September 25, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
3801 Nebraska Avenue NW
Washington, D.C. 20528

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 Notice of Proposed Rulemaking; Docket No. ICEB–2025–0001

Dear Secretary Noem:

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians, residents, and medical students across the country, I write in response to the Department of Homeland Security's (the Department) 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 notice of proposed rulemaking. The AAFP appreciates the Department's desire and intent to preserve the integrity of the U.S.' visa programs by ensuring they are not misused by international students, visitors, and media representatives. We oppose, however, proposed changes to eliminate the longstanding "duration of status" framework for F-1 academic students, J-1 exchange visitors (including foreign physicians in medical residency training), and I-visa foreign media representatives. We urge the Department to withdraw this proposed rule, given the significant ramifications it would have on our physician pipeline at a time when the U.S. is already facing physician shortages. If the Department will not withdraw it, we request that it be substantially revised to protect international medical students, residents, and physicians — particularly family medicine physicians — whose ability to serve U.S. patients directly depends on their being able to utilize these visa programs.

We strongly oppose this change, as it would disrupt the training of thousands of physicians who hold J-1 visas—physicians who have already been thoroughly vetted, are carefully monitored, and are actively serving U.S. patients and communities. These proposed changes would not accomplish the administration's goal of reducing visa overstays and instead would undermine our nation's health care workforce. While most family medicine residency programs are three years in length, any physician needing extra time (for example, to pursue specific research or to transition to a fellowship) would have to apply to U.S. Citizenship & Immigration Services' (USCIS) for an "Extension of Stay" (EOS) before continuing their training. This would increase regulatory burden by introducing a new layer of USCIS processing in the middle of medical training. If an extension request is delayed or denied for an

administrative or bureaucratic reason, a resident could potentially fall out of status and be unable to continue training legally, leaving both the physician and the training program in a difficult predicament. **Should the Department choose to proceed, we strongly recommend individuals who are pursuing medical studies, training, practice, or professional pursuits such as medical research be exempted from a fixed time period of admission being assigned to their visa**.

The Importance of International Medical Graduates to the U.S. Primary Care Workforce

International Medical Graduates (IMGs) are indispensable to the U.S. primary care workforce. Due to U.S. medical graduates being less likely to practice in rural and underserved areas, IMGs are twice as likely to practice primary care in the U.S. in these settings.[i] Increasing administrative burden and uncertainty into the visa process — particularly for potential J-1 and F-1 visa holders — threatens to destabilize this critical pipeline. Family physicians are acutely aware of the current shortage of primary care physicians across the country and the important role IMGs play in addressing this shortage. In fact, nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians.[ii]

Physicians who hold J-1 visas are an especially essential part of the U.S. health care system. If finalized, this rule would result in considerable disruption and delay of services at teaching hospitals where J-1 physicians provide critical patient care. While in training, these physicians provide supervised patient care at more than 760 teaching hospitals across nearly every U.S. state and territory.[iii] Under the proposed rule, medical residents and trainees requiring more time than four years would need to apply for an EOS. Given USCIS' existing challenges processing backlogs and application variabilities, adjudication could take months, which would result in program interruptions and premature exits from training.

Restrictive visa policies, including increased regulatory and bureaucratic barriers, threaten to limit the number of individuals from abroad who pursue training in the U.S. and make it more difficult for those who do overcome such hurdles to remain in the country after training. **Considering that nearly 16,000 physicians with J-1 visas train in dozens of medical specialties and subspecialties, any disruption to IMGs' ability to remain in training or continue serving the public post-residency is guaranteed to undermine continuity of care in the U.S.** Mandating additional USCIS adjudications during medical 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.

Family medicine is one of the most IMG-dependent specialties, comprising nearly one-third of current family medicine residents.[iv] If fewer IMGs can enter or remain in the U.S., clinics and hospitals in these areas may face staffing crises, which will reduce patients' access to primary care. **We urge the Department to ensure transparency, consistency, and fairness in visa processes and request the Department pursue visa processes that support, rather than hinder, the ability of IMGs to serve in areas of greatest need. Additionally, we encourage the Department to work with Congress to expand the Conrad 30 Program, which allows state health departments to sponsor up to 30 waivers per year for physicians with J-1 visas, allowing them to stay in the U.S. if they agree to practice in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) for at least three years**. This is an impactful opportunity for IMGs selected for the Conrad 30 Program, though it's small in scale compared to the benefits offered to U.S. medical graduates who choose to practice in HPSAs or MUAs for similar time periods.[v]

Primary Care is Key to Addressing the Chronic Disease Crisis

Nearly 95 percent of adults 60 years and older have at least one chronic condition, and nearly 80 percent have two or more.[vi] This is only projected to worsen in the coming years, as the population continues to age and the number of adults 50 years and older with at least one chronic disease is estimated to increase by almost 100 percent from 71.52 million in 2020 to 142.66 million by 2050.[vii] The AAFP shares the administration's belief that it is critically important for the U.S. to work to prevent chronic illnesses and stop this projection from becoming a reality.

Primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes.[viii] Access to longitudinal, coordinated, comprehensive primary care has been shown to increase utilization of preventive care; improve outcomes for patients with chronic conditions; and reduce costly emergency visits, hospitalizations, and unnecessary specialty outpatient visits. Yet the U.S. has continuously underinvested in primary care. In 2022, primary care spending dropped to less than five cents of every dollar, with Medicare spending the lowest at 3.4 percent.[ix] A common theme across countries with better health outcomes and lower health care costs is that they invest more in their primary care system, with estimates between 12 and 17 percent of total health care spending.[x]

Family physicians provide continuing and comprehensive medical care, health maintenance, and preventive services to patients across the lifespan. Through enduring partnerships, family physicians help patients prevent, understand, and manage illness; navigate the health system; and set health goals. The defining

features of primary care, including continuity, coordination, and comprehensiveness, mean family physicians are particularly well-suited to serve as the focal point of care for patients with chronic conditions—and those who want to take charge of their health to prevent them. As the U.S. faces an ongoing primary care physician shortage, international physician trainees who hold J-1 visas are a crucial part of bolstering the primary care workforce and ensuring patients nationwide have access to needed care.

