

September 29, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
Washington, DC 20528

Dear Secretary Noem:

On behalf of the undersigned organizations, we write to express our concerns regarding the proposed shift from duration of status (D/S) to fixed admission periods with recurring extensions of stay for J-1 physicians. As currently drafted, the rule will greatly undermine the training and subsequent hiring of highly skilled international medical graduates (IMGs) and harm patients who rely on them for timely, high-quality care.

IMGs, many of whom who enter the U.S. on a J-1 visa, are essential to the U.S. healthcare workforce. Nearly one in five practicing physicians in the United States trained abroad, and IMGs disproportionately serve in primary care, safety-net hospitals, and rural and underserved communities that struggle to recruit American physicians. The proposed four-year maximum initial admission for J-1 exchange visitors, combined with mandatory mid-training extensions of stay, creates unnecessary uncertainty and disruption for physicians training in pathways with documented shortages that commonly run five to seven years. Mandating additional USCIS adjudications during residency or fellowship introduces repeated administrative hurdles that risk interrupting physician training and patient care, without offering a corresponding benefit to oversight or program integrity.

The rule acknowledges large new costs and processing burdens of approximately \$400 million annually, noting potential enrollment reductions and significant administration impacts on sponsors and employers. These burdens translate directly into risks for physician enrollment and patient access. Any extension of stay denial or delay beyond the proposed 240-day continuation would force trainees to stop clinical duties immediately – jeopardizing continuity of care, hospital coverage, and patient well-being.

J-1 physicians are already among the most highly vetted exchange visitors through ECFMG certification, standardized examinations, SEVIS tracking by a nationally recognized sponsor, state training licenses, and institutional privileging. A uniform framework designed to address broader program vulnerabilities would, as applied to physicians, create new patient-care risks with limited incremental oversight benefits. The proposal also confirms J-2 dependents receive no automatic employment authorization extension when an EAD expires, creating household instability and a documented deterrent to IMG recruitment and retention.

The unfortunate outcome is a weakened IMG pipeline precisely when communities face worsening physician shortages. Training programs will lose candidates or stop hiring them, depriving health systems – and the local economies they support – of essential physicians. Hospitals – especially

teaching hospitals and safety-net providers – could struggle to uphold coverage, lengthening wait times and reducing access to specialty and primary care for millions of patients.

We respectfully urge DHS to exempt physicians from the changes to Duration of Status. At a minimum, we recommend:

- **Preserve continuity across training:** Either maintain duration of status for ECFMG-sponsored J-1 physicians and their J-2 dependents for the sponsor-authorized training period or align the initial J-1 admission with the full training plan to avoid mid-program extensions-of-stay.
- **Ensure uninterrupted clinical service:** Permit J-1 physicians to continue working without interruption for the entire period that a timely extension of stay application is under review, and automatically extend employment authorization for J-2 dependents during this time.
- **Smooth program transitions:** Retain the 60-day F-visa grace period and consider a longer transition protection for J-1 physicians to accommodate July start dates, licensure, and credentialing.
- **Provide reliable processing and clear travel rules:** Offer predictable premium processing for physician-related extension of stays.

At a time when the U.S. is confronting serious health workforce shortages, patient access is our top priority. We urge DHS to preserve a stable, secure pathway for IMGs who sustain America's healthcare workforce and care for our most vulnerable communities. If you have any questions, please contact Eli Greenspan at egreenspan@foleyhoag.com.

Sincerely,

Alliance for Headache Disorders Advocacy
American Academy of Family Physicians
American Academy of Neurology
American Academy of Pediatrics
American Association of Neuromuscular & Electrodiagnostic Medicine
American Brain Coalition
American Clinical Neurophysiology Society (ACNS)
American College of Obstetricians & Gynecologists
American College of Physicians
American College of Radiology (ACR)
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Hospital Association
American Medical Association
American Psychiatric Association

American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Pediatric Nephrology (ASPN)
Association for Advancing Physician and Provider Recruitment
Association of Academic Leaders of Neurology, formerly the Association of University Professors of Neurology
Association of American Medical Colleges
Chronic Migraine Awareness
College of American Pathologists
Council on Social Work Education (CSWE)
CureSHANK
Hope for HIE
Hydrocephalus Association
Infectious Diseases Society of America
International Bipolar Foundation
M-CM Network
Miles for Migraine
MLD Foundation
National Organization for Tardive Dyskinesia
North American Neuro-Ophthalmology Society (NANOS)
Parkinson's Foundation
Physicians for American Healthcare Access
Project IMG
Simply Neuroscience
Society of Hospital Medicine
The Brain Donor Project
The Society of Thoracic Surgeons