

September 25, 2025

The Honorable Kristi Noem Secretary Department of Homeland Security Washington, D.C. 20407 The Honorable Todd Lyons
Acting Director
U.S. Immigration and Customs Enforcement
Washington, D.C. 20536

Dear Secretary Noem and Acting Director Lyons,

The College of American Pathologists (CAP) appreciates the opportunity to comment on the U.S. Immigration and Customs Enforcement (ICE) proposed rule, "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." As you consider finalizing this rule, the CAP requests you make an exception for physician J-1 visa holders. The CAP is the world's largest organization of board-certified pathologists and leading providers of laboratory accreditation and proficiency testing programs, the CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. As physicians specializing in the diagnosis of disease through laboratory methods, pathologists have a long track record of delivering high quality diagnostic services to patients and other physicians.

On August 27<sup>th</sup>, the Department of Homeland Security issued a proposed rule that would limit the term of J-1 visas (along with J, F, and I visas broadly) to a maximum period of four years or the length of the relevant education program, whichever is shorter. Applicants would have to apply for an extension at the end of their original visa term. While we understand the rationale behind this proposed rule, the CAP is concerned that the proposed policy could adversely impact international medical graduates (IMGs) pursuing careers in pathology.

According to the Association of American Medical Colleges, the United States is facing a shortage of up to 86,000 physicians by 2036. While demand for pathologists remains high, with at least 1,566 pathologist job postings over the course of 2024, the supply of new pathologists trained each year is relatively fixed, capped by roughly 620 GME residency slots awarded each year. CAP projections published in 2023 estimate a demand for 700–840 new pathologists a year, and this is believed to be a conservative underestimate.

Further exacerbating this issue, under current law, J-1 visa holders must return to their home country for two years after residency, limiting access to care, despite IMGs making up 25% of the U.S. physician workforce. For pathology in particular, non-U.S. IMGs are estimated to make up about one-third of the active pathology workforce in the U.S. The services they provide are in high demand

and neither physician extenders nor AI is a substitute for the care pathologists render to their patients, and non-U.S. IMGs provide a significant portion of that care.

While enacting a four-year cap for J-1 visa holders would be sufficient to complete a pathology residency program, it would not allow time for any subsequent, separate, fellowship training after residency. Additional fellowship training is the standard for U.S. pathology practice, with most pathologists (~80% of those seeking continuing certification surveyed in 2024) reporting having performed one or more fellowships. Further, we are concerned that complications could arise as pathology fellowship applications are typically submitted in the third year of residency. This could result in logistical issues as a pathology fellowship program being forced to consider accepting an applicant without knowing if they'd received a visa extension or a pathology resident attempting to receive a visa extension without proof of acceptance to a fellowship program.

Similarly, complications could arise as non-U.S. IMGs are trying to apply to the Conrad 30 waiver program. The Conrad 30 waiver program allows non-U.S. IMGs to forgo the two-year home country requirement and instead immediately begin providing necessary patient care in a rural or underserved area for at least three years before becoming eligible to apply for an immigrant visa or permanent residence. Over the last 30 years, the Conrad 30 waiver program has facilitated the placement of approximately 20,000 physicians in communities that otherwise might not have had access to health care.

The unintended consequences of non-U.S. IMGs and programs being forced to make decisions without knowing whether a visa extension will be granted could result in a loss of opportunities for non-U.S. IMGs and American taxpayers.

The United States has invested a significant amount of money in training non-U.S. IMGs. In Fiscal Year (FY) 2020, Medicare paid an estimated \$16.2 billion for graduate medical education (GME), supporting just under 100,000 (98,542) full-time equivalent (FTE) resident physicians. This comes to just under \$165,000 per FTE resident. The vast majority of non-U.S. IMGs, 97% of non-U.S. IMG pathology trainees in one 2023 CAP survey, want to remain in the U.S. to practice and patients need the services they provide. We urge you to protect the investment that patients, U.S. taxpayers, have made in these highly skilled physicians.

For all of these reasons, the CAP asks that you make an exception for physician J-1 visa holders in the final rule. Non-U.S. IMGs play a critical role in providing health care, especially in underserved areas of the country with higher rates of poverty and chronic disease. Significant resources are invested in training these physicians and it is in our national interest to retain these highly skilled individuals, especially during the current workforce crisis, when physicians are needed in every specialty. Non-U.S. IMGs who are required to return to their home country, especially before completing all the standard training, may never return to practice in the United States.



The CAP appreciates the Administration's efforts and consideration of our comments. Please contact Hannah Burriss at hburris@cap.org, if you have any questions.

Sincerely,

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Qihui "Jim" Zhai, MD, FCAP

President, College of American Pathologists