

June 22, 2026

The Honorable Marco Rubio
Secretary of State
U.S. Department of State
2201 C Street NW
Washington, DC 20520

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

Submitted electronically

RE: Follow-Up on Implementation of Physician Visa Processing Updates and Continued Delays Affecting Patient Care

Dear Secretaries Rubio and Mullin,

On behalf of the undersigned organizations, we write to follow up on our [April 8, 2026, correspondence](#) regarding barriers preventing internationally-born physicians and international medical graduates (IMGs), including medical students, resident physicians, researchers, fellows, and practicing physicians, from entering the United States or remaining lawfully in the country to continue their training and practice. We appreciate the Departments' continued engagement on this issue and the April 30, 2026, announcement indicating that physician-associated cases would no longer be subject to broad adjudicative holds.¹

We recognize that the Departments of State and Homeland Security are operating under a clear mandate to protect national security and to faithfully implement recent Executive Action requiring enhanced screening and more stringent review of certain immigration applications. We fully acknowledge the importance of these responsibilities, including the need for coordinated interagency review and careful adjudication.

At the same time, physicians continue to report that the April 30 announcement has not yet translated into observable improvements in visa processing or adjudication outcomes. Physicians, graduate medical education (GME) programs, and other stakeholders continue to experience significant uncertainty regarding how this policy change is being implemented across agencies, service centers, and consular posts. In many cases, physicians remain in professional and personal limbo, with applications pending for months and no clear timeline for resolution despite compliance with all legal requirements.

¹ U.S. Citizenship and Immigration Services. "Update on USCIS' Strengthened Screening and Vetting." Mar. 30, 2026. <https://www.uscis.gov/newsroom/alerts/update-on-uscis-strengthened-screening-and-vetting>.

We have heard directly from physicians, GME (aka “residency”) programs, and other stakeholders that cases remain stalled and that individuals have received little or no follow-up from the agencies since the April 30 announcement. In addition, stakeholders report that consular officers and adjudicators may not have received clear or consistent guidance regarding the updated processing approach. While we recognize that implementation of policy changes across complex systems may take time, the lack of visible progress and communication has created significant confusion and uncertainty for impacted physicians and their employers.

Recent outreach received by our organizations from affected physicians and other stakeholders further underscores these concerns. For example, a survey conducted May 28-30 of physicians affected by adjudicative holds found that nearly all respondents reported no meaningful change in case status following the April 30 announcement, with many indicating ongoing disruption to their ability to provide patient care or meet training obligations. While these findings are anecdotal and reflect a limited sample, they are consistent with the reports we continue to receive from physicians across the country.

These ongoing delays have immediate and significant implications for the U.S. health care workforce. As noted in our prior letter, approximately [24%](#) of licensed physicians in the United States are foreign-trained, and [64%](#) of these physicians practice in medically underserved areas or Health Professional Shortage Areas. Internationally-trained physicians provide care to millions of Americans, including nearly [21 million people](#) living in areas where these physicians account for at least half of the local health care workforce. Their role is particularly critical to primary care delivery and to communities that already face significant challenges accessing care.

Our organizations emphasize that foreign citizens accepted into residency programs should receive timely processing of their visa applications between their residency match and start date to minimize disruptions in patient care, consistent with longstanding federal workforce and training objectives. We further recognize the essential role that physicians utilizing J-1 visa waivers play in improving health care disparities by serving rural and underserved communities. When physicians are unable to enter, remain, or continue their training in the U.S. due to administrative delays, the result is not only workforce disruption but also direct and immediate risk to patients’ access to care.

More broadly, the current situation underscores a persistent implementation gap. While the April 30 announcement signaled an important policy shift, stakeholders have not yet observed consistent, system-wide changes in adjudication timelines,

case movement, or communication. Without clear, written guidance and coordinated implementation across both Departments, the intended benefits of this policy change are not being realized in practice. For physicians with fixed academic start dates and clinical responsibilities, even short delays can have lasting consequences for training continuity, workforce stability, and patient care. Predictability is also essential to institutions maintaining accreditation compliance and continuity of care.

To address these ongoing challenges, we respectfully reiterate and update our requests as follows:

1. Establish a formal medical national-interest exemption.

The Departments should jointly establish a discrete national-interest category for physicians and medical trainees and ensure that these cases are not subject to prolonged administrative processing once required security and background checks are complete.

2. Implement mandatory expedited processing for physician cases.

Visa and immigration benefit applications filed by physicians and medical trainees should be prioritized for expedited review, with adjudication timelines aligned to fixed academic start dates and patient care obligations. Where statutory processing timelines apply, agencies should ensure these deadlines are consistently met and that pending physician cases are resolved within a timely, clearly defined timeframe.

3. Provide clear guidance to adjudicators and consular officers.

The Departments should issue immediate, detailed, written guidance clarifying how the April 30 policy update is being implemented, including how physician-associated cases are identified and processed across agencies, expectations for case prioritization, and the circumstances under which additional review may be necessary.

4. Improve transparency and communication for impacted cases.

Physicians, residency programs, and employing institutions should be able to obtain clear information regarding case status, anticipated timelines, and next steps. The Departments should establish clear, accessible communication mechanisms for affected stakeholders, including designated points of contact, escalation pathways for time-sensitive cases, and providing estimated timelines for the issuance of further guidance and the resolution of currently pending physician cases.

Physicians and medical trainees are indispensable to the nation's health care infrastructure. Preventing them from entering the country, reentering after travel, or continuing their training and practice due to unresolved administrative delays undermines patient access to care, unnecessarily strains an already limited

workforce, and disrupts longstanding federal goals related to physician workforce development.

We appreciate the Departments' attention to this urgent matter and ongoing efforts to balance national security priorities with the operational needs of the U.S. health care system. We stand ready to work with your agencies to ensure that qualified physicians can enter, remain, and continue serving patients in the United States without unnecessary delay. If you have any questions, please contact David Tully with the American Academy of Family Physicians at dtully@aaafp.org.

Sincerely,

American Academy of Family Physicians
American Academy of Neurology
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecology
American College of Physicians
American College of Radiology
American College of Rheumatology
American Gastroenterological Association
American Medical Association
American Osteopathic Association
American Psychiatric Association
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Council of Academic Family Medicine
Medical Group Management Association
NAPCRG
Renal Physicians Association
Society of Teachers of Family Medicine