Intealth®
Advancing the Global Health Workforce

Protect Duration of Status for J-1 Physicians

ADVOCACY PARTNER TOOLKIT

Join us and take action
by September 29, 2025

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From the President & CEO

September 2025

Dear Colleagues,

We are writing to provide additional information on the proposed U.S. Department of Homeland Security (DHS) rule change that could significantly affect graduate medical education (GME) and patient care in the United States. Some of you may have seen earlier communications on this issue, and we want to ensure all of our partners have the background needed should your organization wish to submit comments for the public record before the **September 29, 2025** deadline.

The proposed rule detailed in this document would eliminate "Duration of Status" (D/S) as an authorized period of stay for certain nonimmigrant visa classifications, including J-1, the visa most commonly used by foreign national physicians training in the United States. If implemented, J-1 physicians would be required to apply regularly for Extensions of Status (EOS) through DHS, a process that can take months, and in some cases more than a year, a timeframe not feasible to GME.

Currently, nearly 17,000 J-1 physicians provide essential patient care while training at more than 770 teaching hospitals in 49 states, the District of Columbia, and Puerto Rico. Their contributions are vital for continuity of patient care and for maintaining a robust medical education environment across all disciplines. DHS' proposed change is unnecessary: J-1 physicians are already carefully monitored through a combination of Intealth sponsorship, DHS/Department of State oversight, and the Accreditation Council for Graduate Medical Education (ACGME) program supervision.

At a time when the United States faces a physician shortage and increasing strains on the healthcare system, regulatory changes that risk destabilizing graduate medical education, weakening the physician pipeline, and compromising patient care warrant careful consideration.

We hope this information is helpful as you consider whether your organization will submit comments during the public comment period.

Warm regards,

Eric Holmboe, MD
President & CEO, Intealth

Submit a Comment to DHS

> *"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"*

Docket (ICEB-2025-0001)

Make Your Voice Heard

As a leader in U.S. medical education and health care, you can provide the expert commentary that will educate DHS 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.

Comment Period

The open public comment period is a chance for stakeholders to express concerns regarding the devastating impact of the proposed rule change and why it is important that D/S be preserved for J-1 physicians.

Only submissions made online through the Federal Rulemaking Docket will be considered as comments on the proposed rule.

To submit comments:

1) access Regulations.gov for comment submission,

2) click the blue "COMMENT" button,

3) and type in your comments or upload as an attachment.

Comment Deadline: September 29, 2025

Intealth Key Contacts

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What is "Duration of Status?"

Currently, the period a J-1 physician can legally stay in the United States is tied to their training program. When Intealth extends a physician's sponsorship and updates SEVIS, a database of the U.S. government, their authorized stay is automatically extended. This allows for seamless transitions during leaves, remediation, board exams, or program extensions.

Who is at Risk and What is at Stake

The American Public

J-1 physicians have a profound impact on the American public by delivering essential, supervised patient care in hospitals and clinics nationwide. Currently, nearly 17,000 J-1 physicians train in more than 770 teaching hospitals across 49 states, the District of Columbia, and Puerto Rico, often in rural and underserved communities where access to care is most fragile. These physicians not only help sustain the physician workforce pipeline but also directly expand patient access to primary care, pediatrics, and other high-need specialties. Their presence reduces wait times, ensures continuity of care, and strengthens local health systems. During the COVID-19 pandemic, J-1 physicians served on the front lines in some of the hardest-hit hospitals, underscoring their essential role in safeguarding public health. For the American public, the stability of the J-1 physician workforce translates into safer, more reliable, and more equitable access to care.

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. Their training programs last from one to seven years, depending on the medical specialty and/or subspecialty(s). 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 Intealth, 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. 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 Current D/S System Has Several Advantages

- **Alignment with medical training:** Residency programs typically last three to seven years, with fellowships adding additional years. D/S ensures that immigration status matches the full program duration without interruption.
- **Flexibility:** Physicians can manage orientation, remediation, approved medical or parental leave, or exam extensions without jeopardizing their legal status or without having to file additional applications through the U.S. government.
- **Oversight and accountability:**
  - ***Intealth sponsorship*** includes annual compliance renewals, continuous monitoring of program progress, and verification of eligibility.
  - ***SEVIS reporting*** ensures real-time tracking of start and end dates, site of training, program changes, and physician status.
  - ***ACGME accreditation*** requires rigorous program oversight to ensure training quality and patient safety.
- **Proven effectiveness:** For more than 30 years, the D/S framework has provided stability and efficiency with no evidence of widespread misuse or systemic visa overstays.

