

J-1 Physicians

1. What is a J-1 physician?

J-1 physicians are citizens of other countries who participate in U.S. graduate medical education (GME) programs in J-1 visa status. As participants in U.S. GME, these physicians engage in medical specialty and/or subspecialty training, while also providing supervised patient care in our nation's teaching hospitals.

J-1 physicians have been an essential component of our health care teams for decades, and their role in U.S. health care is expanding. The number of J-1 physicians training and serving patients in the United States has increased 62% over the past decade.

The J-1 is the most common visa classification used by foreign national physicians to participate in U.S. GME. The J-1 is a temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program, a public diplomacy initiative of the U.S. Department of State (DOS) designed to enhance international exchange and mutual understanding between the people of the United States and other nations.

2. Why are J-1 physicians important?

J-1 physicians provide critical health care services to patients across the United States. Currently, there are more than 12,000 J-1 physicians at nearly 750 teaching hospitals across the country. These physicians represent more than 50 medical specialties and/or subspecialties.

3. How are J-1 physicians monitored now, and who is involved?

J-1 physicians are a carefully monitored cohort. For nearly 50 years, ECFMG|FAIMER has been designated by DOS as the sole J-1 visa sponsor of foreign national physicians in U.S. GME. As the J-1 visa sponsor, ECFMG|FAIMER coordinates closely with U.S. teaching hospitals and with DOS throughout each academic year to ensure that J-1 physicians comply with all federal requirements.

Additionally, under the current process, J-1 physicians are required to apply annually to ECFMG|FAIMER to extend their visa sponsorship. This required annual renewal process is rigorous and ensures a careful review by ECFMG|FAIMER in order to assure DOS that these physicians are compliant with J-1 visa requirements and progressing through their training programs as planned.

J-1 physicians are tracked in the Student and Exchange Visitor Information System (SEVIS), a joint database of DOS and the U.S. Department of Homeland Security (DHS). Training program participation dates and corresponding authorized periods of stay for every J-1 physician are easily visible at all times in SEVIS. Therefore, there is no ambiguity with respect to the last date of program participation and/or related authorized period of stay, which the proposed change aims to address.

Additionally, the Accreditation Council for Graduate Medical Education (ACGME) provides a structured framework for all teaching hospitals and requires that residents and fellows are provided with appropriate supervision. Each teaching hospital that trains J-1 physicians assigns at least one staff member to communicate directly with ECFMG|FAIMER and to confirm ongoing participation.

4. Why do foreign national physicians come to the United States for GME?

The United States is recognized internationally for having one of the most advanced GME and health care systems in the world. The opportunity to receive top training attracts gifted physicians from around the world. The United States benefits from the supervised care provided by these highly qualified physicians as they train.

Proposed Visa Rule Change

5. What change is being proposed?

U.S. Immigration and Customs Enforcement (ICE) is proposing to change the way that holders of certain nonimmigrant visa classifications—the F, I, and J classifications—extend their period of authorized stay in the United States. Specifically, the change would eliminate “duration of status” as an authorized period of stay, replacing it with a specific end date.

Under the current duration of status model, J-1 physicians’ authorized period of stay is extended after they successfully complete the ECFMG|FAIMER annual review process (see FAQ #3). If the proposed rule change is implemented, J-1 physicians’ authorized period of stay would not be extended upon completion of the ECFMG|FAIMER annual review process. Instead, J-1 physicians would be required to complete an additional step each year of applying to the U.S. government for an extension of authorized stay.

6. How would this rule change interfere with J-1 physicians’ training programs?

The proposed rule change would create an impossible timeline for J-1 physicians and teaching hospitals and would do so on a recurring, annual basis. To complete the additional step (see FAQ #5) imposed by the rule change, J-1 physicians have two options:

- They could apply for the extension through a U.S. Citizenship and Immigration Service (USCIS) Service Center. However, the current published processing times for such extensions at USCIS’ five service centers range from five to 19 months, jeopardizing the ability of thousands of J-1 physicians to continue in their training programs on time.
- J-1 physicians also could complete the additional step by leaving the United States each year and applying for the extension through a U.S. consulate abroad. Such regular, international travel during residency or fellowship programs also is likely to disrupt training. Additionally, during the current pandemic, travel poses additional risks of virus infection and transmission.

Either way, the rule 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. Since teaching hospitals depend on J-1 physicians to provide continuity of care, the proposed rule will cause severe disruptions to patient care across the nation.

