

September 29, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
U.S. Department of Homeland Security
2707 Martin L. King Avenue, SE
Washington, DC 20528

Re: Docket No. ICEB-2025-0001 — 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"

Dear Secretary Noem:

On behalf of the American Society of Nephrology (ASN), which represents more than 21,000 kidney health professionals dedicated to advancing American kidney health and ensuring access to high-quality kidney care, please accept ASN's comment on the Department of Homeland Security (DHS) proposed rule referenced above.

ASN strongly opposes 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." ASN believes the proposed changes to the duration of admission for J-1 physicians will disrupt care for patients, especially for patients in rural communities where physician shortages are greatest as well as for U.S. veterans who rely on the 120,000 residents and fellows training in Veterans Affairs Medical Centers for their lifesaving care. The proposed changes will destabilize the physician pipeline and create significant administrative barriers for international medical graduates (IMGs) already approved to receive training and provide care in the United States.

While one in four U.S. physicians are IMGs, the nephrology specialty is particularly dependent on this workforce because more than 50% of nephrologists and 60% of nephrologists in training are IMGs. Physicians training on J-1 visas enter nephrology fellowship positions that would otherwise go unfilled and result in gaps in time-sensitive patient care. Without IMGs, many of the 37 million Americans living with kidney diseases—including more than 800,000 individuals with kidney failure who depend on dialysis or transplantation, especially those in rural, underserved, or economically disadvantaged areas—would face serious (and in some cases insurmountable) barriers to accessing the specialized care they need to live. The United States is already facing a severe shortage of nephrologists, and any disruptions in the training pipeline would erode the supply of these specialists, slow research,

and increase patient wait times for essential kidney care. Indeed, data indicate that shortages of nephrologists are among the largest of any high-skill medical specialty. Further, imposing

additional administrative burden will only make the United States less competitive in attracting the highest quality candidates to fill these critical positions.

The Current System Works

For several decades, sponsored J-1 physicians have been admitted for the full duration of their residency or fellowship program as documented on Form DS-2019. These physicians have undergone rigorous vetting, including Educational Commission for Foreign Medical Graduates certification, visa screening, program accreditation, and continuous institutional oversight. Later, when their visa is renewed, the physician's lawful status is automatically extended. This "duration of status" (D/S) framework provides stability and predictability for patients, host institutions, and physicians. It also allows essential flexibility: physicians can pursue additional approved training and wait for the adjudication of their work visas without triggering a separate U.S. Citizenship and Immigration Services (USCIS) filing that risks interrupting patient care.

Under DHS' proposal, J-1 physicians would be admitted only until the program end date on the DS-2019, not to exceed four years, plus a 30-day departure period. To complete training, transfer programs, pursue additional fellowship, or take leave, physicians would be required to file an extension of stay (EOS) application with USCIS before their admission expires. This change would eliminate the current system's built-in continuity and replace it with unpredictable adjudications that are subject to significant USCIS backlogs and processing delays. Information already tracked through the Student and Exchange Visitor Information System (which is managed by the DHS and Department of State) and the information required for EOS filings will overlap, resulting in administrative burden and inefficiencies for government officials and host institutions alike.

The health of the more than 37 million Americans living with kidney diseases depends on a stable, well-trained, and adequately staffed physician workforce. The uncertainty that this change will create for IMGs may easily encourage some, particularly the most distinguished, to consider training and career options in countries other than the United States.

ASN Strongly Urges DHS to Preserve the Existing D/S Framework for J-1 Physicians

The current system supports uninterrupted training, protects patient care, and already provides extensive oversight. The country's D/S policy must align with the realities of medical training in Accreditation Council for Graduate Medical Education-accredited institutions and the full length of non-standard nephrology residencies and fellowships. Their admission should cover the full duration of training as described on the DS-2019, even if that training exceeds four years, and afford any approved leave or remediation.

For the health of Americans and the integrity of the nation's health care system, it is essential that DHS recognize the unique, heavily monitored structure of these training programs.

Again, thank you for the opportunity to comment on this proposed rule. ASN stands ready to work with DHS and other stakeholders on these critical issues to best safeguard care for the more than 37 million Americans living with kidney diseases. To discuss this letter, ASN's position on this issue, or the society, please contact ASN Executive Vice President Tod Ibrahim at tibrahim@asn-online.org.

Sincerely,

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President