The Honorable Chad F. Wolf
Acting Secretary of Homeland Security
Department of Homeland Security
Washington, DC 20528

Re: Comments: DHS Docket No. 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 Secretary Wolf,

On behalf the Infectious Diseases Society of America (IDSA), HIV Medicine Association (HIVMA), Pediatric Diseases Society (PIDS), and the Society of Healthcare Epidemiology of America (SHEA), we write to express our deep concerns about the Department of Homeland Security's proposed rule, DHS Docket No. 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, " which would change the existing "duration of stay," policy allowing physicians on J-1 visas to extend their length of authorized stay for additional training at the same time they renew their J-1 visas status, to a specific end date. This proposed policy change would severely affect the dwindling number of J-1 physicians available to deliver infectious diseases care for patients and further jeopardize the nation's ability to effectively respond the COVID-19 Public Health Emergency. To immediately avoid these future consequences, we ask that J-1 physicians be excluded from the proposed rule.

IDSA, HIVMA, PIDS, and SHEA collectively represent over 14,000 infectious diseases and HIV physicians, scientists, researchers, and other healthcare and public health professionals who are devoted to adult and pediatric patient care, infection control, antibiotic stewardship, infectious diseases prevention, public health, education, and research in infectious diseases.

While numerous studies have found that ID physician care is associated with significantly lower mortality and readmission rates, shorter lengths of stay, fewer ICU days, less antibiotic use, and lower health care costs, the number of physicians specializing in infectious diseases continues to fall short of need. Nearly two-thirds of Americans live in areas with little or no access to an infectious diseases physician, according

to a study published online on June 4, 2020, in the *Annals of Internal Medicine*. As the COVID-19 pandemic has spread across the nation, affecting 3,142 counties in the United States, 2,499 – approximately 80% of counties across the nation do not have a single infectious diseases physician practicing in the county. Infectious diseases training slots have gone unfilled over the previous decade, as new physicians pursued specialties generating higher compensation. Eighty percent of counties in 14 southern states do not have an experienced HIV clinician with the disparities being greatest in rural areas. Management by an experienced HIV clinician improves health outcomes for people with HIV and lowers treatment costs. Counties without an experienced HIV physician would threaten the success of the administration's Ending the HIV Epidemic: A Plan for America (EHE). The new initiative seeks to reduce the number of new HIV infections in the United States by at least 90% within 10 years. A key strategy of the EHE is to connect more individuals with care but this is challenging due to several factors including a serious shortage of qualified HIV healthcare professionals in the heavily impacted areas.

Over the past decade, nearly one third of physicians entering infectious diseases (ID) fellowship programs have come from countries other than the US. Without the inclusion of non-US born physicians in our pipeline, we will have an unstable and inadequate supply of ID physicians. These limitations will have the greatest impact in rural and medically underserved areas. These physicians, who are practicing or otherwise lawfully present in the U.S. on a J-1 visa, make vital contributions to America's ID/HIV patient care workforce, public health efforts, and biomedical research and innovation programs. ID/HIV physicians provide life-saving care to patients with serious infections, address antibiotic resistance, and lead the way in the development of urgently needed new antimicrobial drugs, diagnostics, and vaccines. J-1 physicians are a critical part of our current COVID-19 Public Health Emergency response, especially in light of the shrinking ID/HIV physician workforce.

The J-1 Visa program plays an important role in ensuring a strong ID physician workforce. Many ID doctors have used the J-1 Visa program to continue to practice in America after their fellowships have ended, and are currently playing an invaluable role in caring for patients with infectious diseases in underserved communities. Our members report a tremendous need for additional J-1 visa slots for ID and HIV physicians in the COVID-19 pandemic, particularly at institutions in states that have been hard-hit by COVID-19.