What the Proposed Rule Would Do

DHS proposes to eliminate D/S and replace it with fixed end dates, typically capped at four years. J-1 physicians would then need to apply to U.S. Citizenship and Immigration Services (USCIS) for Extensions of Stay (EOS), often multiple times over the course of their training.

This presents several challenges:

- **Potential processing delays:** Current USCIS processing times for EOS applications range from 6 to 19 months, often longer than the preparation window programs have before physicians begin or continue training.
- **Administrative duplication:** Much of the information required for EOS filings (e.g., program start/end dates, training sites, physician details) is already reported in real time through SEVIS.
- **Cost burden:** EOS filings carry substantial fees and legal costs, creating additional strain on physicians and teaching hospitals.
- **Misalignment with training cycles:** GME programs operate on tightly structured annual cycles. Delays or denials of EOS applications could result in physicians being unable to start on time, disrupting patient care and program continuity.

Potential Impacts

For Patients and Communities

- Nearly 17,000 J-1 physicians provide essential patient care annually in more than 770 teaching hospitals across 49 states, D.C., and Puerto Rico.
- Many of these physicians train in underserved or rural areas, where they are often the primary providers of care.
- Regulatory disruption could reduce patient access to care, lengthen wait times, and increase reliance on costly temporary coverage.

For Graduate Medical Education

- Hospitals could face service gaps if physicians are unable to begin or continue training on time.
- Other residents and fellows may be forced to absorb additional workload, reducing time for education and increasing burnout.
- Program stability and accreditation could be jeopardized by unpredictable physician shortages.

For the Health Workforce

- J-1 physicians do not displace U.S. graduates; they fill residency slots that would otherwise go unfilled each year.
- These physicians disproportionately train in high-need specialties such as internal medicine, pediatrics, and family medicine—areas of greatest national shortage.
- Disruptions could weaken the physician pipeline at a time when the U.S. is projected to face a shortage of up to 86,000 physicians by 2036 (AAMC).

Why the Current Model Works

The D/S framework provides continuity and efficiency, aligning immigration oversight with the realities of multi-year medical training. It has:

- Multiple, overlapping safeguards through Intealth, SEVIS, DHS/DOS, and ACGME.
- A proven compliance record, with DHS's own data showing extremely low overstay rates among J-1 physicians.
- Flexibility to accommodate real-world needs such as board exam preparation (needed annually by ~700 physicians), remediation, and leaves of absence.

In short, the existing system balances regulatory oversight with the needs of patient care and training. Replacing it with fixed terms and repeated EOS filings would add costs, risks, and inefficiencies without clear benefit.

At this moment of urgent national need, the United States cannot afford regulatory changes that destabilize graduate medical education or weaken the physician pipeline. J-1 physicians are rigorously vetted, essential to patient care, and operate under proven oversight frameworks. We respectfully oppose the proposed rule as applied to J-1 physicians and stand ready to work with DHS to preserve systems that protect patient safety, sustain the healthcare workforce, and maintain uninterrupted access to care.

We hope this information is useful should your organization decide to submit comments during the public comment period. The deadline for submissions is September 29, 2025.

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Key Terms

1. J-1 Physician

- A foreign national training in a U.S. residency or fellowship program.
- Provides supervised patient care in teaching hospitals.
- Typically participates for 1–7 years depending on specialty.

2. Duration of Status (D/S)

- Current U.S. immigration system for J-1s.
- Allows physicians to remain legally in the U.S. for the entire length of their program, including orientation, leave, remediation, or board exams.
- Stable and effective for 30+ years with no systemic misuse.

3. SEVIS (Student and Exchange Visitor Information System)

- U.S. government system jointly managed by DHS and DOS.
- Tracks J-1 physician program start/end dates, legal status, and updates in real time.
- Allows sponsors and DHS to monitor compliance efficiently.

4. Extension of Status (EOS)

- Application process required if D/S is eliminated.
- Physicians would need to apply annually under the proposed DHS rule.
- Risk: Processing delays could disrupt training timelines.

5. Intealth Sponsorship

- Provides program oversight and visa compliance monitoring.
- Conducts annual reviews to ensure physicians meet training milestones.
- Works closely with hospitals and ACGME to support successful program completion.

