

Physician National Interest Waiver Guidance March 2025

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Definitions

- 1. Health Professional Shortage Area (HPSA): An area, population group, or facility designated by the U.S. Department of Health and Human Services as having an acute shortage of primary health care professionals. Please refer to the resource at https://data.hrsa.gov/tools/shortage-area for more information on HPSAs.
- Mental Health Professional Shortage Area (MHPSA): An area designated by the U.S. Department of Health and Human Services as having an acute shortage of mental health care professionals.
- 3. Medically Underserved Area (MUA): An area designated by the U.S. Department of Health and Human Services as meeting scoring criteria under the Index of Medical Underservice (IMU) which considers the ratio of primary medical care physicians to population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Please refer to the resource at https://data.hrsa.gov/tools/shortage-area for more information on MUAs.
- 4. Medically Underserved Population (MUP): A designation by the U.S. Department of Health and Human Services which involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Please refer to the resource at https://data.hrsa.gov/tools/shortage-area for more information on MUAs.

General Information

This guidance provides information about requirements of the Iowa Department of Health and Human Services (Iowa HHS) to provide an attestation letter (statement of support) for a Physician National Interest Waiver (PNIW).

Program Overview

In accordance with the Nursing Relief for Disadvantaged Areas Act of 1999, national interest waivers were established for foreign national physicians seeking a Green Card via the second-preference employment category (EB-2). The EB-2 typically requires a job offer and labor certification. A PNIW allows that requirement to be waived, but the physician must agree to work full-time in a designated underserved area [Section 203(b)(2) of the Immigration Nationality Act (INA)].

The State of Iowa is committed to improving access to health care in medically underserved areas of the state. The PNIW is one way to address the shortage of physicians in Iowa. The Primary Care Office, within the Division of Public Health at the Iowa HHS, receives requests for and provides PNIW attestation letters. PNIW requests can be submitted and processed at any time during the year.

A United States health care facility or legal counsel must submit documentation on behalf of a physician to the Iowa HHS to be considered for a PNIW attestation letter. The documentation is collected to determine the term of the PNIW service obligation in Iowa, as well as to substantiate physician qualifications and the claim that the work of the physician is in the public interest.

The Iowa HHS issues letters of attestation to the health care facility or legal counsel submitting a PNIW request on behalf of the physician. Once a letter of attestation is provided, the PNIW request is submitted by the healthcare facility or legal counsel to the U.S Citizenship and Immigration Services who approves and issues PNIWs.

The Iowa HHS is under no obligation to provide a letter of attestation and Iowa's PNIW program can be modified or terminated at any time.

Program Requirements

Requirement 1: Physician must agree to work full-time in a clinical practice for an aggregate of 5 years.

Requirement 2: Physician must work in primary care (general practitioner, family practice, general internist, pediatrician, obstetrician/gynecologist, or psychiatrist) or be a specialty physician.

Requirement 3: Physician must serve either in a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MHPSA – for psychiatrists only), a Medically Underserved Population (MUP), or a Medically Underserved Area (MUA) for the entire service obligation period.

Requirement 4: Physician must obtain a statement of support from a federal agency or a state department of health that the clinical services that will be provided are in the public interest.

Requirement 5: Physician's employer must submit a statement in support of the physician.

Requirement 6: Physician must submit an employment contract.

Requirement 7: Physician must submit documentation of previous employment proposed to be applied toward the PNIW five-year service obligation in Iowa, if applicable.

Requirement 8: Physician must have an unrestricted license to practice medicine from the lowa Board of Medicine (BOM) or have made an application to the BOM prior to submitting a waiver application.

Requirement 9: Physician must have completed residency and/or fellowship training and must be board-eligible or board-certified in the medical specialty for which the waiver is being requested.

Requirement 9: Physician must submit two letters of recommendation.

Qualifying Prior Employment

Previous employment may be applied toward the fulfillment of the PNIW five-year service obligation (for Iowa) if the eligibility criteria are met and supporting documentation is submitted with the request packet. Previous employment may include:

- Physicians with Previous Employment in Iowa
- Iowa J-1 Visa Waiver Recipients NOTE: Iowa J-1 Visa Waiver recipients must have completed at least one year of the service obligation before petitioning for a PNIW and must follow J-1 visa waiver requirements.
- J-1 Visa Waiver Recipients from another State



 Physicians with a PNIW Obligation from Another State
 NOTE: Regardless of the balance remaining on the service obligation, a minimum 2year service obligation is required in Iowa to be considered for an attestation letter.