The Department claims that the duration of status framework, "poses a challenge to the Department's ability to efficiently monitor and oversee these nonimmigrants, as the duration of status framework does not require immigration officers to assess whether these nonimmigrants are complying with the terms and conditions of their stay, or whether they present a national security concern." Under the current policy, a J-1 physician's authorized period of stay is extended upon issuance of a new Form DS-2019, generated by Educational Commission of Foreign Medical Graduates (ECFMG) through the government's Student and Exchange Visitor Information System (SEVIS), during ECFMG's annual review process. Through the required annual review process and SEVIS reporting, ECFMG assures both oversight and monitoring of all J-1 physicians in the United States. The proposed rule would end the duration of status policy and instead place a four-year length of stay requirement on J-1 physicians and require them to reapply each year for an extension by filing an Application to Extend/Change Nonimmigrant Status (Form I-539), either through a U.S. Citizenship and Immigration Services (USCIS) Service Center or through a consulate outside of the United States. For the latter, J-1 physicians would be required to complete the additional step by leaving the United States each year and applying for the extension through a U.S. consulate abroad. Such regular, international travel during residency or fellowship programs will disrupt training and impact sponsoring institutions' ability to render patient care; such disruptions will be especially problematic during the current COVID-19 pandemic.

IDSA, HIVMA, PIDS, and SHEA do not believe that the Department's concern regarding the ability to monitor J-1 physicians is valid, and we assert that the proposed change is not necessary. The proposed four-year limit on length of stay for J-1 physicians and proposed options for extending their stay are arbitrary and disruptive and will prevent many J-1 physicians, especially ID/HIV residents and fellows, from completing their training. Notably, completion of internal medicine training (3 years and required for advancing to ID fellowship training) and ID fellowship training (2 years) together require 5 years of training. Capping the length of stay at four years will further strain the ID/HIV physician workforce, unnecessarily create staffing upheavals at health care facilities and jeopardize patients' access to care.

J-1 physicians already are a thoroughly monitored group. The Accreditation Council for Graduate Medical Education (ACGME) provides a structured framework for all teaching hospitals and requires that residents and fellows are provided with appropriate supervision. In addition, each teaching hospital that hosts J-1 physicians assigns at least one staff member to communicate directly with ECFMG and confirm ongoing participation. Additionally, J-1 physicians are already tracked in SEVIS. Program participation dates and corresponding authorized periods of stay are easily visible at all times in SEVIS. The policy changes in the proposed rule that will require J-1 physicians to complete Form I-539 on an annual basis in addition to completing the ECFMG review will likely result in considerable delays that will endanger the ability of J-1 physicians to successfully match to their residencies in March and begin training and treating patients by July 1. The changes in the proposed rule will not improve information available through the current process and it will severely disrupt the provision of health care services, including ID, HIV, and other vital care in the midst of the ongoing COVID-19 pandemic.

DHS claims in its proposed rule that it is concerned about foreign influence on federally funded medical research. IDSA, HIVMA, PIDS, and SHEA reiterate that J-1 physicians are already closely monitored during their time in the United States through the ACGME framework and requirements that J-1 physicians be appropriately supervised, and these processes are in place to prevent outside influence on federally funded medical research. Additionally, U.S. Immigration and Customs Enforcement are already able to track where these physicians are at all times and exactly when they complete their programs. Finally, the United States benefits from the medical research and supervised care provided by these highly qualified physicians as they train on J-1 visas.

The COVID-19 pandemic underscores the vital role of, and significant need for ID and HIV physicians, including those who are foreign-born, in the delivery of life-saving care to patients with COVID-19 disease as well as other serious and emerging infections. Now, more than ever, J-1 physicians play an essential role in ensuring patient access to care in the United States. Jeopardizing the status of ID/HIV physicians who are here on J-1 visas and who are desperately needed to help fight this pandemic will have an immediate and devastating impact on our health care system, depriving Americans of life-saving care when they need it most. Our organizations urge DHS to reconsider and to exclude J-1 physicians from the proposed rule.

Thank you for considering our comments on the proposed rule. If you should have questions or need additional information, please don't hesitate to contact, Amanda Jezek, IDSA Senior Vice President for Public Policy and Government Relations at ajzek@idsociety.org, Andrea Weddle, HIVMA Executive Director at aweddle@hivma.org, Terri Christene Phillips, PIDS Executive Director at cphillips@idsociety.org, or Lynne Batshon, SHEA Director of Policy and Practice at lbatshon@shea-online.org.

Sincerely,

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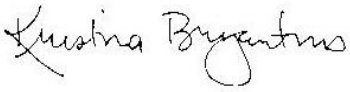

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