AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 3
(I-26)

Introduced by: International Medical Graduates Section

Subject: Preserving Duration of Status for J-1 Physicians in Graduate Medical Education

Referred to: Reference Committee (Assigned by HOD)

Whereas, international medical graduates (IMGs) constitute approximately 25 percent of the U.S. physician workforce, nearly 325,000 physicians[6]; and that J-1 exchange visitor physicians, sponsored by Intealth, provide essential training and patient care in communities facing physician shortages; and

Whereas, under the longstanding Duration of Status (D/S) framework, J-1 physicians remained in lawful status for the full duration of their authorized training program, generally capped at seven years[2], subject to Intealth's rigorous annual sponsorship review and SEVIS oversight[3]; and

Whereas, the Department of Homeland Security has replaced D/S with a fixed four-year admission period[1], requiring J-1 physicians in training programs exceeding four years, or needing unanticipated extensions for illness, remediation, or board examinations, to separately file for a USCIS extension of stay; creating administrative burdens, legal costs, and delays that risk disrupting training and patient care; and

Whereas, our AMA formally urged the Department of Homeland Security to exclude J-1 physicians and their J-2 dependents from the rule, noting that approximately 17,000 J-1 physicians train at more than 770 teaching hospitals nationwide and that USCIS extension-of-stay processing times of six to nineteen months are incompatible with the annual residency and fellowship contract cycle[9]; and

Whereas, Intealth, the designated J-1 physician sponsor, formally recommended that the Department of Homeland Security preserve D/S or, alternatively, adopt a fixed admission period equal to the full training program plus six months, expand VSRE/SEVIS integration, and confirm that physicians may change training programs during a pending extension[11]; that Intealth has begun issuing multi-year Forms DS-20194 consistent with the U. S. Citizenship and Immigration Service's (USCIS) existing deference policy[10]; and that HRSA projects a shortage of approximately 187,000 physicians by 2037[12]; and

Whereas, maintaining the Duration of Status, or an equivalent physician-specific mechanism, would allow J-1 physicians to complete their authorized medical training without unnecessary immigration-related interruptions, while preserving existing federal oversight, Intealth sponsorship requirements, and the established limits on J-1 physician training; therefore, be it

RESOLVED, that our AMA advocate that the Department of Homeland Security maintain or restore the Duration of Status for J-1 physicians in graduate medical education, or, if not restored, allow a fixed admission period equal to the full training program plus six months; (Directive to Take Action) and be it

RESOLVED, that our AMA advocate that the U. S. Citizenship and Immigration Service provide premium processing, deference to Intealth's multi-year DS-2019 sponsorship, automatic J-2 work-authorization extensions, and VSRE/SEVIS integration for J-1 extension-of-stay applications; (Directive to Take Action) and be it further

RESOLVED, that our AMA work with the Department of Homeland Security, the U. S. Citizenship and Immigration Service, Intealth, and other stakeholders to confirm J-1 physicians may change training programs or employers during a pending extension of stay, minimizing administrative burdens on physician training and patient care. (Directive to Take Action)

Fiscal Note: (assigned by HOD)

Received:

RELEVANT AMA POLICY

AMA Principles on International Medical Graduates H-255.988

1. Our AMA supports current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.

2. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.

3. Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.

4. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.

5. Our AMA supports continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.

6. Our AMA supports working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.

7. In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.

8. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.

9. Our AMA supports that special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.

10. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.

11. Our AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.

12. Our AMA supports the requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:

    a. completion of medical school and residency training outside the U.S.;

    b. extensive U.S. medical practice; and

    c. evidence of good standing within the local medical community.

13. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.

14. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.

15. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.

16. Our AMA membership outreach to IMGs to include

    a. using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians;

    b. publicizing its many relevant resources to all physicians, especially to nonmember IMGs;

    c. identifying and publicizing AMA resources to respond to inquiries from IMGs; and

    d. expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.

17. Our AMA supports recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.

18. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.

19. Our AMA supports institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.

20. Our AMA supports informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.

21. Our AMA supports U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.

22. Our AMA supports the Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.

23. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.

24. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.

25. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.

26. Our AMA will uphold its commitment to opposing discrimination against IMGs in all aspects of medical education and training.

BOT Rep. Z, A-86 Reaffirmed: Res. 312, I-93 Modified: CME Rep. 2, A-03 Reaffirmation I-11 Reaffirmed: CME Rep. 1, I-13 Modified: BOT Rep. 25, A-15 Modified: CME Rep. 01, A-16 Appended: Res. 304, A-17 Modified: CME Rep. 01, I-17Reaffirmation: A-19 Modified: CME Rep. 2, A-21 Modified: CME Rep. 1, A-22 Modified: CCB/CLRPD Rep. 1, A-22 Reaffirmed: CME Rep. 03, A-23 Reaffirmed: Res. 312, A-25 Reaffirmed in lieu of the first resolve: Res. 234, A-25Reaffirmed: Res. 241, A-25

Ensuring Timely J-1 Visa Processing to Protect IMG Participation in Residency Programs D-255.966

Our American Medical Association will work with all relevant federal agencies to support timely J-1 visa appointments and expedited processing for international medical graduates matched into U. S. residency and fellowship programs.
Res. 216, I-25; Reaffirmed: Res. 207, A-26; Reaffirmed: Res. 226, A-26

REFERENCES

1. AMA opposition to the 2020 proposal to eliminate J-1 Duration of Status - In 2020, our AMA joined the American Hospital Association, leading medical education organizations, and a bipartisan group of 36 members of Congress in formally opposing an earlier Department of Homeland Security proposal to eliminate Duration of Status for J-1 physicians, warning that the change would disrupt

IMG training, threaten patient access to care, and sever the pipeline of physicians into the Conrad State 30 program.