Documentation Requirements

Document	Description/Requirements	
Letter from Employer	 This document must include the following on a signed and dated statement by the head of healthcare facility/employer on letterhead: 1) Employer legal name and physical address 2) Employer point of contact 3) Physician legal name, date of birth, discipline, and specialty (if applicable) 4) Employment date of physician 5) Statement requesting the lowa Health and Human Services act as an interested government agency and provide an attestation letter for a PNIW 6) Full-time employment status (≥ 40 hours per week) providing patient care in a medically underserved area (HPSA, MHPSA – for psychiatrists only, a MUP, or a MUA) 7) Each practice site where the physician will be fulfilling the service obligation (all sites must be in lowa) a) Practice site legal name and physical address b) Hours providing patient care (at each practice site) c) Designation (HPSA/MUA/MUP) type d) Designation (HPSA/MUA/MUP) ID f) HPSA Score, as applicable 8) Brief description of services provided by the employer at all named practice sites 9) Commitment to employ the physician that meets one of the following a) Five-year service obligation if no other qualifying previous employment b) Balance of five-year service obligation if previous qualifying employment b) Balance of the balance remaining on the service obligation, a minimum 2-year service obligation, a minimum 2-year service obligation is required in lowa to be considered for an attestation letter. 	



Document	Description/Requirements	
	 c) Iowa J-1 visa waiver recipients must have 1 year of service before applying for PNIW 10) Impact of physician services on unmet healthcare needs of the medically underserved community 11) Accepts Medicaid, Medicare, uninsured, and medically indigent patients 12) Percent of medically underserved patients (Medicaid, Medicare, uninsured, and indigent) the practice is or will be serving 13) Attempts to recruit qualified U.S. physicians and include (if position is not currently filled by an Iowa-sponsored J-1 visa waiver recipient) a) How long the position has been vacant b) Method/s used to facilitate recruitment that were specifically for the position being filled by the PNIW waiver requestor c) The number of inquiries received because of recruitment methods d) The number of physicians identified because of recruitment methods e) How many interviews were conducted and if an offer was made f) How many offers were to U.Sborn physicians 	
Signed Employment Contract (including amendments or addendums)	 (j) How many offers were to 0.3.400m physicians This document is used to verify eligible employment and must include the following information: 1) Must show that the contract/amendment was executed within 90 days of the date of request for an attestation letter. 2) Employer legal name and physical address 3) All practice sites where the physician will be fulfilling service obligation (all sites must be in lowa) 4) Physician legal name, specialty, and sub-specialty (if applicable) 5) Description of medical services provided 6) Commitment to employ the physician that meets the following, as applicable a) Five-year service obligation if no other qualifying previous employment 	



Document	Description/Requirements		
	 b) Balance of five-year service obligation if previous qualifying employment NOTE: Regardless of the balance remaining on the service obligation, a minimum 2-year service obligation is required in lowa to be considered for an attestation letter. c) lowa J-1 visa waiver recipients must have 1 year of service before applying for PNIW 7) Full-time employment status (≥ 40 hours per week) providing patient care in a medically underserved area (HPSA, MHPSA – for psychiatrists only, a MUP, or a MUA) 8) Salary and benefits package. a) Physician salary must be the prevailing wage for the declared discipline or specialty 		
Curriculum Vitae	This document provides information about the physician's work history and experience.		
Iowa full/provisional professional license or certificate and specialty certificate (if applicable), or proof of payment to the Iowa Board of Medicine, or Iowa BOM notification of status of license	This document is used to verify that the physician is appropriately credentialed and qualified to practice in the discipline that the physician is applying for within the state of lowa.		
National Interest Waiver Attestation Request Terms and Conditions	This document provides an attestation by the physician that he/she has no other waiver requests pending with another government agency.		
Two letters of recommendation	 This document must be on official letterhead, signed, and dated within 90 days of request for attestation. Letters of recommendation must specify the following information and come from professionals in a supervisory role to the physician 1) Name and title of the person making the recommendation 2) Physician name 3) Description of professional relationship 4) Physician qualities and experience 		





Document

Description/Requirements

Additional Documentation for Physicians with Previous Employment in Iowa

Confirmation letter from all previous employer(s) that contributed to the fulfillment of the 5year service obligation This document provides eligibility verification of past employment. Confirmation letter(s) from employer(s) must specify the following information:

