

October 26, 2020

The Honorable Chad Wolf
Acting Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Dear Acting Secretary Wolf:

The American Psychiatric Association (APA), the national medical specialty society representing over 38,800 psychiatric physicians and their patients, and its District Branches/State Associations would like to take this opportunity to comment on the proposed rule *Establishing a Fixed Time Period of Admission and an Extension of Stay Procedures for Individuals in F, J and I Status*. APA opposes the proposed changes to eliminate the duration of status as an authorized period of stay for J-1 visa holders. This change will not yield new or better information about J-1 physicians. Instead, it will result in the considerable disruption of services at teaching hospitals where essential and life saving patient care is provided.

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 an additional step to apply through the U.S. government each year to extend this end date. The current published processing time for such an extension application ranges from five to 19 months. 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 would be unable to continue their training programs on July 1 each year, thus, disrupting their pre-assigned clinical physician services over thousands of hospitals.

This change would be devastating to U.S. health care. 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. Over the past decade, the number of J-1 physicians training and serving patients in the U.S. has increased by 62%. There are currently 395 psychiatry residents and fellows on J-1 visa training throughout our country. We are now in an unprecedented time during this global pandemic, when resident and fellow psychiatric physicians have been redeployed to provide non-psychiatric essential medical services in numerous parts of the country to care for medically-ill COVID-19 patients due to physician shortages. Residents on J-1 visas are a part of the future psychiatric workforce. They provide necessary care in underserved areas and often continue caring for these patients after their training as foreign medical graduates. If implemented, the rule will disrupt

these J-1 physicians' specialty and sub-specialty training and interrupt the patient care they provide not only to patients with mental illness but also to COVID-19 patients.

We appreciate that the President recently issued an Executive Order on safeguarding mental health during the pandemic, however, implementing this rule would contradict that order. Psychiatrists provide critical psychiatric and mental health treatment throughout our county by working in overburdened settings ranging from long-term care facilities, to homeless programs, field hospitals, jails, and prisons. Before the COVID-19 pandemic, many of these systems were experiencing unmet mental health and substance use disorder treatment resources. Now, facing the onslaught of COVID-19 related illness, it is even more evident how under-resourced our health care system is in providing mental health care. The workforce shortage will likely be exacerbated following the pandemic, given the devastating mental health and economic effects of COVID-19. If early reports on mental health issues continue to rise as expected, we will have even more Americans in need of critical psychiatric care.

We urge the Administration to exclude J-1 physicians from this proposed rule. Not doing so will drastically reduce our current physician workforce at a time when the nation is facing a growing physician shortage and an unprecedented health care crisis, and place a considerable burden on remaining trainees, thus negatively affecting their education and training. If you have any questions, please contact Kristin Kroeger, Chief of Policy, Programs, and Partnerships at kkroeger@psych.org.

Sincerely,

Academy of Consultation-Liaison Psychiatry
Alabama Psychiatric Physicians Association
American Academy of Child and Adolescent Psychiatry
American Academy of Clinical Psychiatrists
American Association for Geriatric Psychiatry
American Association for Social Psychiatry
American Society for Adolescent Psychiatry
American Psychiatric Association
Arizona Psychiatric Society
Colorado Psychiatric Society
Indiana Psychiatric Society
Iowa Psychiatric Society
Maine Association of Psychiatric Physicians
Maryland Psychiatric Society
New Jersey Psychiatric Association
New York County Psychiatric Society
Northern California Psychiatric Society
North Carolina Psychiatric Association
North Dakota Psychiatric Society
Oklahoma Psychiatric Physicians Association

Pennsylvania Psychiatric Society
Psychiatric Society of Virginia
Rhode Island Psychiatric Society
Senior Psychiatrists, Inc.
Tennessee Psychiatric Association
The Psychiatric Medical Society of New Mexico
Washington Psychiatric Society
West Virginia District Branch

