



# ALLIANCE

for ACADEMIC INTERNAL MEDICINE

330 JOHN CARLYLE STREET, SUITE 610  
ALEXANDRIA, VA 22314

703.341.4540 FAX 703.519.1893 | [WWW.IM.ORG](http://WWW.IM.ORG)

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December 18, 2025

Jeffrey S. Berns, MD  
President

National Association of Designated Institutional Officials (NADIO)  
6728 Old McLean Village Drive  
McLean, VA 22101

Dear Dr. Berns:

The Alliance for Academic Internal Medicine (AAIM) appreciates NADIO taking the lead on recommendations to delay the fellowship start date. As the largest specialty with myriad fellowship programs, it is an important issue for internal medicine. AAIM has reviewed NADIO's proposal, dated September 9, 2025, and is supportive of a delayed start date. However, endorsement of the proposal is contingent on the recommendations outlined in this letter.

AAIM agrees that the proposal addresses issues that have plagued the residency-fellowship transition for years: potential violation of federal labor laws and/or CMS funding rules, undue pressure on fellows as they travel and acclimate to a new environment in a compressed timeframe, burdens around scheduling coverages to meet the gaps, etc. Some members have shared concerns about the administrative burdens that a July 7 or later start date would have on the GME community, particularly during the first year of rollout. Departments will need to find support for the gap in fellow coverage and may have reduced time to complete fellowship orientation and start clinical training. In addition, members are concerned about visa restrictions that will further impact clinical coverage during this one-week period.

To that end, a set of recommendations will need to be drafted to provide guidance to the internal medicine community for operationalizing this proposal. AAIM acknowledges that no perfect solution and no optimal process exist to accommodate each individual program's logistics for implementation given the heterogeneity of our fellowship programs.

### Recommendations to NADIO:

1. Internal medicine will initiate a delayed fellowship start date of no earlier than July 7, 2027, for Fiscal Year/(FY) 2028. It should be clarified that the July 7, 2027, start date designates the in-person, on-site date for new incoming fellows.

*Rationale:* Many institutions have already undergone or completed budget planning for FY 2027. In parallel, fellowship programs have completed interviews and residents have matched into fellowship training programs for the 2026 appointment year. An implementation date of July 7, 2027, will allow internal medicine fellowship programs over a one-year period for planning and budget considerations, given varied operation and administrative processes across institutions. It will also provide time for AAIM to develop guidance on how fellowship programs can ease into this transition period and adapt their clinical operations process accordingly.



2. NADIO provides to the AAIM community a repository of practical tools, resources, and best practices from those specialties that have successfully implemented the delayed start date. In particular, AAIM seeks specific strategies for:
  - a. Gap in health insurance coverage
  - b. Gap in clinical coverage
  - c. Conducting GME orientations
  - d. Navigation of the visa issues from the one-week gap

*Rationale:* Internal medicine is the largest specialty with over 20 subspecialties and various tracks. Operationalizing the delayed fellowship start date will be challenging for many programs in our community. Having feasible, high-yield tools, resources, and strategies will help offset these logistical complexities and allow for a smoother transition for the internal medicine community.

3. NADIO advocates for the clinical and financial burden of the first-year launch to be shared across the sponsoring institution, rather than primarily at the department level

*Rationale:* The first year of this transition will require significant financial and personnel support during the one-week gap. Nowadays, many departments of internal medicine are struggling financially and cannot be expected to bear the full cost of clinical coverage during this transition period. Departments of internal medicine sponsor the largest proportion of fellowships at most institutions, which will further exacerbate the financial strain on medicine departments in the first-year launch of this change. If the burden of clinical support is on the primary department, then the financial feasibility and operational success of this proposal will be challenged. Sponsoring institutions must share clinical and financial responsibilities in the first-year launch to ensure the success and sustainability of this change.

4. NADIO advocates alongside AAIM and the GME community for broad, coordinated adoption of this delayed start date proposal for all fellowship programs— not just across the country, but also within an institution.

*Rationale:* Since AAIM and NADIO are not accrediting bodies, the decision to abide by this delayed fellowship start date is an individual decision of the program and institution. There will be broad variability in adoption and compliance by programs within and across institutions. For an internal medicine specialty in which a large number of fellows enter a subsequent fellowship subspecialty (e.g., cardiology fellowship into electrophysiology cardiology sub-fellowship), uneven adoption of this proposal leads to multiple downstream conflicts. Widescale adoption by the entire internal medicine community is crucial to avoid misaligned transitions, downstream fellowships challenges in coverage, and recruitment disadvantages for programs who do not comply. NADIO, whose members are the institutional leaders of their own GME programs, hold the key to ensure broad adoption and have the authority to enforce universal adherence within their institutions.

5. A. NADIO receives formal assurance from the State Department to allow a short transition period (up to 30 days) between training programs for those on a J-1 visa.  
B. NADIO receives formal assurance from the Department of Homeland Security that the proposed change in J-1 visa Duration of Status and the new H-1B visa fees will not negatively



impact current visa holders undergoing the delayed fellowship start date. These fellows with J-1 visa or H-1B visa should ideally receive exemption.

*Rationale:* In the current environmental landscape, J-1 visa holders are vulnerable, and programs that employ them may be negatively impacted. A July 1 to July 7 transition may not be legally permissible without valid visa sponsorship. Documentation of official arrangements by ECFMG/Intealth with the State Department and the Department of Homeland Security detailing protection of fellows with J-1 or H-1B visas in this proposal will help clarify and assuage program concerns. Input from an immigration attorney is recommended.

AAIM recognizes that these recommendations will require additional work for NADIO, but they should facilitate the implementation of a delayed start date for hundreds of diverse fellowship programs. Please let me know if you have any questions or would like to discuss these recommendations. AAIM looks forward to hearing NADIO's response.

Sincerely,

Polly E. Parsons, MD, MACP, ATSF, FCCP  
President