

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 3
(I-26)

Introduced by: Anna Heffron, MD, PhD, Luis Seija, MD, MSHP, Ida Vaziri, MD

Subject: Timely Processing of DACA Renewal Applications

Referred to: Reference Committee

1 Whereas, Deferred Action for Childhood Arrivals (DACA) is a program created in 2012 that
2 protects individuals who were brought to the United States (US) as undocumented children from
3 deportation and provides them with work authorization¹⁻³; and
4

5 Whereas, to be eligible for DACA, individuals must have entered the US before reaching 16
6 years of age and must have arrived before June 15, 2007; on average, DACA recipients were
7 seven years old at entry to the US and lived in the US for 20 years prior to the initiation of
8 DACA¹⁻³; and
9

10 Whereas, as of June 2025, approximately 27,000 healthcare workers and support staff were
11 current DACA recipients, including nearly 200 medical students, residents, and physicians⁴; and
12

13 Whereas, the AMA estimates that each medical student, resident, or physician who is a DACA
14 recipient and who retains work eligibility cares for between 1,533 and 4,600 patients annually^{4,5};
15 and
16

17 Whereas, DACA recipient health professionals often work in rural and underserved locations,
18 helping alleviate the strain on the US healthcare system in particularly under-resourced areas⁶;
19 and
20

21 Whereas, every two years, DACA recipients must resubmit an application to the United States
22 Citizenship and Immigration Services (USCIS) in order to maintain their lawful deferred action
23 status under DACA, which protects them from deportation, and renew their work permits⁷; and
24

25 Whereas, the USCIS approved only 53,855 DACA renewals in the first half of fiscal year (FY)
26 2026, a 63% decrease from the nearly 145,000 renewals approved in the first half of FY 2025,
27 and there are currently 120,000 pending DACA renewal applications—the highest number
28 pending ever—compared to only 37,000 pending renewals at the same point last year¹; and
29

30 Whereas, the number of DACA recipients in September 2024 was 538,000 but has decreased
31 steadily to 455,000 in March 2026, a drop of nearly 83,000 individuals, with an increasingly
32 accelerating rate of loss of DACA recipients¹; and
33

34 Whereas, although the number of active DACA recipients has previously fluctuated over time,
35 the recent decline has been notably sustained and pronounced, which experts attribute to the
36 reduction in processing of and prolonged processing time for DACA recipients' renewals¹; and
37

38 Whereas, DACA recipients report financial and emotional strain from the extraordinarily delays
39 in processing their submitted renewals, with no satisfactory response to repeated inquiries to
40 the USCIS about the extended processing time^{6,8-10}; and

Whereas, after lengthy lapses, DACA recipients and immigrant rights groups have sued the administration for records and information^{9,10}; and

Whereas, the months-long delay in renewal processing can put legal DACA recipients in a perilous financial situation, disrupts trainees' education, and jeopardizes the already strained healthcare workforce; lapse in DACA status due to these delays after timely submission has resulted in detention and even deportation of DACA recipients^{6,8,11-14}; and

Whereas, the AMA has previously affirmed support for DACA recipients and recognized their contributions to the healthcare workforce (H-65.932; H-255.959; D-255.980; D-295.302; D-350.986); DACA recipients are our colleagues, coworkers, and patients, and they deserve the dignity and the protections the law was written to provide them; therefore be it

RESOLVED, that our American Medical Association (AMA) will advocate for timely processing of Deferred Action for Childhood Arrivals (DACA) renewal requests and employment authorization applications, including sufficient federal administrative capacity and processes to minimize lapses in deferred action and work authorization caused by processing delays; and be it further

RESOLVED, that our AMA advocate for policies that protect DACA recipients from interruptions in employment, training, or clinical practice resulting from delays in the adjudication of timely filed DACA renewal requests; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Fiscal Note: Modest

REFERENCES

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3. KFF. Key Facts on Deferred Action for Childhood Arrivals (DACA). Updated 1 July 2025. Accessed 31 August 2026 at: <https://www.kff.org/racial-equity-and-health-policy/key-facts-on-deferred-action-for-childhood-arrivals-daca/>
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12. Association of American Universities (AAU). *AAU, Associations Express Concerns Over Recent DACA Renewal Processing Delays*. AAU website. Published 19 May 2026. Accessed 21 September 2026 at: <https://www.aau.edu/resource-library/aau-associations-express-concerns-over-recent-daca-renewal-processing-delays>
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RELEVANT RFS POSITION STATEMENTS