Despite the overwhelming evidence to support primary care as the solution to the chronic disease crisis, it is projected that the U.S. will face a shortage of up to 40,000 primary care physicians by 2036.[xi] **We want a healthier America, just as this administration does, and a healthier America requires a robust and well-educated workforce to support patients.** Placing unnecessary restrictions on U.S. visa programs could discourage IMGs from entering family medicine or accepting positions in high-need areas, which would exacerbate existing workforce shortages, limit communities' access to essential care, and compromise public health outcomes. **We urge the Department to recognize IMGs' importance in building a strong primary care workforce and acknowledge how transparent, clear visa processes contribute to expanding that workforce**.

Future Rulemaking

As the Department considers future rulemaking related to the H-1B visa program, we urge DHS to prioritize physicians, especially family physicians and primary care physicians, across all visa programs. Recent data shows that more than 14,000 physicians with H-1B visas were practicing in the United States in 2022, with higher proportions serving in safety-net hospitals, rural communities, and states with lower physician density than U.S. medical graduates.[xii] Restrictive policies or increased financial barriers risk exacerbating physician shortages and undermining access to care for millions of Americans. We strongly recommend that DHS create an exception to the $100,000 H-1B application fee for employers sponsoring physician applicants, assign favorable weighting to these applications, and fast-track their processing. Doing so will help maintain a robust pipeline of international medical graduates and support the health and well-being of communities nationwide.

Conclusion

The health of our nation depends on a strong primary care foundation. The AAFP urges the Department to use its authority to advance visa policies that support medical students, residents, and physicians being able to serve U.S. patients and communities. As previously noted, supporting straightforward and transparent visa

processes can help alleviate physician shortages and improve access to high-quality care for patients. **Providing avenues for international physicians and medical students to legally train and practice medicine in the U.S. would therefore advance several goals that are in line with the President's national strategies and executive orders to invest in rural communities, support physician and patient choice, and address our nation's chronic disease crisis**. As such, the AAFP urges the Department to prioritize patients' access to health care nationwide and withdraw this proposed rule.

Thank you for the opportunity to provide written comments on this important topic and its potential impact on primary care access in the U.S. Family physicians are committed to serving their communities, and the visa programs that support international medical graduates and students are a vital piece of the system that will help achieve the administration's mission of better health for all. We urge the Department to consider the potential real-world impacts of this regulation on America's health care system, and we remain committed to working with the Department and other stakeholders to advance responsible visa policies that will help bolster our health care workforce and advance access to high-quality primary care for every individual. For more information or questions, please contact Mandi Neff, Senior Strategist, Regulatory and Policy, at mneff2@aafp.org.

Sincerely,

Steve Furr, M.D., FAAFP

Steven P. Furr, MD, FAAFP
Board Chair
American Academy of Physicians

---

[i] American Medical Association. October 19, 2021. How IMGs Have Changed the Face of American Medicine. https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine.
[ii] AAMC. 2019 State Physician Workforce Data Report. Washington, DC: AAMC; 2019. https://store.aamc.org/downloadable/download/link/id/MC4wNzQ5NDEwMCAxNjE3NzQxMTQ3NzY0MDIzNjkxMjAxMTE2OQ%2C%2C/.
[iii] Educational Commission for Foreign Medical Graduates. *J-1 Visa Physicians in the United States: Infographic*. Intealth, 2023. https://www.intealth.org/pdfs/J-1_US_Infographic.pdf.
[iv] Ahmed, Awad A et al. "International Medical Graduates in the US Physician Workforce and Graduate Medical Education: Current and Historical Trends." *Journal of graduate medical education* vol. 10,2 (2018): 214-218. doi:10.4300/JGME-D-17-00580.1.

[v] Rauner T, Pathman D, Fannell J, Shimmens M, and the J-1 Visa Waiver Physician Survey Advisory Committee. Findings of the Conrad 30 J-1 Visa Waiver Physician Survey, 2022. January 2023. https://3rnet.org/Prism/Resources/J1-22.
[vi] National Council on Aging. Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis. Page 5, Figure 2. April 2022. https://ncoa.org/article/theinequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults.
[vii] Ansah JP, Chiu CT. Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. Front Public Health. 2023 Jan 13;10:1082183. doi: 10.3389/fpubh.2022.1082183. PMID: 36711415; PMCID: PMC9881650.
[viii] National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.
[ix] Jabbarpour, Y., Jetty, A., Byun, H., Siddiqi, A., & Park, J. (2025, February 18). *The Health of US Primary Care 2025 Scorecard: The Cost of Neglect – How Chronic Underinvestment in Primary Care Is Failing US Patients*. Milbank Memorial Fund. https://doi.org/10.1599/mmf.2025.0218.
[x] Baillieu R, Kidd M, Phillips R, et al. *The Primary Care Spend Model: a systems approach to measuring investment in primary care*. BMJ Global Health. 2019;4:e001601.
[xi] GlobalData Plc. March 2024. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC. https://www.aamc.org/media/75236/download.
[xii] Ying X, Reznik E, Chen V, Lee M, Rosenblatt R, Jesudian A. Geographic Distribution of Physician Workforce with H-1B in the United States. Journal of General Internal Medicine. Published online July 22, 2025. doi:10.1007/s11606-025-09757-3.