



# Save “Duration of Status,” Protect U.S. Health Care

## Advocacy Partner Toolkit

*Join us and take action  
by October 26, 2020*



The Authority on International Medical Graduates

[www.ecfm.org](http://www.ecfm.org) | [www.faimer.org](http://www.faimer.org)

October 1, 2020

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## From the President & CEO

September 30, 2020

Dear Colleagues:

I am writing to alert you to a proposed visa rule change that **threatens health care across our nation** and to ask for your support in opposing this proposed change for physicians in J-1 visa status.

On September 25, a visa rule change proposed by Immigration and Customs Enforcement (ICE), an agency of the U.S. Department of Homeland Security, was published in the Federal Register for public comment. The proposal aims to change the process for certain nonimmigrant visa holders to extend their period of authorized stay in the United States. One of the visa classifications targeted by the change is the J-1, the most common visa classification used by foreign national physicians to participate in U.S. graduate medical education (GME).

More than 12,000 physicians provide critical patient care services as they train in J-1 visa status across the United States. These highly qualified physicians serve at nearly 750 of our teaching hospitals in almost every state and represent more than 50 medical specialties and/or subspecialties. The contributions of J-1 physicians to U.S. GME and health care have been essential for decades. During the current health care crisis caused by COVID-19, these physicians have been a critical part of our response, serving on the front lines. Yet, if the proposed rule change is implemented for J-1 physicians, **it will cause significant disruptions to the training of these physicians and to the patient care that they provide.**

The proposed change is unnecessary for J-1 physicians and will not accomplish its stated goal—reducing visa overstays—because J-1 physicians already are a tightly monitored cohort. For nearly 50 years, ECFMG<sup>®</sup>|FAIMER<sup>®</sup> has been designated by the U.S. Department of State (DOS) as the sole J-1 visa sponsor for foreign national physicians in U.S. GME. In this role, ECFMG|FAIMER already coordinates closely with DOS and with U.S. teaching hospitals to monitor J-1 physicians carefully throughout the academic year. ECFMG|FAIMER also conducts a rigorous annual review for each physician that assures DOS that these physicians are compliant with J-1 visa requirements and progressing through their training programs as planned. The proposed change will not yield new or better information about this carefully monitored cohort.

**In short, the proposed change will have a devastating effect on patient care without accomplishing the goal for which it has been proposed.**

The public comment period for the proposed rule change runs from September 25 through October 26. **As leaders in U.S. medical education and health care, we can provide the expert commentary that will educate ICE about the negative and unintended consequences of the proposed rule change and facilitate an exclusion for J-1 physicians.**

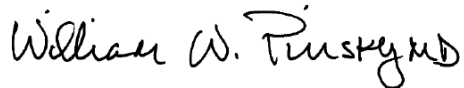
This commentary is critical, since, according to the Federal Register, before making a final rule, agencies must base their conclusion on the rulemaking record, which consists of the comments, data, expert opinions, and facts that were accumulated during the pre-rule and proposed rule stages. They also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

ECFMG|FAIMER is mobilizing the U.S. medical education and health care communities, and I urge you to join us in our efforts to have J-1 physicians excluded from this proposed rule change. The following advocacy toolkit includes:

- **Duration of Status Fact Sheet**, outlining what is at stake and how to get involved.
- **Frequently Asked Questions** about the proposed rule change.
- **Sample Comment Letter** to submit during the public comment period before ICE makes a final decision on the proposed rule.
- **Key ECFMG|FAIMER contacts**, so that you can obtain more information and coordinate efforts.

On behalf of ECFMG|FAIMER, thank you for your partnership and support. Please do not hesitate to contact me with any questions.

Warm regards,



William W. Pinsky, MD FAAP FACC  
President and CEO, Educational Commission for Foreign Medical Graduates (ECFMG)  
Chair, Foundation for Advancement of International Medical Education and Research (FAIMER)  
Professor (Hon.), University of Queensland  
3624 Market St., 4th Floor  
Philadelphia, PA 19104  
[president@ecfmg.org](mailto:president@ecfmg.org)

## The Devastating Impact of ICE's Proposed Rule Change on U.S. Health Care

A new proposal from U.S. Immigration and Customs Enforcement (ICE) would eliminate “duration of status” as an authorized period of stay for certain nonimmigrant visas (F, I, and J), a rule change that will have an immediate and devastating impact on U.S. health care during one of the most severe pandemics in our nation’s history.

Right now, more than 12,000 highly qualified foreign national physicians are providing critical health care services as they train in our nation’s teaching hospitals in J-1 visa status. If implemented, the rule change will disrupt the training of these J-1 physicians and the patient care that they provide.

