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Re: 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]

Dear Acting Secretary Wolf:

The American Society of Hematology (ASH) appreciates the opportunity to provide comments 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. In particular, ASH is extremely concerned about the proposal to eliminate "duration of status" as an authorized period of stay for physicians and researchers who hold J-1 visas. This proposed rule would disrupt medical specialty and subspecialty training of thousands of foreign national physicians and researchers in the United States, including those who are training in the field of hematology. It would also gravely disrupt patient care, especially in underserved areas of our country.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

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 are educated 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. There are approximately 1,900 fellows (physicians training in subspecialties) enrolled in joint hematology/oncology fellowship programs; by our estimation, over 600 current fellows are J-1 visa holders and would be adversely impacted by this proposal, as would the hospitals where they are working and the patients they serve.

Physician training programs last from one to seven years, depending on the medical

specialty or subspecialty. In hematology, training can range between 5-6 years, depending on the area of study; typically, residency is 3 years followed by fellowship training for 2-3 years with the first two years focused on non-malignant hematology, malignant hematology, and oncology. The 3rd year is typically used for research or further specialization in a clinical area of expertise. Thus, the proposed 4-year limit on the “duration of status” might be adequate for an undergraduate college student but it is too short for a physician in training. 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 the Educational Commission for Foreign Medical Graduates (ECFMG) and Foundation for Advancement of International Medical Education and Research (FAIMER). Renewing visa sponsorships through ECFMG|FAIMER is a rigorous review process that confirms continuing eligibility. Under the ICE proposal, it is our interpretation that J-1 physicians would be required to complete an *additional* step after renewing visa sponsorships by applying to the U.S. government for an extension of authorized stay.

In normal times, such a change would have a severe impact on the delivery of patient care, as well as on the ongoing education of the physician in training, given the additional paperwork and time to apply for an extension of authorized stay, let alone the length of time for ICE to approve the extension. We are greatly concerned that a rule change to the process now, in the midst of the COVID-19 pandemic, would have even greater negative consequences. We understand that in formulating the proposed rules, the burden of paperwork to the nonimmigrant and the system was considered. We urge DHS to recognize the differences between J-1 physicians and other holders of J-1 visas.

This pandemic has painfully revealed an overburdened health care system that is being stretched far beyond its limits. Several states have attempted to recruit retired physicians and place medical students into action sooner to support the rising number of COVID-19 cases. Physicians holding J-1 visas have been part of the health care team, assisting those on the front lines of COVID-19, as well as ensuring access to timely, routine, and necessary medical care for patients seeking preventive, diagnostic, and follow up care for other diseases and disorders. The U.S. is facing a severe shortage of physicians, likely to be exacerbated as many older physicians retire because of COVID-19. The reality is that J-1 physicians are helping to provide medical care to our population.

In addition, ASH believes that the proposed change is unnecessary for J-1 physicians because they are already closely monitored; under the current system, J-1 visa holders have been thoroughly vetted by program directors as well as through their annual ECFMG|FAIMER visa sponsorship review process. J-1 physicians provide care under direct supervision and are carefully monitored throughout their educational training. Additionally, 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 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. We feel strongly that the proposed rule will result in significant disruption to patient care at teaching hospitals across the United States, including those that provide hematologic and oncologic care.

At the University of Oklahoma, for example, 83 trainees would be impacted by this proposed rule, of which 24, who are in their 4th year, would not be able to complete their training program and would have to leave the country. Of this total, 9-10 hematology/oncology fellows holding J-1 visas, and especially those in their 4th year, would be affected. As a state that has a large underserved population, the loss of care from these practitioners would be catastrophic. In the setting of the COVID-19 pandemic, the disproportionate care of Oklahomans in rural and urban areas that require hematology/oncology expertise would be immense. Lastly, in addition being trained in hematology, these practitioners are part of an academic medical center that oversees the care of so many patients throughout Oklahoma. The educational input into the competent care of hematology and oncology patients has far reaching effects and the proposed rule would strain an already overburdened group of physicians.

In conclusion, the Society opposes ICE’s proposed rule to eliminate “duration of status” as an authorized period of stay for physicians who hold J-1 visas, and respectfully urges ICE to exclude

J-1 physicians from this rule, should the proposal go forward. The proposal is duplicative of an already robust vetting, monitoring, and annual visa sponsorship review process, would disrupt medical specialty and subspecialty training, adversely affect academic medical centers, and impact the delivery of health care in this nation.

Thank you for your consideration of our comments. Please contact Suzanne Leous, ASH Chief Policy Officer, at sleous@hematology.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Stephanie Lee', written in a cursive style.

Stephanie Lee, MD, MPH
President