November 10, 2026

The Honorable Markwayne Mullin
Secretary of Homeland Security
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Ave. SE
Washington, DC 20528

The Honorable Joseph B. Edlow
Director
U.S. Citizenship and Immigration Services
5900 Capital Gateway Drive
Camp Springs, MD 20588

RE: Eliminating the Discretionary 60-Day Grace Period; RIN 1615-AD22; DHS Docket No. USCIS-2026-0364

Dear Secretary Mullin and Director Edlow:

On behalf of the undersigned organizations, we write to express serious concerns regarding the Department of Homeland Security's (DHS) proposed rule, *Eliminating the Discretionary 60-Day Grace Period*, which would eliminate the existing grace period for certain employment-based nonimmigrant workers, including H-1B physicians and other health care professionals. We are concerned that this proposal would disrupt the physician training pipeline, hinder recruitment and retention, and jeopardize continuity of patient care. We urge DHS to preserve the existing 60-day grace period or, at a minimum, exempt physicians and other health care professionals from its elimination.

America's health care workforce depends heavily on international medical graduates (IMGs), who make up nearly one-quarter of practicing physicians in the United States.[i] In some fields that share runs far higher, approaching half the workforce. These physicians treat more low-income and underserved patients than their U.S.-born counterparts do.[ii] Physicians sponsored on H-1B visas are concentrated in those same communities, with rural counties relying on them at nearly twice the rate of urban counties and the highest-poverty counties at nearly four times the rate of the lowest-poverty counties.[iii]

The importance of these physicians will only increase. The United States faces a projected shortage of nearly 86,000 physicians within the next decade, while demand for health care continues to grow as the population ages and practicing physicians approach retirement.[iv] Hospitals, academic medical centers, physician practices, and community health centers rely on IMGs to maintain adequate staffing and access to care. In many underserved communities, these physicians are essential to ensuring patients receive timely treatment.

Under current regulations, H-1B physicians and other covered nonimmigrant workers whose employment ends may receive a discretionary grace period of up to 60 days to seek new employment or pursue another lawful immigration option. This flexibility is particularly important in health care, where employment transitions frequently involve lengthy credentialing, medical licensing, hospital privileging, and other administrative requirements. The proposed rule would eliminate this protection and generally require affected workers and their dependents to depart the United States immediately upon cessation of employment unless otherwise authorized to remain. Even where a physician has secured another position, unexpected delays in immigration filings or employment requirements could necessitate departure from the country under this proposed rule.

The health care workforce raises fundamentally different considerations than other sectors that rely on the H-1B program. Physicians undergo years of specialized training and must satisfy rigorous licensing and credentialing requirements before providing services that directly affect public health and safety. Moving from residency to fellowship to permanent practice, or between hospitals and physician groups, often requires several institutions to coordinate and can leave gaps between training and employment. The existing grace period provides an important safeguard against disruptions caused by these transitions. Eliminating it could delay the filling of critical vacancies and discourage physicians from accepting positions in communities where recruitment is a persistent challenge.

These concerns extend to other essential health care professionals employed in affected visa classifications. Hospitals and health systems depend on these workers to maintain clinical operations and deliver specialized patient care. Requiring otherwise qualified professionals to leave the country because of brief employment transitions could compound staffing shortages and impose additional financial and operational burdens on health care organizations.

Therefore, we strongly urge DHS to retain the existing 60-day grace period for employment-based nonimmigrant workers. This limited flexibility allows qualified physicians and other health care professionals to navigate changes in employment without unnecessary

disruption to patient care. If DHS proceeds with eliminating the grace period, we respectfully request an exemption for physicians and other health care professionals. Such an exemption would recognize the unique demands of the health care workforce and help prevent immigration policies from further exacerbating workforce shortages, particularly in rural and underserved communities.

We appreciate the Department's consideration of these comments and look forward to working together to strengthen America's health care workforce and protect access to timely, high-quality care. If you have any questions, please contact Eli Greenspan, Senior Policy Advisor at Polsinelli, at egreenspan@polsinelli.com.

Sincerely,
American Academy of Family Physicians
American Academy of Neurology
American Academy of Pediatrics
American Association of Neuromuscular & Electrodiagnostic Medicine
American Brain Coalition
American College of Medical Genetics and Genomics
American College of Obstetricians & Gynecologists
American College of Physicians
American College of Radiology
American College of Rheumatology
American Gastroenterological Association
American Medical Association
American Psychiatric Association
American Society for Clinical Pathology
American Society of Nephrology
American Society of Neuroradiology
Anxiety and Depression Association of America
Association for Advancing Physician and Provider Recruitment
Association of Academic Leaders of Neurology (formerly AUPN)
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Benign Essential Blepharospasm Research Foundation
College of American Pathologists
HIV Medicine Association
Hope for HIE

IMG Taskforce
Infectious Diseases Society of America
International Bipolar Foundation
M-CM Network
Miles for Migraine
MLD Foundation
NAPCRG
National Association of Rural Health Clinics
National Rural Health Association
North American Neuro-Ophthalmology Society
Physicians for American Healthcare Access
Project IMG
Society of Hospital Medicine
Society of Teachers of Family Medicine

[i] IMG physician workforce statistics: Ahmed et al., Journal of Graduate Medical Education (2018)
[ii] Non–U.S.-born physicians in internal medicine: Meille et al., JAMA (2026)
[iii] H-1B physicians in rural and high-poverty counties: Liu et al., JAMA (2025)
[iv] The Complexities of Physician Supply and Demand, Association of American Medical Colleges (AAMC) (2024)