

September 29, 2025

Honorable Kristi Noem
Homeland Security
United States Department of Homeland Security
1880 2nd Street, SW
Washington DC

Re: Docket No. ICEB–2025–0001, NPRM on 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 Psychiatric Association, and our allied psychiatric organizations below, we write to you today to urge reconsideration of the proposed rule on 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. The rule proposes to change the way DHS established the authorized period of stay for F, J, I visa classifications by eliminating the “duration of status” and replacing it with a specific end date. We oppose this change specifically for J-1 physicians as it will undermine our psychiatric workforce that leads the provision of care for patients suffering from mental illnesses and substance use disorders, rather than accomplish the Administration’s goals of safety and deterring fraud and abuse.

This change would be devastating to U.S. health care. A persistent shortage of psychiatrists, especially those trained in child and adolescent; geriatrics and addiction, contributes to the lack of access across the country. More than one third of the country lives in mental health professional shortage areas, creating gaps in care.¹ International medical graduates (IMGs), many of whom enter the US on a J-1 visa, make significant contributions to the physician workforce and communities in which they reside. As of 2024, IMGs represented approximately 29 percent of the psychiatric workforce, mainly working in rural and underserved areas.² Psychiatrists, including physicians on a J-1 visa, provide critical psychiatric and mental health treatment throughout our country. They often work in overburdened settings ranging from long-term care facilities to homeless programs, field hospitals, jails, and prisons. Such physicians are also overrepresented in our public sector and community health organizations as well as among our subspecialty providers of care, which are often focused on managing mental illness with co-existing substance use disorders, including opioid use disorders. J-1 physicians have been an essential component of our health care teams for decades and their role in U.S. health care is expanding.

¹ HRSA Health Workforce, State of the Behavioral Health Workforce, 2024. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-wor...>

² Duvivier RJ, Buckley PF, Martin A, Boulet JR. International Medical Graduates in the United States Psychiatry Workforce. Acad Psychiatry. 2022 Aug;46(4):428-434. doi: 10.1007/s40596-022-01635-y. Epub 2022 Apr 29. PMID: 35486365; PMCID: PMC9053123.

Any change to the already fragile workforce pipeline will devastate the mental health delivery system that is already facing a shortage of qualified physicians. There are currently 472 psychiatry residents and fellows on J-1 visa training throughout our country. Psychiatric training programs last four to seven years, depending on additional training in a subspecialty. The current duration of status provision allows J-1 physicians to extend their authorized stay in the U.S. for subsequent years of training simultaneously when they renew their visa sponsorship annually with ECFMG|FAIMER. The current provision involves a rigorous review process that confirms their continued eligibility. The proposed rule would require yet an additional step to apply through the U.S. government to extend this end date. The current published processing time for an extension application ranges from two to six months.³ As most residency/fellowship contracts are issued only three to five months in advance of the July 1 start of each new academic year, the proposed change would create an impossible timeline on an annual basis. Consequently, J-1 physicians who are applying for fellowships in subspecialty psychiatric programs would be unable to continue their training programs on July 1 each year, disrupting their pre-assigned clinical physician services over thousands of hospitals.

We urge the Administration to exclude J-1 physicians from this proposed rule.

Residents on J-1 visas are a part of the future psychiatric workforce and not excluding them will drastically reduce our current physician workforce at a time when the nation is facing a growing physician shortage and an unprecedented mental health care crisis, especially in rural America. If you have any questions, please contact Kristin Kroeger, Chief of Advocacy, Policy, and Practice Advancement at kkroeger@psych.org.

Sincerely,

American Psychiatric Association
Academy of Consultation-Liaison Psychiatry
AGLP: The Association of LGBTQ+ Psychiatrists
American Academy of Addiction Psychiatry
American Association for Geriatric Psychiatry
American Association of Chair of Departments of Psychiatry
American Association of Child and Adolescent Psychiatry
American Association of Directors of Psychiatric Residency Training
Council of the Southern Psychiatric Association
The American Association for Emergency Psychiatry
The American Society of Clinical Psychopharmacology

³ <https://www.uscisguide.com/national-visa-center/processing-times-for-employment-authorization/>