Support for Deferred Action Childhood Arrivals (DACA) Medical Students and Physicians

230.009R

That our AMA-RFS support: (1) the Deferred Action for Childhood Arrivals (DACA) program for current US healthcare professionals, including those currently training as medical students or residents and fellows, who are DACA recipients; and (2) support legislation that protects DACA recipients. (Resolution 12, A-18)

DACA in GME 230.010R

That our AMA reaffirm Visa Complications for IMGs in GME D-255.991 and Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages D-350.986. (Resolution 5, I-18)

Reducing the Harmful Impacts of Immigration Status on Health 410.024R

That our AMA-RFS supports protecting the human right to seek asylum; and that our AMA-RFS supports pathways to citizenship for undocumented immigrants who entered the U.S. as minors, including Deferred Action for Childhood Arrivals (DACA) recipients and Dreamers; and that our AMA-RFS supports family reunification pathways for children and adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the United States; and that our AMARFS supports deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status, and people without violent felonies; and that our AMA-RFS supports federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates. (Resolution 4, A-25)

Addressing Immigrant Health Inequities 410.028R

That our AMA-RFS support: (1) urging federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant children regardless of legal status, based on medical evidence and disease epidemiology; (2) advocating against and publicly correcting medically inaccurate accusations that contribute to anxiety, fear, and marginalization of specific populations; and (3) advocating for policies to make available and effectively deploy resources needed to narrow health disparities borne by immigrants, refugees, or asylees. (Resolution 9, I-14; Reaffirmed Report A, A25)

Protecting Resident Physicians with Pending Immigration Status and Ensuring Safe Participation in Professional Activities 410.046R

That our AMA-RFS support our AMA in urgently advocating for the Department of Homeland Security (DHS) and other relevant federal agencies to temporarily cease immigration enforcement for non-US citizen physicians and trainees with pending visa adjudication, including those who have recently matched; and that our AMA-RFS support our AMA in developing and disseminating a list of federal and national resources for medical schools and residency and fellowship programs in helping medical students, residents, and fellows with indeterminate visa statuses. (Late Resolution 2, A-26)

Immediate Action to Prevent Further Immigrant Deaths 410.048R

That our AMA-RFS support our AMA in supporting efforts to support efforts to ensure health care facilities effectively serve as sensitive locations, without deterring immigrants seeking care, by actively and vocally advocating for and endorsing policies that:

- make immigration status and place of birth protected health information
- prohibit immigration agents from entering nonpublic, patient-sensitive area of health care facilities without a warrant signed by a judge
- require health care facilities to adopt minimum enforceable guidelines for interactions with immigration enforcement authorities
- oppose mandated inquiries about patient immigration status in health care facilities; and that our AMA-RFS support our AMA in supporting other health care worker efforts to organize in support of immigrants' right to safe and high-quality health care in medical settings; and that our AMA-RFS support our AMA in reaffirming HOD policy H-440.793, D-350.983, H-65.932, D-160.921, and H315.966, and will advocate in an urgent, timely manner all HOD policies related to the deportation, detention, and health and safety for all immigrants, migrants, refugees, detainees, and asylum seekers.

(Resolution 2, A-26)

Mass Deportation as a Public Health Issue 410.050R

That our AMA-RFS support our AMA in recognizing mass deportation of immigrants, asylum seekers, and refugees as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities; and that our AMA-RFS support our AMA in opposing deportation of health care workers solely based on their documentation status who do not pose a threat to their community; and that our AMA-RFS support our AMA in opposing the large-scale internment of individuals targeted for deportation efforts.

(Late Resolution 1, I-24)

RELEVANT AMA POLICY

Reducing the Harmful Impacts of Immigration Status on Health H-65.932

1. Our American Medical Association supports protecting the human right to seek asylum.
2. Our AMA supports pathways to citizenship for undocumented immigrants who entered the US as minors, including Deferred Action for Childhood Arrivals (DACA), temporary protected status (TPS) recipients, and Dreamers.
3. Our AMA supports family reunification pathways for children and adult immigrants from other countries if their parent/guardian, spouse, or child/dependent has documented status in the U.S.
4. Our AMA supports deferral of deportation (and if applicable, employment authorization, driver's licenses, and identification documents) for people with disabilities and significantly limiting chronic illness, people who work in healthcare and social care, and relatives of people with documented or DACA status, and people without violent felonies.
5. Our AMA supports federal and state efforts to remove immigration enforcement from workplaces and employment consideration, including the removal of E-Verify mandates.

