

September 29, 2025

SUBMITTED ELECTRONICALLY

<https://www.regulations.gov>

Kristi Noem
Secretary
US Immigration and Customs Enforcement
Department of Homeland Security
2707 Martin Luther King Jr Ave SE
Washington, DC 20528-0525

RE: [RIN 1653-AA95] 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

Dear Secretary Noem:

The American Geriatrics Society (AGS) appreciates the opportunity to submit comments on the proposed rule, *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*, to the Department of Homeland Security (DHS). AGS is concerned that, if finalized, a fixed-term admission period for F and J visa holders, including international academic students and physicians, will exacerbate the existing workforce gap in primary care and geriatrics and significantly reduce access to essential health care for millions of Americans. We urge DHS to not move forward with its implementation.

AGS is a not-for-profit society devoted to improving the health, independence and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to communities and where bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their care partners. AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

Despite the well-documented growing number of older adults in the US who are likely to require the care of a geriatrician, there is a workforce crisis with a disappearing supply of primary care physicians, including geriatricians. According to the Health Resources and Service Administration (HRSA), there will be a shortage of 2,110 geriatricians by 2037, leaving thousands without access to

these services and more than 25 percent of the shortage will be in nonmetro rurality areas.¹ Rural populations are generally older, have a higher incidence of poor health, and face greater socioeconomic barriers to receiving the care they need to live independently.² It is critically important to strengthen the visa system to help fill physician vacancies in rural and underserved areas and not weaken it. Ensuring an adequate health workforce and access to high-quality person-centered care is essential for us all as we age.

AGS is deeply concerned that the proposed change from duration of status to a fixed admission period that does not exceed 4 years for F visa holder academic students and J visa holder physicians will have a detrimental impact on older Americans and health care professional training. There are currently more than 15,900 J-1 physicians across medical specialties, including geriatrics, training in the United States with programs lasting 1 to 7 years depending on the specialty. The J-1 physician workforce is a crucial part of the American healthcare system providing care in our most underserved areas and they are frequently among our frontline providers serving in primary care settings, safety-net hospitals, and rural communities. Over the past decade, the number of J-1 physicians training and serving patients has increased by 67 percent.³ Non-US International Medical Graduates (IMGs) proceed to providing health care as practicing physicians and are often more willing than their US medical graduate counterparts to practice in remote and rural areas.⁴ The US has historically relied on IMGs and immigrant health professionals to provide critical care for some of the most vulnerable populations in our nation, including lower-income and underserved communities. If this proposed change were to be finalized, patient care across the country in nearly 770 hospitals will be severely impacted.⁵ We are particularly concerned that an integral part of the geriatrics workforce, J-1 physicians, and the supervised patient care provided by geriatrics trainees who are essential to a teaching hospital's ability to provide continuity of care, and the role they play in our healthcare system will be jeopardized.

Under the current duration of status policy, J-1 physicians are able to apply for an extension of status for subsequent years of training at the same time as their annual visa sponsorship renewal with the Educational Commission for Foreign Medical Graduates (ECFMG) and the Foundation for Advancement of International Medical Education and Research (FAIMER), a rigorous screening and review process that confirms their continuing eligibility for J-1 status. The DHS proposal for a fixed-term admission not exceeding 4 years and the required mid-training extension of stay requirement on an annual basis establishes a timeline that is not feasible for J-1 physicians considering the time it takes for residency and fellowship contracts to be issued and the processing time for an extension application, and creates redundant administrative burden. DHS estimates an annual average of over 400,000 extension of status applications for F, J, and I visa holders if the proposed rule is finalized,⁵ magnifying the strain on the US Citizenship and Immigration Services (USCIS) which reached the highest level of pending cases—more than 11.3 million—in the last 10 years in January to March 2025.⁶ The significant delays will cause uncertainty and disruptions for J-1

¹ US Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Accessed September 25, 2025. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

² Cohen SA, Greaney ML. Aging in rural communities. *Curr Epidemiol Rep*. 2022;10(1):1-16. doi:10.1007/s40471-022-00313-9

³ Inteleth. J-1 visa sponsorship, 2024. February 7, 2025. Accessed September 24, 2025. https://www.inteleth.org/pdfs/J-1_US_Infographic.pdf

⁴ Jacobs JW, Wheeler AP, Horstman E, Booth GS. How immigration policy threatens US medical training and patient care: a fragile pipeline. *JAMA*. 2025;334(6):483-484. doi:10.1001/jama.2025.9782

⁵ 90 Fed Reg 42101

⁶ Immigration and citizenship data. US Citizenship and Immigration Services. July 2025. Accessed September 25, 2025. https://www.uscis.gov/sites/default/files/document/data/quarterly_all_forms_fy2025_q2.xlsx

physicians in training for specialties that typically last more than 4 years and negatively impact patient care. Additionally, DHS also estimates that there will be an increased cost with the proposed change of nearly \$400 million given the additional resources needed for the increased number of applications under a fixed-term admission policy, a substantial economic impact for the US and American taxpayers. We strongly oppose the proposed changes and urge DHS to withdraw this proposed rule given how harmful it will be to patient care in America.

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AGS appreciates the opportunity to provide the above comments. We would be pleased to answer any questions you may have. Please contact Anna Kim at akim@americangeriatrics.org.

Sincerely,

A handwritten signature in black ink that reads "Paul Mulhausen, MD." The signature is written in a cursive, slightly slanted style.

Paul Mulhausen, MD
President

A handwritten signature in black ink that reads "Nancy E. Lundebjerg". The signature is written in a cursive, slightly slanted style.

Nancy E. Lundebjerg, MPA
Chief Executive Officer