As this proposed rule change enters a public comment period, September 25, 2020-October 26, 2020, all stakeholders have the opportunity to submit feedback before ICE makes a final decision on the proposed rule.

ECFMG|FAIMER and other leaders in medical education and health care—the Accreditation Council for Graduate Medical Education, American Hospital Association, American Medical Association, and Association of American Medical Colleges—previously voiced opposition to this change. ECFMG|FAIMER is urging 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.

## Who is at Risk and What is at Stake

### The American Public

Even as the COVID-19 pandemic has shined a light on an increasingly overburdened health care system, the heroic efforts of our physicians and other health care workers have inspired our nation and helped get us through this challenging time. J-1 physicians have been a critical part of this, working tirelessly across the front lines.

The duration of status rule change would limit the ability of thousands of physicians to contribute life-saving care when Americans need it most.

### J-1 Physicians in the United States

[J-1 physicians training in the United States](#) are an essential part of the U.S. health care system. More than 12,000 J-1 physicians train in more than 50 medical specialties and/or subspecialties. While training, they provide supervised patient care at nearly 750 teaching hospitals in 51 states and provinces.

Training programs last from one to seven years, depending on the medical specialty or subspecialty. The current duration of status provision allows J-1 physicians to extend their authorized stay in the United States for subsequent years of training at the same time that they renew their visa sponsorship annually with ECFMG|FAIMER, a rigorous review process that confirms their continuing eligibility.

The proposed rule change would replace “duration of status” with a specific end date and the additional requirement to apply through the U.S. government each year to extend this end date. The current

published processing time for such an extension application ranges from five to 19 months. With the majority of residency/fellowship contracts issued only three to five months in advance of the July 1 start of each new academic year, the proposed change would create an impossible timeline, and do so on a recurring, annual basis. Consequently, thousands of J-1 physicians would be unable to continue in their training programs on time.

## The Health Care System and COVID-19 Pandemic

The U.S. health care system is facing an unprecedented strain on resources in light of the COVID-19 pandemic, in addition to a growing physician shortage that predates the pandemic. For decades, J-1 physicians have played an essential role in ensuring quality and accessible health care in the United States.

J-1 physicians who train in the United States are highly qualified and are carefully monitored by ECFMG|FAIMER, the sole visa sponsor for these physicians for nearly 50 years. Our nation's success in battling the pandemic depends on the continued contributions of J-1 physicians to U.S. health care.

## Make Your Voice Heard

As a leader in U.S. medical education and health care, you can provide the expert commentary that will educate ICE about the negative and unintended consequences of the proposed rule change and facilitate an exclusion for J-1 physicians. Please join us and **take action by October 26.**

## Submit Your Comments

The open public comment period is a chance for stakeholders to express concerns regarding the devastating impact of the proposed rule change, and **why J-1 physicians must be excluded from this change.** Feel free to use our **Sample Comment Letter** on page 11, customize as you see fit, and submit your comments by October 26.

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.

## Share on Social Media

Call attention to this important issue and amplify the message using our **Sample Social Media Posts** on page 12.

## Contact Us

Please contact us to learn more or to coordinate advocacy efforts. See Key Contacts on page 13.

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[Learn more at www.ecfmg.org/protect-ds-for-J1s](http://www.ecfmg.org/protect-ds-for-J1s)

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## 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.

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.

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.

# Infographic: J-1 Physicians—Essential to U.S. Health Care

Click on the infographic for a full-sized, printable PDF.

## J-1 Physicians Essential to U.S. Health Care

More than  
**12,000**  
physicians training as  
residents and fellows

Serving patients at nearly  
**750**  
teaching hospitals across the nation

In more than  
**50**  
medical specialties and  
associated subspecialties

As our health care system faces the unprecedented challenge of COVID-19, straining resources amid an already growing physician shortage, J-1 physicians are desperately needed.

### Number of J-1 Physicians Sponsored

Each year, thousands of foreign national physicians train in J-1 visa status in the United States, where they are an increasingly significant proportion of the trainees on our health care teams. The number of J-1 physicians training and serving patients in U.S. teaching hospitals has increased 62% over the past decade.

**12,046** J-1 physicians in  
U.S. training programs last year.



1. New York	2,194
2. Michigan	819
3. Texas	755
4. Pennsylvania	688
5. Massachusetts	687
6. Florida	664
7. Ohio	646
8. Illinois	632
9. New Jersey	450
10. Maryland	356

Data current as of January 9, 2020.



### States with Highest Numbers of J-1 Physicians

J-1 physicians train across the nation—in 49 states plus the District of Columbia and Puerto Rico. 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.

