American Hospital Association™
Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

September 29, 2025

Todd M. Lyons
Acting Director, U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
500 12th St SW
Washington, DC 20536

RE: 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 (RIN 1653-AA95, DHS Docket Number ICEB-2025-0001), Aug. 28, 2025

Dear Director Lyons:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the Department of Homeland Security's (DHS) proposed rule that would eliminate "duration of status" (D/S) as an authorized period of stay for certain nonimmigrant visa classifications. The proposed rule would affect the nearly 17,000 physicians nationwide on J-1 visas participating in residency and fellowship programs.

For over 30 years, J-1 physicians have been legally authorized to stay in the U.S. for the entire duration of their training programs (i.e., D/S). The sponsoring organization for J-1 physicians (called Intealth) is responsible for continually monitoring and ensuring a J-1 visa recipient's eligibility to participate in training programs. Intealth routinely submits updates on each J-1 holder to a DHS and Department of State (DOS) database, also known as the Student and Exchange Visitor Information System (SEVIS), and the visa recipient's stay is automatically extended. However, DHS proposes to eliminate D/S and replace it with a fixed period of admission of no more than four years. As a result, J-1 physicians whose training programs are longer than four years would be required to apply directly to DHS on an annual basis for stay extensions.

The AHA acknowledges that DHS' objective in removing D/S designations from multiple categories of nonimmigrant visas is to reduce the risk of visa overstays and to strengthen DHS' capacity to confirm that visas are being utilized for their intended purposes. At the same time, we believe that the current D/S policy approach for J-1 physicians has a long track record of achieving these same goals in a manner that is well-aligned with the highly structured and carefully sequenced nature of physician training programs. Furthermore, DHS' proposed policies could lead to significant disruptions to physician training programs, affect access to patient care and add significant administrative burden and costs to hospitals. **For these reasons, the AHA urges DHS to exempt J-1 physicians who are participating in training programs, retaining the existing D/S policy approach for J-1 physicians in residency and fellowship programs. If the agency is intent on eliminating D/S, then we recommend aligning the authorized period of stay for J-1 physicians with the anticipated full length of their training programs.**

The AHA believes that the current D/S policy for J-1 physicians provides systematic and strong oversight that minimizes the potential for J-1 visa misuse. Indeed, physicians on J-1 visas are already among the most highly vetted, closely supervised and continuously evaluated nonimmigrant visa holders in the U.S. They are subject to oversight from not only DHS and DOS, but also their sponsor Intealth and the hospitals and health systems where they train. Before they enter the U.S., Intealth conducts extensive pre-screening, credentialing and vetting of candidates, ensuring that they hold medical degrees from schools of an appropriate caliber, can meet training program requirements and are likely to adhere to the requirements of their visa status. Once they are accepted by residency and fellowship training programs, J-1 physicians are also subject to biannual performance evaluations and required to meet all U.S. medical licensing standards. Residency and fellowship programs also follow standardized and consistently applied durations.

In addition, Intealth continually gathers and tracks data on each J-1 physician for the duration of their program and reports into SEVIS data, such as program start/stop dates and legal status. The failure of a J-1 physician to meet any of the requirements of their program or visa status — such as failing evaluations and not meeting requirements for remediation — results in the termination of their authorization to remain in the U.S. This oversight approach has been in place for over 30 years and has resulted in minimal instances of widespread misuse or overstays.

The AHA believes eliminating the current policy in favor of a fixed four-year authorized period of stay with annual application for extensions could significantly disrupt physician training. Residency and fellowship programs operate on tightly structured annual cycles. Any potential delays in extension of stay applications could result in delayed training starts and less-than-optimal training quality for the J-1 physicians. Furthermore, current processing times for extensions of stay are unpredictable, ranging from six to 19 months. As a result, J-1 physicians could find themselves lacking appropriate visa status through no fault of their own, requiring them

to return to their home countries to await processing. We also note the wide range of specialty training programs could be affected. Many primary care pathways — such as internal medicine followed by subspecialty training in geriatrics or cardiology — routinely require more than four years of training. Surgical residencies are typically a minimum of five years, which means an extension of status application would be required before program completion. Moreover, J-1 physicians sometimes require temporary leaves of absence during their programs, meaning that even those J-1 physicians in programs that are less than four years long could be affected by DHS' proposed elimination of D/S.

These training disruptions, potentially caused by DHS' proposed policy, would not only affect the J-1 physicians themselves — it could also impact access to care in the communities they serve. It is important to recognize that the 17,000 J-1 physicians training in the U.S. do not displace domestic medical graduates; rather, they fill residency slots that would otherwise remain unfilled each year. These physicians disproportionately train in high-need specialties that continue to be in substantial shortage, such as internal medicine, pediatrics and family medicine. They also frequently work in rural and underserved communities, and many who train in those settings continue to work in them when their training is complete. J-1 physicians not only help sustain the physician workforce pipeline but also help expand patient access to essential care. In short, these J-1 physicians both learn about and contribute significantly to care delivery in the U.S. Their presence reduces wait times, ensures continuity of care and strengthens local health systems.

Lastly, the AHA is concerned that DHS' proposal could add administrative costs and burden to hospitals that already are facing financial headwinds. The extension of status filings would duplicate information that Intealth already routinely collects and reports to DHS. Extensions of status also carry substantial fees and legal costs, adding economic strain to J-1 physicians and to hospital training programs.

In summary, the AHA believes the current D/S policy for J-1 physicians achieves DHS' stated policy goals in a way that would align with physician training programs, prevent disruptions to physician training and patient care and minimize extra regulatory costs. However, if the agency is intent on eliminating D/S, DHS could consider an alternative policy approach. **Specifically, DHS could align the authorized period of stay for J-1 physicians with the full planned length of their training programs.** This would minimize the need for physicians to apply for mid-program extensions of stay. This policy approach could also be coupled with DHS permitting J-1 physicians to work without interruption if they have filed a timely application for extension of stay, and that application is under review by DHS. This approach would account for the uncertainty of DHS processing times and minimize disruptions for both J-1 physicians and hospitals alike.

The AHA thanks DHS for the opportunity to comment on this proposed rule. We stand ready to work with the agency on ways to ensure visa policy changes support access to

care. Please contact me if you have questions, or feel free to have a member of your team contact Akin Demehin, AHA vice president for quality and safety policy, at ademehin@aha.org.

Sincerely,

/s/

Stacey Hughes
Executive Vice President