- 1) Employer legal name and physical address
- 2) Employer point of contact
- 3) Physician legal name, date of birth, discipline, and specialty (if applicable)
- 4) Employment period start date and end date
- Each practice site where the physician worked toward the fulfillment of the service obligation (all sites must be in lowa)
 - a) Practice site legal name and physical address
 - b) Hours providing patient care (at each practice site)
 - c) Designation (HPSA/MUA/MUP) type
 - d) Designation (HPSA/MUA/MUP) name
 - e) Designation (HPSA/MUA/MUP) ID
 - f) HPSA Score, as applicable
- Full-time employment status (≥ 40 hours per week) providing patient care in a medically underserved area (HPSA, MHPSA – for psychiatrists only, a MUP, or a MUA)
- Impact of physician services on unmet healthcare needs of medically underserved community
- 8) Accept Medicaid, Medicare, uninsured, and medically indigent patients
- Percent of medically underserved patients (Medicaid, Medicare, uninsured, and indigent) the physician served

Additional Documentation for Iowa J-1 Visa Waiver Recipients

USCIS 212(e) J-1 Waiver Approval	This document provides proof of J-1 Visa Waiver approval.
I-94	This document is the DHS Arrival/Departure Record and is
	proof of legal entry into the United States.



DS-2019 Certificate of This document provides proof of J-1 visa eligibility. Eligibility for Exchange Visitor Status (J Nonimmigrant)

J-1 Visa Waiver Recipients of another State

Letter from the sponsoring state or entity	 This document provides eligibility verification of past employment and service obligation. Letter(s) must specify the following information: 1) Physician legal name, date of birth, discipline, and specialty (if applicable) 2) Physician employment was in the public interest 3) Employment start and end dates 4) Practice site locations 5) Confirmation that practice site locations were in a designated (HPSA/MUA/MUP) area 	
Physicians with a PNIW Obligation from Another State		
PNIW attestation letter from each jurisdiction (state) where the service obligation was being fulfilled	'n	
Letter from State Health Department from each jurisdiction (state) where service obligation was being fulfilled	 This document provides eligibility verification of past employment and service obligation. The letter(s) must be signed on letterhead, and include: 1) Physician legal name, date of birth, discipline, and specialty (if applicable) 2) Physician employment was in the public interest 3) Employment start and end dates 4) Practice site locations 5) Confirmation that practice site locations were in a designated area (HPSA/MUA/MUP) area 	

Request Packet Instructions

PNIW attestation letter requests must be submitted in accordance with the following criteria. Failure to submit as prescribed may result in a waiver support denial.

Use a Table of Contents and tab documents



- Include a cover letter and indicate to whom the attestation letter should be addressed
- Submit the documents in the order indicated on the Documentation Checklist
- Request packet contents must be single-sided
- Request packet contents must be on 8.5" x 11" paper
- Do NOT use staples or binders
- Do NOT include documents that are not required

Submit waiver request packet to:

Iowa HHS Division of Public Health Primary Care Office Physician National Interest Waiver Program 321 E 12th St. Des Moines, IA 50319

Waiver Request Review

Waiver request review is based on the following considerations:

Review Consideration 1: Contents are tabbed in accordance with the request packet instructions section.

Review Consideration 2: Requested information is sufficiently addressed.

Review Consideration 3: Program requirements are satisfied.

NOTE: PNIW attestation requests that do not meet requirements may be negotiated back for clarification or additional, requested materials.

Resources

- 1. Health Professional Shortage Areas: <u>https://data.hrsa.gov/tools/shortage-area/hpsa-</u><u>find</u>
- 2. Immigration and Nationality Act: <u>https://www.uscis.gov/legal-resources/immigration-and-nationality-act</u>
- 3. MUA/P Find: https://data.hrsa.gov/tools/shortage-area/mua-find
- 4. Shortage by Address: https://data.hrsa.gov/tools/shortage-area/by-address
- 5. Green Card Through a Physician National Interest Waiver: <u>https://www.uscis.gov/green-card/green-card-eligibility/green-card-through-a-physician-national-interest-waiver-niw</u>



Changes to Guidance

Date of Change	Section	Change
2/18/2025	Documentation Requirements	Change requirement from: Copy of Iowa full/provisional professional license/certificate To: Copy of full unrestricted Iowa medical license.
2/18/2025	Documentation Requirements	Add: Physician salary must be the prevailing wage for the declared discipline or specialty
2/18/2025	Added Attestation Process Overview	Added: PNIW requests can be submitted at any time during the year. The lowa Department of Health and Human Services issues letters of attestation to the health care facility or legal counsel submitting a PNIW request on behalf of the physician. Once a letter of attestation is provided, the PNIW request is submitted by the healthcare facility or legal counsel to the U.S Citizenship and Immigration Services who approves and issues PNIWs.
4/25/2025	Program Requirements	Added Requirement 9: Physician must have completed residency and/or fellowship training and must be board-eligible or board-certified in the medical specialty for which the waiver is being requested.
4/25/2025	Program and Documentation Requirements	Separated the program and documentation requirements into 2 sections.