[Res. 004, A-25; Reaffirmed: Res. 252, A-26]

Immediate Action to Prevent Further Immigrant Deaths H-160.878

1. Our American Medical Association supports efforts to ensure health care facilities effectively serve as sensitive locations, without deterring immigrants seeking care, by supporting policies that:
 - a. make immigration status and place of birth protected health information;
 - b. prohibit immigration agents from entering nonpublic, patient-sensitive areas of health care facilities without a warrant signed by a judge;
 - c. encourage health care facilities to adopt minimum enforceable guidelines for interactions with immigration enforcement authorities; and
 - d. oppose mandated inquiries about patient immigration status in health care facilities.
2. Our AMA will advocate in an urgent, timely manner to protect immigrant health, safety, and access to care as directed by HOD policies related to the deportation, detention, and health and safety for all immigrants, migrants, refugees, detainees, and asylum seekers.

[Res. 252, A-26]

Protecting and Promoting Long Term Care Workforce Amidst Immigration Challenges H-255.959

1. Our American Medical Association opposes administrative or regulatory actions that exacerbate staffing shortages or threaten access to long term care when such actions are not accompanied by adequate workforce supply and training, immigration pathways, and funding support.
2. Our AMA supports immigration policies that protect, retain, and expand the long-term care workforce, including timely work authorization, efficient visa processing, and protections against abrupt workforce disruptions for immigrant health care workers.

[Res. 231, A-26]

Protecting Resident Physicians with Pending Immigration Status and Ensuring Safe Participation in Professional Activities D-255.964

1. Our American Medical Association urgently advocates on behalf of non-US citizen physicians and trainees with pending visa adjudication, including those who have recently matched.
2. Our AMA supports the development and dissemination of a list of federal and national resources for medical schools and residency and fellowship programs in helping medical students, residents, and fellows with indeterminate visa statuses.

[Res. 250, A-26]

Impact of Immigration Barriers on the Nation's Health D-255.980

1. Our American Medical Association recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.
5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.

[Alt. Res. 308, A-17; Modified: CME Rep. 01, A-18; Reaffirmation: A-19; Reaffirmed: CME Rep. 4, A-21; Reaffirmed: Res. 234, A-22; Reaffirmed: Res. 210, A-23; Reaffirmed: Res. 207, A-26; Reaffirmed: Res. 226, A-26]

Increased Inclusivity and Admission Policies Clarification for DACA-Eligible Medical School and Residency Applicants D-295.302

- a.) Our American Medical Association will commend the Association of American Medical Colleges (AAMC) for its collection of data on medical schools that accept applicants eligible for Deferred Action for Childhood Arrivals (DACA) and encourage ongoing data collection.
- b.) Our AMA will request that the AAMC expand its data collection to include financial assistance options for DACA-eligible students.
- c.) Our AMA will publicize and disseminate this information to interested parties.

[Res. 308, A-23]

Immigration Status is a Public Health Issue D-350.975

1. Our American Medical Association declares that immigration status is a public health issue that requires a comprehensive public health response and solution.
2. Our AMA recognizes interpersonal, institutional, structural, and systemic factors that negatively affect immigrants' health.
3. Our AMA will promote the development and implementation of educational resources for healthcare professionals to better understand health and healthcare challenges specific for the immigrant population.
4. Our AMA will support the development and implementation of public health policies and programs that aim to improve access to healthcare and minimize systemic health barriers for immigrant communities.

[Res. 904, I-22; Reaffirmed: Res. 210, A-23]

Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages D-350.986

1. Our American Medical Association will study the issue of Deferred Action for Childhood Arrivals-eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates.
2. Our AMA will issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.

[Res. 305, A-15; Appended: Late Res. 1001, I-16; Reaffirmation: A-19]

Mass Deportation as a Public Health Issue H-440.793

1. Our American Medical Association recognizes mass deportation of immigrants, asylum seekers, refugees, and others with or seeking an immigration benefit as a public health issue, and recognizes the long-term mental and physical health implications of deportation on individuals, families, and communities.
2. Our AMA opposes deportation of health care workers and medically vulnerable patients solely based on their documentation status.
3. Our AMA opposes the large-scale internment of individuals targeted for deportation efforts.

[Res. 931, I-24; Reaffirmed: Res. 216, A-26; Reaffirmed: Res. 252, A-26]