

Duration of Status & J-1 Physicians: The Simple Facts

- ▶ **U.S. Immigration and Customs Enforcement (ICE) is proposing to change the way that certain nonimmigrant visa holders extend their period of authorized stay in the U.S.**
 - The proposed change will be imposed across multiple visa classifications used for a broad range of purposes.
 - One of the visas affected is the J-1, which has 15 categories. One of these categories is used by physicians who are citizens of other countries engaging in U.S. medical training programs (“J-1 physicians”).
 - The J-1 is the most common visa classification used by these physicians. While in U.S. training programs, J-1 physicians provide critical health care services at teaching hospitals across the nation.
 - For these physicians, the proposed change is unnecessary and misguided, and will have a devastating impact on patient care.

- ▶ **This proposed change will disrupt the training of J-1 physicians and the patient care they provide, having an immediate and devastating effect on U.S. health care during one of the most severe pandemics in our nation’s history.**
 - More than 200,000 Americans have died from COVID-19 and infections continue to rise and touch all parts of American life. Ensuring a robust and uninterrupted frontline health care workforce is critically important.
 - The U.S. is suffering from a physician shortage with forecasts predicting a growing gap that will equal a shortfall of more than 100,000 physicians in the next decade.
 - Access to high-quality health care, particularly for rural Americans, also will be deeply affected by policies that lead to forced reductions of frontline physicians.

- ▶ **This proposal is a solution in search of a problem that does not exist.**
 - ICE states that the change is aimed at reducing visa overstays and, therefore, at enhancing homeland security.
 - Physicians in J-1 visa status already are a carefully monitored cohort, and the current regulations work. In 2019, the Department of Homeland Security (DHS) reported that less than 2 percent of J visa holders have overstayed and not departed the U.S.; this percentage is for all 15 categories of the J-1 visa. There is no evidence that any J-1 physician has ever overstayed.
 - Under current requirements, J-1 physicians apply annually to extend their visa sponsorship with ECFMG|FAIMER. The process is rigorous and ensures IMGs are compliant with J-1 visa requirements.
 - J-1 physicians already are carefully tracked in a government database.
 - While ensuring our homeland security is essential, this change applied to J-1 physicians will have no added benefit. In fact, by further limiting access to health care, an essential component of national security, the proposed change puts us in jeopardy.

- ▶ **ECFMG|FAIMER, as the only Department of State-designated J-1 visa sponsor for these physicians, conducts a rigorous annual review for each physician, and approves J-1 visa sponsorship in one-year increments, allowing physicians to move on to their next year of training. Under current rules, a provision known as “duration of status” gives J-1 physicians an authorized period of stay that corresponds to the period of their approved visa sponsorship, as issued by ECFMG|FAIMER.**
 - The change would eliminate “duration of status,” thereby eliminating the authorized period of stay based on the period of approved visa sponsorship and replacing it with a specific end date for the authorized period of stay.
 - If the proposed change is implemented for J-1 physicians, they will be required to apply to the U.S. government for an extension of authorized stay for each year of their training program. This will be an additional step, after and in addition to the annual review by ECFMG|FAIMER.

Duration of Status & J-1 Physicians: The Simple Facts

- Government processing times for the extension vary by region, and centers can take 5–19 months based on current caseloads.
 - By virtue of the rule change, cases will increase significantly with J-1 physicians and other visa holders having to apply for extensions, and therefore processing times likely will continue to increase.
- ▶ **This proposal will create immediate chaos for teaching hospitals hosting thousands of J-1 physicians—physicians who already are in training and caring for American patients.**
- Teaching hospitals will face a sustained and rolling state of uncertainty when the processing of extensions of authorized stay fail to keep pace with training program start dates—a problem that will get bigger over time.
 - Although the proposed rule will allow J-1 physicians to stay in their programs for 240 days while waiting for their applications to be processed, this creates uncertainty for J-1 physicians and the teaching hospitals that rely on their services for up to two-thirds of each academic year. J-1 physicians whose applications are not completed in that time will be forced to leave their training programs immediately. This period of uncertainty also will be an obstacle to the movement of physicians between programs, for example from residency to fellowship, which is a routine part of the progressive training of physicians.
- ▶ **J-1 physicians are an essential part of the U.S. health care system with more than 12,000 studying and serving patients, across more than 50 medical specialties and subspecialties, at teaching hospitals across the country.**
- Based on the most recent data available (2019–2020), there are 140,616 physicians training in graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Of that number, 12,000 are J-1 physicians, representing 8.5 percent of the total.
 - Although 8.5 percent may seem like a small number, we already have a shortage of physicians and gaps in access to health care. Any reduction in physician workforce will make these shortfalls worse.
 - The 8.5 percent figure is a national average. J-1 physicians are a much higher percentage of the physician workforce in underserved areas, both rural and urban. The negative impact on patient care in these underserved areas will be greater and will threaten access to health care for our most vulnerable patients.
 - The number of J-1 physicians is growing—up 62 percent over the past decade—so a growing number of Americans are relying on them for care.
- ▶ **The negative impact of the proposed rule change on U.S health care will extend far beyond the current health care crisis.**
- J-1 physicians are some of the best and brightest minds from around the world. They train and serve patients in our teaching hospitals because they can receive top training in the U.S.
 - These physicians are selected for U.S. training through a highly competitive process. They were chosen over other physicians based on their qualifications.
 - If U.S. training programs cannot count on J-1 physicians for uninterrupted training and patient care, programs may be forced to select other, less qualified physicians—a dangerous trend that will reduce the overall quality of our physician workforce.

We must prioritize policies that maximize access to physician care and reject those policies that threaten such access. We need to protect the duration of status rules for J-1 physicians because now, more than ever, all doctors—regardless of their nationality—are a vital part of the U.S. health care system and our national response.