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October 23, 2020

SUBMITTED ELECTRONCIALLY VIA http://www.regulations.gov

Tony Pham Acting Director U.S. Immigration and Customs Enforcement Department of Homeland Security, ATTN: ICEB-2019-0006 500 12th Street, SW Washington, D.C. 20536

Re: [ICEB-2019-0006] 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 Acting Director Pham:

The American Geriatrics Society ("AGS") appreciates the opportunity to comment on the Proposed Rule, U.S. Immigration and Customs Enforcement's ("ICE"): 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 (ICEB-2019-0006).¹ The AGS is a not-for-profit organization comprised of nearly 6,000 geriatrics health professionals (including nurses, pharmacists, physicians, and social workers) who are devoted to improving the health, independence, and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

We are deeply concerned that the proposal to change the duration of status policy and the additional requirement to apply for an extension of stay for J-1 visa holder physicians will have a detrimental impact on patient care and health care professional training, in particular, undergraduate and postgraduate medical education. The AGS strongly opposes this change and urges ICE to not move forward with its implementation.

Currently, more than 12,000 J-1 physicians across 50 medical specialties undertake training in the United States with programs lasting one to seven years depending on specialty. The J-1 physician workforce is a crucial part of the American healthcare system providing care in our most underserved areas and they

¹ 85 Fed. Reg. 60526 (Sep. 25, 2020).

are frequently among our frontline providers,² particularly during the current public health emergency.³ If this proposed change were to be finalized, patient care across the country in nearly 750 hospitals will be severely impacted especially in some of the areas hardest hit by Sars-CoV-2 (COVID-19). We are particularly concerned that J-1 visa physicians are an integral part of the geriatrics workforce and have been on the frontlines of caring for many older adults, who are most susceptible to COVID-19 and its complications, including respiratory failure and death.⁴ 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 in our healthcare system is essential. Non-U.S. International Medical Graduates (IMG)s are often more willing than their U.S. medical graduate counterparts to practice in remote and rural areas. Furthermore, commitment to care improves when patients experience greater comfort and levels of patient satisfaction with care provided by physicians "who look like them" and/or speak the patient's primary language. Diversity in the physician workforce is helpful and necessary to the health care for an increasingly diverse patient population. During the current public health emergency, the role of non-U.S. IMGs is even more critical to care for the thousands of patients battling COVID-19. Imposing these new requirements will lead to reduced access to healthcare for Americans, particularly for those who reside in rural, disadvantaged, or underserved communities.

Under current regulations, J-1 physicians can 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 the Educational Commission for Foreign Medical Graduates (ECFMG) and the Foundation for Advancement of International Medical Education and Research (FAIMER), a rigorous review process that confirms their continuing eligibility for J-1 status. In the draft rule, ICE is proposing to change this policy to one where J-1 physicians would be admitted for a fixed period that does not exceed four years. In addition, the rule would impose an additional requirement to apply through the U.S. government each year to extend this end date. This creates an impossible timeline on a recurring annual basis given that: (1) residency and fellowship contracts are typically issued 3-5 months in advance of the position start date; and (2) the fact that the published processing time for an extension application ranges from five to 19 months. The proposed alternative process for completing this additional step is that a J-1 physician could leave the United States each year and apply for the extension through a U.S. consulate abroad. Such regular, international travel during residency or fellowship programs also is likely to disrupt training and negatively impact patient care, as well as increase the risk of COVID-19 infection and transmission. The AGS believes that the proposed change is duplicative and creates new burdens that are inconsistent with the Administration's commitment to "Patients Over Paperwork."

This proposed change will also exacerbate the existing physician shortage, particularly for the geriatrician workforce. The supply of geriatricians is projected to increase modestly until 2025 but demand will grow more steeply, a 45 percent increase between 2013 and 2025.⁵ As of 2018, there were

² American Immigration Council. Foreign-Trained Doctors are Critical to Serving Many U.S. Communities. (January 2018). Available at: <u>https://www.americanimmigrationcouncil.org/research/foreign-trained-doctors-are-critical-serving-many-us-communities</u>.

³ ECFMG | FAIMER. The Devastating Impact of ICE's Proposed Rule Change on U.S. Health Care. (October 9, 2020). Available at: <u>https://www.ecfmg.org/protect-ds-for-J1s</u>.

⁴ Centers for Disease Control and Prevention (CDC). People at Increased Risk and Other People Who Need to Take Extra Precautions. Available at: <u>https://www.cdc.gov/coronavirus/2019-ncov/need-extra-</u>

precautions/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeopleat-increased-risk.html.

⁵ American Board of Medical Specialties. 2017-2018 ABMS Board Certification Report. (December 2018). Available at: https://www.abms.org/media/194885/abms-board-certification-report-2017-2018.pdf.

nearly 15 percent non-U.S. resident physicians in training.⁶ and while active IMGs representation in each discipline varies, the highest percentage is in geriatrics.⁷ Ensuring an adequate healthcare workforce and access to high-quality person-centered care is critical for us all as we age across the lifespan. For the reasons outlined above, we strongly oppose these proposed changes and request that ICE withdraw this proposed rule change given how harmful it will be to patient care.

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Thank you for the opportunity to submit these comments. We would be pleased to answer any questions you may have. Please contact Anna Kim, <u>akim@americangeriatrics.org</u>.

Sincerely,

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⁶ Tio, M.C., Sparks, M.A., Neyra, J.A. The International Biomedical Workforce is Critical to Our Response to COVID-19 in the United States. (September 2020). Available at: <u>https://www.sciencedirect.com/science/article/pii/S0025619620310429</u>.

⁷ Ranasinghe, P.D. International Medical Graduates in the US Physician Workforce. Journal of the American Osteopathic Association. 115 (236-241). (April 2015). Available at: <u>https://jaoa.org/article.aspx?articleid=2213422</u>.