7. What rationale has ICE provided to support the proposed change?

ICE states that the failure to provide certain categories of nonimmigrants with specific dates for their authorized periods of stay can cause confusion over how long they may lawfully remain in the United States and has complicated efforts to reduce overstay rates for nonimmigrant students.

But this is not the case for J-1 physicians, who already are a carefully monitored cohort. The training program participation dates and corresponding authorized periods of stay for all J-1 physicians are easily visible at all times in SEVIS, a joint database of DOS and DHS. Therefore, there is no ambiguity with respect to the last date of program participation and/or related visa status, which the proposal aims to address.

The proposed change will not yield new or better information about J-1 physicians. It will result in the considerable disruption of services at teaching hospitals where essential patient care is provided.

8. What are the benefits of implementing this rule change for J-1 physicians?

There are no benefits to implementing this change for J-1 physicians. The proposed change will have a devastating effect on patient care without accomplishing the goal for which it has been proposed.

Impact on U.S. Health Care

9. Why would this rule change have a particularly devastating impact on U.S. health care during the COVID-19 pandemic?

If applied to J-1 physicians, the rule change will limit the contributions of thousands of highly qualified physicians who already are serving on health care teams across the nation. If J-1 physicians are unable to engage in uninterrupted training, patient care at hundreds of teaching hospitals will be jeopardized.

The U.S. health care system is stretched beyond its limits. Many areas of the country already were facing significant physician shortages. Since the onset of the COVID-19 pandemic, several states have attempted to recruit back retired physicians, hire previously unlicensed international medical graduates, and rushed medical students into action to support the rising number of cases.

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J-1 physicians are training and providing supervised patient care in 51 states and provinces. If the proposed change is implemented for J-1 physicians, the disruptions will be felt most acutely in states where high numbers of J-1 physicians train. Some of the states with the highest numbers of J-1 physicians are those hardest hit by COVID-19, including New York, Michigan, Texas, Pennsylvania, Massachusetts, and Florida.

10. How far-reaching do you anticipate the impact of this change would be?

If implemented, the effects of the change will be felt quickly across the entire U.S. health care continuum. The decision would impact patient care provided by more than 12,000 J-1 physicians at nearly 750 teaching hospitals across the country. The supervised patient care provided by trainees is essential to a teaching hospital's ability to provide continuity of care, and the role they play during COVID-19 is critical to our nation's success in battling the pandemic.

11. Why should J-1 physicians be excluded from this proposed rule change?

It is critical that J-1 physicians are excluded from the proposed rule for reasons that are numerous and compelling. Implementing the rule change for J-1 physicians will:

- Result in widespread disruption in training for thousands of physicians who already are training and caring for patients in our nation's health care system.
- Cause severe disruptions to patient care across the nation.
- Reduce our current physician workforce, at a time when the nation is facing a growing physician shortage and an unprecedented health care crisis.
- Place considerable burden on remaining trainees, negatively affecting their training.
- Replace the current system for extending authorized periods of stay that works well with one that is unworkable for J-1 physicians and the nation's teaching hospitals.
- Impose a requirement that is unnecessary and that will not accomplish its goal.

How to Take Action to Protect U.S. Health Care

12. How can members of the medical community support J-1 physicians and their contributions to U.S. health care?

Americans have the opportunity to submit feedback before ICE makes a final decision on the proposed rule. ECFMG|FAIMER is calling on all members of the medical community to make their voices heard and let ICE know why J-1 physicians must be excluded from this change.

We are urging all stakeholders to submit their comments for the public record and to drive awareness of the importance of this issue by posting on their social media platforms.

13. How can I comment?

Only submissions made on-line through the Federal eRulemaking Portal will be considered as comments on the proposed rule. To submit comments, access the [proposed rule](#), click the green “SUBMIT A FORMAL COMMENT” button, and complete and submit the on-line form. In addition to typing comments into the form, you can upload attachments.

Please note that comments submitted become part of the public record, and any information included in your **comment text and/or uploaded attachment(s)** may be publicly viewable on the web.

14. What is the time period for submitting public comments?

The public comment is open from September 25, 2020 through October 26, 2020.

15. How much do comments factor into the decision-making process?

In a situation like this, where the outcome could affect the health of countless Americans during a global pandemic, comments are a vital part of the process.

According to the Federal Register, before making a final rule, agencies must base their conclusion on the rulemaking record, which consists of the comments, data, expert opinions, and facts that were accumulated during the pre-rule and proposed rule stages. They also must conclude that the proposed solution solves the problem initially identified.