residency in 2025, meaning that a high proportion of extra Conrad 30 waiver recipients under the DOCTORS Act would be likely to practice primary care after finishing their training (author's calculation based on data from the National Resident Matching Program).

While not a complete solution to the issue of rural primary care shortages in the US, the DOCTORS Act is a simple policy legislators should adopt to help more IMGs, who practice primary care at disproportionately high rates, bring their training and skills to rural areas. Rural America's primary care shortages are more extreme than in urban areas, contributing to worse health outcomes and potentially to higher rates of premature death. Policies that support IMGs as they practice rurally are critical to supporting the health of rural communities.

## References

- Abbott, Chuck. 2022. "Rural America Is Growing Older Faster Than Urban America." *Successful Farming*. <https://www.agriculture.com/news/business/rural-america-is-growing-older-faster-than-urban-america>.
- Ash, Paige. 2025. "Congressman Valadao Reintroduces Legislation to Strengthen Our Healthcare Workforce." Congressman David G. Valadao. <https://valadao.house.gov/news/documentsingle.aspx?DocumentID=1774#:~:text=Created%20in%201994%20and%20named,30%20program%20since%20its%20inception..>
- Association of American Medical Colleges. n.d. "Addressing the Physician Workforce Shortage." Accessed April 28, 2025. <https://www.aamc.org/advocacy-policy/addressing-physician-workforce-shortage>.
- Association of American Medical Colleges. 2024. "New AAMC Report Shows Continuing Projected Physician Shortage." <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>.

- Bell, Fatimah O., et al. 2025. "Bridging the Gap: The Essential Role of International Medical Graduates in Addressing the US Physician Shortage—Where Do We Stand?" *Journal of General Internal Medicine*. <https://link.springer.com/article/10.1007/s11606-025-09524-4>.
- Bureau of Consular Affairs. n.d. "Waiver of the Exchange Visitor Two-Year Home Country Physical Presence Requirement." US Department of State. Accessed May 5, 2025. <https://travel.state.gov/content/travel/en/us-visas/study/exchange/waiver-of-the-exchange-visitor.html>.
- CDC. n.d. "About Rural Health." Accessed May 5, 2025. <https://www.cdc.gov/rural-health/php/about/index.html#:~:text=Why%20rural%20residents%20are%20at,high%20blood%20pressure%2C%20and%20obesity..>
- Cohen, Steven A., and Mary L. Greaney. 2022. "Aging in Rural Communities." *Current Epidemiology Reports* 10 (1): 1-16. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9644394/>.
- Health Resources & Services Administration. n.d. "What is Shortage Designation?" Accessed May 5, 2025. <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation>.
- Henry, Tanya Albert. 2024. "AMA outlines 5 keys to fixing America's rural health crisis." American Medical Association. <https://www.ama-assn.org/delivering-care/population-care/ama-outlines-5-keys-fixing-america-s-rural-health-crisis>.
- Henry, Tracey L., et al. 2022. "Health Equity: The Only Path Forward for Primary Care." *Annals of Family Medicine* 20 (2): 175-178. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8959751/>.
- Idaho Department of Health and Welfare. 2022. "Increasing Use of Physician Visa Waiver Programs." [https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2023/standingcommittees/230227\\_sh&w\\_0300PM-Minutes\\_Attachment\\_2.pdf](https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2023/standingcommittees/230227_sh&w_0300PM-Minutes_Attachment_2.pdf).
- Intealth. 2024. "Navigating Change: Embracing the Role of International Medical Graduates as the United States Enters a Period of Transition." <https://www.intealth.org/news/2024/10/30/navigating-change-embracing-the-role-of-international-medical-graduates-as-the-united-states-enters-a-period-of-transition/>.
- National Center for Health Workforce Analysis. 2024-a. "Physician Workforce: Projections, 2022-2037." <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>.
- National Center for Health Workforce Analysis. 2024-b. "State of the Primary Care Workforce, 2024." <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>.
- National Resident Matching Program. 2025. "Advance Data Tables for the 2025 Main Residency Match." [https://www.nrmp.org/wp-content/uploads/2025/03/Advance\\_Data\\_Tables\\_2025.pdf](https://www.nrmp.org/wp-content/uploads/2025/03/Advance_Data_Tables_2025.pdf).
- Office of Disease Prevention and Health Promotion. n.d. "Access to Primary Care." US Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care>.
- Office of Disease Prevention and Health Promotion. 2025. "Social Determinants of Health and Older Adults." US Department of Health and Human Services. Accessed May 4, 2025. <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#:~:text=An%20aging%20population%20means%20higher,lifespan%20approach%20to%20healthy%20aging.>
- Ramesh, Tarun. 2024. "An increasing number of states filled Conrad 30 waivers for recruiting international medical graduates." *Health Affairs Scholar* 2 (9). <https://academic.oup.com/>

healthaffairsscholar/article/2/9/qxae103/7735459.

S.2719 — 118th Congress (2023-2024). <https://www.congress.gov/bill/118th-congress/senate-bill/2719?overview=closed>.

Vogel, Lauren. 2019. "Life expectancy grows with supply of primary care doctors." *Canadian Medical Association Journal* 191 (12). <https://pmc.ncbi.nlm.nih.gov/articles/PMC6435370/#:~:text=They%20found%20that%20people%20who,physicians%20per%20100%20000%20people..>

World Health Organization. n.d. "WHO called to return to the Declaration of Alma-Ata." Accessed May 5, 2025. <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>.

Zimmer, Cassandra. 2024. "Immigration as a solution to healthcare workforce shortages." Niskanen Center. <https://www.niskanencenter.org/immigration-as-a-solution-to-healthcare-workforce-shortages/>.

## Data

Health Resources & Services Administration. "Data Downloads: Area Health Resources Files 2023-2024 County Level Data." Accessed April 6, 2025. <https://data.hrsa.gov/data/download>.

Health Resources & Services Administration. "Data Downloads: Shortage Areas All HPSAs - CSV." Accessed May 3, 2025. <https://data.hrsa.gov/data/download>.

University of Wisconsin Population Health Institute County Health Rankings & Roadmaps. "Data & Documentation: 2025 CHR CSV Analytic Data." Accessed April 5, 2025. <https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation>.

US Citizenship and Immigration Services. n.d. "Conrad 30 Waiver Program." Accessed May 5, 2025. <https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program>.

3RNet. "Conrad 30 Slots Filled Data: Conrad Historic Totals - 2001 to Present." Accessed April 21, 2025. <https://www.3rnet.org/j1-filled>.