### Specialties Pursued by J-1 Physicians

J-1 physicians train and serve in high numbers in primary-care specialties, including Internal Medicine, Pediatrics, and Family Medicine. This means that J-1 physicians are frequently among our frontline providers.



A new government proposal would change the rules for J-1 physicians—a change that would have an immediate and devastating impact on U.S. health care during one of the most severe pandemics in our nation's history.

On behalf of **[INSERT ORGANIZATION NAME]**, I appreciate the opportunity to provide comment on the U.S. Immigration and Customs Enforcement's (ICE) proposed change to the process for extending the period of authorized stay for certain nonimmigrant visa classifications.

I respectfully oppose the administrative change that would eliminate "duration of status" as an authorized period of stay, because it will significantly disrupt the medical specialty and subspecialty training of thousands of foreign national physicians in the United States in J-1 visa status. This change will have severe implications for patient care in the United States.

As the United States remains in the grips of the coronavirus, the crisis has revealed a dangerously overburdened health care system that is stretched beyond its limit. We are facing an unprecedented strain on resources, including a growing physician shortage that predates the pandemic. Several states have attempted to recruit back retired physicians, hire previously unlicensed international medical graduates, and rush medical students into action to support the rising number of COVID-19 cases.

**The J-1 physicians that would be affected by the proposed change have been thoroughly vetted, are already here providing supervised patient care, and are carefully monitored.** Unlike most other nonimmigrant visa classifications, physicians in J-1 status are tracked constantly in the Student and Exchange Visitor Information System (SEVIS), a joint database of the U.S. Department of Homeland Security and the U.S. Department of State. As a division of Homeland Security, ICE already knows where these physicians are at all times and exactly when they complete their programs. SEVIS data includes dates of entry, periods of authorized training program participation, and definitive program end dates. SEVIS alerts ICE if any J-1 physician overstays or otherwise potentially could fail to comply with the law. Therefore, the proposed rule is unnecessary. In addition, it will result in significant disruption to patient care at teaching hospitals across the United States.

Now, more than ever, J-1 physicians play an essential role in ensuring accessible patient care. Jeopardizing the status of more than 12,000 doctors nationwide who are desperately needed to help fight this pandemic will have an immediate and devastating impact on our health care system, depriving Americans of life-saving care when they need it most. **I urge ICE to reconsider and to exclude J-1 physicians from this change.**

Thank you for your consideration.

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*Submit your comments and any attachments by  
October 26, 2020.*

*See Submit Your Comments on page 4  
for instructions.*

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## Sample Social Media Posts

- ❖ The public comment period for the proposed #ICE change to the #DurationOfStatus provision is open through October 26, 2020. Spread the word and ensure regulators know that #J-1 physicians are an essential part of the US health care system, now more than ever! #frontlinestrongIMG
- ❖ As America faces a global health crisis, #J1 physicians must be excluded from the #ICE proposal to eliminate the #DurationOfStatus provision. Make your voice heard during the public comment period, now open through October 26, 2020. #frontlinestrongIMG
- ❖ #frontlinestrongIMG because they work at the front lines to provide Americans with life-saving care. The public comment period is now open – let #ICE know why the proposal to eliminate the #DurationOfStatus provision for J-1 physicians would devastate our health care system.

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### ECFMG J-1 Visa Sponsorship



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### ECFMG on LinkedIn



[www.linkedin.com/company/ecfmfg](http://www.linkedin.com/company/ecfmfg)

### Dr. Pinsky on LinkedIn



<http://www.linkedin.com/in/william-w-pinsky-m-d-22b948/>

Please contact us to learn more and to coordinate advocacy efforts.



**William W. Pinsky, MD,  
FAAP, FACC**  
President & Chief Executive Officer,  
ECFMG  
Chair, Board of Trustees, FAIMER

[president@ecfmg.org](mailto:president@ecfmg.org)

- Strategic collaboration
- Point of contact for advocacy partner leadership



**Tracy Wallowicz, MLS**  
Assistant Vice President, U.S.  
Graduate Medical Education Services

[twallowicz@ecfmg.org](mailto:twallowicz@ecfmg.org)

- Expertise on proposed rule change and the J-1 visa classification for U.S. GME
- Point of contact for advocacy partner staff



**Elizabeth M. Ingraham**  
Assistant Vice President,  
Communications & External Affairs

[eingraham@ecfmg.org](mailto:eingraham@ecfmg.org)

- Campaign communications
- Point of contact for advocacy partner Communications staff

## ECFMG | FAIMER

3624 Market Street, Philadelphia, PA 19104 USA

[protectds@ecfmg.org](mailto:protectds@ecfmg.org)

[www.ecfmg.org](http://www.ecfmg.org) | [www.faimer.org](http://www.faimer.org)



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