



# Association of Pediatric Program Directors

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September 22, 2025

The Honorable Kristi Noem

Secretary

U.S. Department of Homeland Security

Washington, DC 20528

RE: Opposition to Proposed Rule Change Eliminating "Duration of Status" for J-1 Physicians

Dear Secretary Noem,

We write on behalf of the Association of Pediatric Program Directors Board of Directors, which represents pediatric residency and fellowship program leaders across the United States. As stewards of graduate medical education in pediatrics, we strongly oppose the Department of Homeland Security's proposed rule to eliminate the "duration of status" (D/S) designation for J-1 physicians in favor of fixed end dates and a requirement for annual Extensions of Stay (EOS) through U.S. Citizenship and Immigration Services (USCIS).

This proposed change poses a serious threat to the stability of pediatric training programs and, more importantly, to the pediatric workforce and the children and families who depend on them for care.

### J-1 Physicians Are Critical to Pediatric Training and Care

J-1 physicians play a vital role in the education, training, [research](#), and delivery of care in pediatric residency and fellowship programs across the country. They are essential members of the healthcare workforce, particularly in underserved and rural areas where shortages are most acute. J-1 physicians are not displacing U.S. medical graduates; rather, they are filling training positions that would otherwise go unfilled, particularly in high-need pediatric subspecialties and general pediatrics.

At a time when pediatric health systems are already strained by workforce shortages, this rule would further destabilize our ability to train the next generation of pediatricians. Disruptions to J-1 visa continuity could prevent highly qualified trainees from continuing their programs on time, causing staffing shortages, service gaps, and increased pressure on the remaining workforce.

### Children and Families Will Be Directly Impacted

Children—especially those in medically underserved communities—will be among the most affected by this proposed change. Many J-1 physicians are embedded in care teams that manage complex, long-term conditions. Interruptions in their training due to visa processing delays or administrative denials would directly undermine the continuity of care that pediatric patients urgently need.

Pediatric hospitals, residency programs, and community clinics rely on these physicians to provide front-line care, reduce wait times, and ensure access to preventive and specialty services. [J-1 physicians also conduct crucial research that translates to improvements in child health](#). This proposed policy threatens to undo years of progress toward improving pediatric access and equity.

### The Current System Works and Is Tailored to Medical Training

The existing D/S framework has supported graduate medical education successfully for more than 30 years. It is well-aligned with the realities of medical training, which frequently spans three to seven years or longer with subspecialty training. The current system allows for continuous status through annual sponsorship renewals by Intealth, a

rigorous and well-established  
process that includes oversight,  
compliance, and

verification.

SEVIS reporting ensures real-time tracking of all J-1 physician data, providing DHS with full visibility into training progress and status. This multi-layered oversight makes the current system highly effective and efficient, with no significant evidence of misuse or overstay.

Replacing D/S with fixed end dates and requiring annual EOS filings introduces unnecessary delays, administrative duplication, legal costs, and risk. Given that residency and fellowship contracts are often finalized only a few months before the academic year starts, these new requirements would create a timeline that is not only impractical but, in many cases, impossible to meet.

**Conclusion: Pediatric Training and Child Health Are at Stake**

The United States is already facing a projected shortage of up to 86,000 physicians by 2036, including substantial gaps in pediatric care. J-1 physicians are an indispensable part of the pediatric pipeline and healthcare delivery system. This proposed change would erect new and damaging barriers to their training and ability to provide care.

We urge DHS to preserve the current duration of status model for J-1 physicians and to reject any changes that would weaken the pediatric workforce, disrupt continuity of care, and jeopardize child health outcomes.

We appreciate the opportunity to provide this input and remain ready to collaborate to ensure policies that protect both the integrity of graduate medical education and the health of our nation's children.

Sincerely,

Association of Pediatric Program Directors Board of Directors