October 23, 2020

Sharon Hageman
Acting Regulatory Unit Chief, Office of Policy and Planning
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
500 12th Street SW
Washington, D.C. 20536


Dear Ms. Hageman

On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD), I submit this comment letter in response to the U.S. Department of Homeland Security’s (Department) 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 (DHS Docket No. ICEB-2019-0006-0001), published September 25, 2020. The APCCMPD is Not-For-profit national association representing 94% of all Pulmonary, Critical Care, and Pulmonary Critical Care Medicine (PCCM) Fellowship Training Programs.

We urge that visa holders who are training and practicing under the physician category of the J-1 visa classification be excluded from the proposed rule. Pulmonary, Critical Care, and Pulmonary Critical Care Fellowship programs attract physicians from around the world to their training programs. **43% of pulmonary fellows in training** and **24.7% of PCCM fellows in training** are non-US International graduates. Academic centers, where these fellows train, are the end-destination for advanced critical care and play a key role in treating severely ill patients, as we have recently experienced with the COVID-19 Pandemic. The anticipated proposal to eliminate the “duration of status” would negatively affect the patient care and the medical education of both the J-1 visa holder and the remaining fellowship physician trainees, reduce the supply of physicians in the United States, and affect health care in countries to which J-1 physicians return to apply their knowledge and skills.

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1 National Resident Matching Program; (2020); Results and Data Specialties Matching Service; 2020 Appointment Year, retrieved from NRMP.org; accessed on 10/23/20
The physician category of the J-1 visa classification is already closely monitored by the teaching hospitals where the physician J-1 visa holder is training, by the Accreditation Council of Graduate Medical Education (ACGME), and by Educational Commission for Foreign Medical Graduates (ECFMG) through the government’s Student and Exchange Visitor Information System (SEVIS). As a result, elimination of the “duration of status” would not provide additional valuable oversight for the physician category of the J-1 visa classification.

Those who train in Pulmonary and Critical Care Medicine (PCCM) complete a 3-year Internal Medicine residency followed by a 3-year PCCM fellowship. This time frame exceeds the maximum length in the new end date, necessitating an extension for all of our trainees. The proposed end-date rule, combined with a current processing time of 5-19 months for visa training extensions, risks preventing the physician J-1 visa holder from commencing or continuing fellowship by several months. Since physicians in training provide a significant proportion of patient care in Pulmonary, Critical Care, and Pulmonary Critical Care Fellowship Training Programs, the resulting disruption would be devastating to patient care, the fellowship training program, and the education of other physician trainees.

We urge policymakers to carefully consider these impacts and exclude the physician category of the J-1 visa classification from the proposed rule. Failure to exclude the physician category of the J-1 visa classification will have many unintended consequences to patient care, physician training, and the physician workforce in the United States.

Sincerely,

Gabriel Bosslet, MD
President
Association of Pulmonary and Critical Care Medicine Program Directors