See also: Intealth: Data

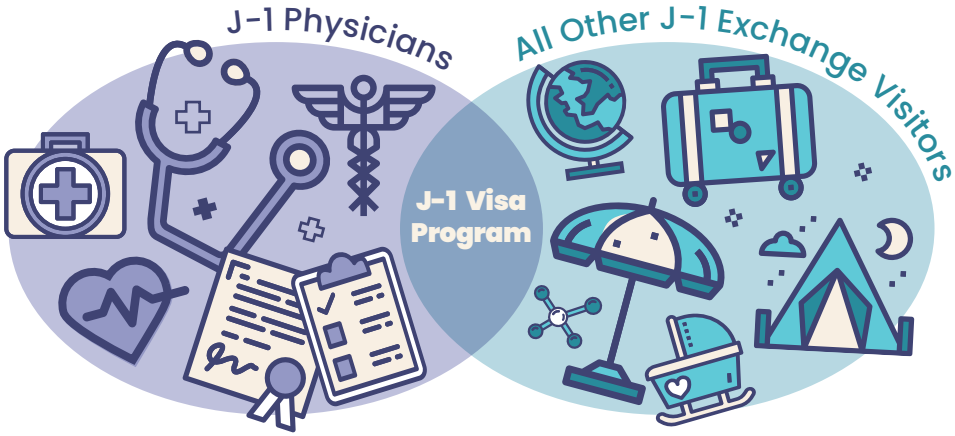
Preserving Duration of Status for J-1 Physicians

J-1 Physicians Are Different

J-1 physicians occupy a uniquely regulated space within the U.S. medical education system, subject to rigorous oversight, fixed training structures, and ongoing evaluation. **These standards are unmatched by any other J-1 exchange visitor category.**

J-1 physicians are:

- Thoroughly pre-screened, credentialed, and vetted by ECFMG (a division of Intealth) before entering the U.S.
- Subject to biannual performance evaluations throughout their training
- Monitored continuously by federal sponsors and accredited residency programs
- Required to meet all U.S. medical licensing standards and operate under strict institutional oversight



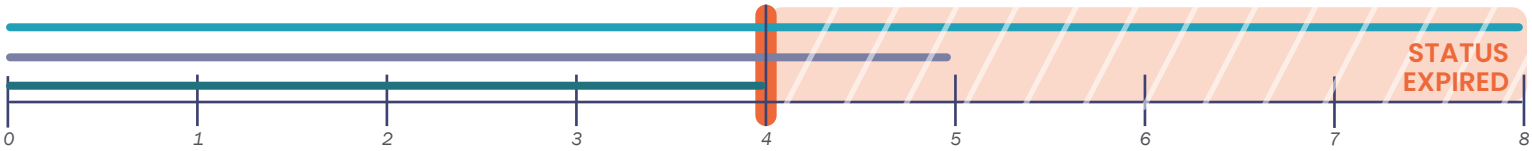
Extensively vetted and continuously monitored; vital members of U.S. health care teams.

Examples: Au pairs, research scholars, interns, trainees, summer work/travel participants.

Why Limiting Duration of Status to Four Years Is Problematic

Replacing 'Duration of Status' with a fixed 4-year cap would remove critical assurances that international physicians can complete their training, creating uncertainty that could disrupt residency programs, compromise patient care, and destabilize learning environments across the country.

- **Primary care pathways**, such as Internal Medicine followed by subspecialty training (e.g., geriatrics, cardiology), routinely require 4+ years post-residency, putting these essential fields, already facing shortages, at particular risk.
- **General Surgery** requires 5 years—status would expire before program completion.
- **Neurology and Psychiatry** are 4-year programs—any leave of absence or other delay could jeopardize status.



Logistical Barriers for Physicians:

- Requirement to travel abroad to extend visa status
- Unpredictable USCIS processing timelines for extension-of-status filings

These requirements are unworkable for physicians engaged in full-time, highly structured clinical training and for the U.S. hospitals that depend on their continuous, reliable presence to provide essential patient care services.

Removing Duration of Status for J-1 physicians, who are among the most highly vetted, closely supervised, and continuously evaluated professionals in the United States, would inject uncertainty, increase administrative burden, and jeopardize the continuity of their critical training and patient care.

If Duration of Status cannot be preserved, the recommended pathway for physicians is to align status with the full length of their residency or fellowship program. This approach ensures continuity of training and prevents disruptions in patient care.