September 25, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Re: Comment from six medical societies on the proposed rule *Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media* [DHS docket number ICEB-2025-0001].

Dear Secretary Noem:

As organizations that together represent over 590,000 frontline physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Osteopathic Association, and the American Psychiatric Association write to share our strong concern about the proposed rule *"Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media"* [DHS docket number ICEB-2025-0001].

The rule proposes to change the way that the Department of Homeland Security (DHS) establishes the authorized period of stay for holders of F, J and I visa classifications by eliminating the long-standing policy of "duration of status" and replacing it with a fixed admission period. For J-1 physicians in graduate medical educate (GME) programs, this change would have immediate and destabilizing consequences for patients, hospitals and communities across the United States.

J-1 Physicians: A Vital and Well-Regulated Cohort

J-1 physicians are among the most carefully vetted, monitored, and supervised nonimmigrant populations in the United States. We strongly oppose this change specifically for J-1 physicians, as this change will disrupt the training of thousands of physicians -- physicians who already have been thoroughly vetted, already are serving on our nation's health care teams, and already are carefully monitored during their time in the United States. Before arrival, they undergo extensive screening and must secure acceptance into highly competitive training programs. While in training, they are

continuously overseen by their host institutions, by Intealth (as the sole visa sponsor for physicians in GME), and by federal authorities at both the DHS and the Department of State. Importantly, there is no evidence of J-1 physicians overstaying their visas. The proposed change seeks to address a compliance concern that does not exist in this population.

Essential Role in U.S. Health Care

J-1 physicians are an essential part of the U.S. health care system. This rule will result in considerable disruption and delay of services at teaching hospitals where essential patient care is provided and threaten continuity of patient care. Each year, more than 17,000 J-1 physicians train in teaching hospitals across nearly every state, Puerto Rico, and the District of Columbia. They represent the full breadth of medicine, including critical and much-needed primary care disciplines such as family medicine, pediatrics, and internal medicine, as well as high-demand specialties like psychiatry, obstetrics and gynecology, and general surgery. These physicians deliver hands-on patient care while training under our supervision, ensuring that hospitals can provide continuous services to countless patients. Without them, many teaching hospitals would face gaps and delays in care delivery and reductions in training opportunities for U.S. medical graduates.

Disruption of Patient Care and Graduate Medical Education

The proposed adjudication requirement would mean that any J-1 physician whose training extends beyond the initial admission period for any reason, including remediation, family or medical leave, or delays associated with international travel and board examinations, would need to secure an Extension of Status from the United States Citizenship and Immigration Services (USCIS). Any disruption to J-1 physicians' ability to continue their training—or uncertainty that prevents hospitals from planning and delivering patient care with confidence—risks undermining the continuity and quality of health care across the United States. Even brief disruptions could force physicians to stop treating patients mid-program, jeopardize continuity of care in hospitals and clinics, leave patients without timely access to critical services and undermine GME programs that depend on stable cohorts.

Long-Term Workforce Implications

The impact extends beyond the training years. After completing their residencies and fellowships, many J-1 physicians remain in the United States under federal and state programs that direct them to underserved areas, including rural hospitals, where they

provide critical care to communities with limited access to physicians. Hospitals and regions that already rely heavily on international medical graduates would be disproportionately harmed. Limiting the ability of J-1 physicians to train in the United States will shrink this pipeline of talented individuals, further straining health care access in vulnerable communities and exacerbating existing inequities.

Misalignment with National Priorities

The United States is already grappling with alarming physician shortages, projected to worsen significantly over the coming decade. The shortage is particularly acute in primary care, mental health, obstetrics, and rural medicine. Rather than reinforcing the stability of the workforce, this rule would discourage talented international physicians from choosing U.S. training programs, diminish the ability of hospitals to plan for staffing and deliver consistent care, and contradict the administration's stated goals of reducing health care disparities, strengthening rural health infrastructure, and addressing mental health needs. By creating barriers for J-1 physicians, a group with no demonstrated overstay problem, this policy undermines rather than supports national interests in health security and access.

The Case for Exclusion

At this moment of growing health care demand, policies should aim to strengthen not weaken the physician workforce. By 2036, the Association of American Medical Colleges anticipated that the United States will experience a shortage of 86,000 physicians. Excluding J-1 physicians from this proposed rule is not only justified but essential. Doing so would preserve continuity of patient care at teaching hospitals, safeguard the integrity and stability of graduate medical education, and maintain a vital pipeline of physicians who go on to serve in underserved and rural communities. Additionally, excluding J-1 physicians from this proposed rule would ensure that federal immigration policy aligns with broader national priorities for health care access and workforce development.

Conclusion

The proposed elimination of duration of status for J-1 physicians would destabilize graduate medical education, disrupt patient care, and weaken the U.S. health workforce, all while failing to advance the administration's stated goal of reducing visa overstays. J-1 physicians are already highly vetted, well-monitored, and demonstrably compliant group.

For these reasons, we strongly urge DHS to specifically exclude J-1 physicians from this rule. Doing so will protect patients, hospitals, and communities, and ensure that the United States continues to attract and retain the talented international physicians who are essential to the health of our nation.

Sincerely,

American Academy of Pediatrics
American Academy of Family Physicians
American College of Obstetrics and Gynecologists
American College of Physicians
American Osteopathic Association
American Psychiatric Association