2. U.S. Department of Homeland Security, "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," Final Rule, 90 Fed. Reg. 44,976 (July 17, 2026) (DHS Docket No. ICEB-2025-0001), effective Sept. 15, 2026. https://www.federalregister.gov/documents/2026/07/17/2026-14439/
3. U.S. Citizenship and Immigration Services, USCIS Policy Manual, Vol. 2, Part D, Ch. 3, "Terms and Conditions of J Exchange Visitor Status" (describing duration of status and the general seven-year maximum program duration). https://www.uscis.gov/policy-manual/volume-2-part-d-chapter-3
4. U.S. Citizenship and Immigration Services, "Exchange Visitors." https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/exchange-visitors
5. AMA Comment Letter to DHS on the Fixed Time Period of Admission Rule (Sept. 24, 2025)
6. Our AMA formally urged DHS to exclude J-1 physicians and their J-2 dependents from the proposed rule, stating that J-1 physicians are "already thoroughly vetted and carefully monitored, making additional guardrails redundant for this cohort," and that the proposed extension-of-stay process would be "duplicative, unnecessary, and wasteful" given existing Intealth and SEVIS oversight. The comment letter is a matter of public record filed with DHS under Docket No. ICEB-2025-0001
7. Intealth's Comment Letter to DHS: Summary of Policy Recommendations (Sept. 2025) - Intealth, the sole Department of State-designated sponsor of J-1 physicians, submitted formal comments to DHS recommending: (a) preservation of Duration of Status for J-1 physicians; (b) if D/S is not preserved, a fixed admission period equal to the full approved training program plus six months; (c) expansion of the Voluntary Self-Report Exit (VSRE) pilot program integrated with SEVIS; (d) express regulatory language confirming that J-1 physicians may change training programs or employers, with an appropriately endorsed Form DS-2019, during the pendency of an extension-of-stay application, and a corresponding update to Form M-274, Employer Handbook; (e) premium processing service for extension-of-stay applications; and (f) automatic extension of work authorization for J-2 Employment Authorization Document holders who timely file renewal applications. This resolution incorporates each of these recommendations.
8. Intealth (ECFMG), "Update on U.S. Department of Homeland Security Rule to End Duration of Status Framework for J, F, and I Visa Holders," ECFMG/Intealth News, July 16, 2026. https://www.ecfmg.org/news/2026/07/16/update-on-u-s-department-of-homeland-security-rule-to-end-duration-of-status-framework-for-j-f-and-i-visa-holders/
9. Intealth's multi-year Form DS-2019 recommendation - Beginning fall 2026, Intealth plans to issue Forms DS-2019 reflecting a physician's full approved training program rather than annual increments, specifically to reduce administrative burden and align sponsorship documentation with the new fixed-period admission framework. Intealth has stated it will continue working with training programs, national GME organizations, and government stakeholders to identify further opportunities to mitigate the rule's impact. This resolution builds on that recommendation by asking USCIS to give appropriate evidentiary weight to Intealth's multi-year sponsorship determination when adjudicating extension-of-stay applications, consistent with USCIS's own existing deference policy.
10. American Medical Association, "Advocacy in action: Clearing IMGs' route to practice." https://www.ama-assn.org/education/international-medical-education/advocacy-action-clearing-imgs-route-practice
11. 7. American Medical Association, "Misguided J-1 visa proposal is a 'solution in search of a problem'," Nov. 23, 2020. https://www.ama-assn.org/education/international-medical-education/misguided-j-1-visa-proposal-solution-search-problem

12. American Medical Association, House of Delegates, International Medical Graduates Section, Resolution, "Ensuring Timely J-1 Visa Processing to Protect IMG Physicians" (Interim 2025). https://www.ama-assn.org/system/files/i25-imgs-resolution-2.pdf
13. American Medical Association (John Whyte, MD, MPH, EVP/CEO), Comment Letter to DHS Secretary Kristi Noem re: DHS Docket No. ICEB-2025-0001 / RIN 1653-AA95, "Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure...," Sept. 24, 2025. https://downloads.regulations.gov/ICEB-2025-0001-21954/attachment_1.pdf
14. U.S. Citizenship and Immigration Services, USCIS Policy Manual, Vol. 2, Part A, Ch. 4, "Extension of Stay, Change of Status, and Extension of Petition Validity" (deference to prior determinations of eligibility absent material error, material change, or new material information). https://www.uscis.gov/policy-manual/volume-2-part-a-chapter-4
15. Intealth, Comment Letter to U.S. Department of Homeland Security, Re: DHS Docket No. ICEB-2025-0001, "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" -- Summary of Policy Recommendations (Sept. 2025). On file with the AMA International Medical Graduates Section; a publicly posted copy was not independently located on regulations.gov at the time of drafting.
16. Health Resources and Services Administration, National Center for Health Workforce Analysis, "Physician Workforce: Projections, 2022-2037" (Nov. 2024) (projecting a shortage of approximately 187,130 full-time equivalent physicians by 2037). https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf