



American Society of
Pediatric Nephrology



October 22, 2020

Chad Wolf
Acting Director
Department of Homeland Security
500 12th Street SW
Washington DC 20536

Re: Docket Number ICEB-2019-0006; 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

Dear Acting Secretary Wolf:

On behalf of the American Society of Pediatric Nephrology (ASPN) and the Renal Physicians Association (RPA), thank you for the opportunity to comment on the proposed rules establishing a fixed time period of admission and an extension of stay procedure for nonimmigrant academic students (F visas), exchange visitors (J visas) and representatives of foreign information media (I visas). ASPN and RPA support advancing policies that strike the appropriate balance between national security and an open, collaborative scientific and medical environment. Therefore, we oppose the proposed changes to the F and J visa application programs and urge the Department of Homeland Security (DHS) to withdraw the proposal in its entirety.

Impact of the Proposed Rule on Workforce Shortages

The proposed changes to the duration of status requirements for both F and J visa applications would create additional regulatory burdens for foreign-born graduate students who are an essential part of the pediatric and adult nephrology and greater health care workforce. DHS proposes to eliminate “duration of status” (DOS) as an authorized period of stay for certain nonimmigrant visas (F, I and J visas). Instead, the DOS would be replaced with a specific end date of either two or four years, and the visa applicant would be required to submit biometrics and be subject to additional application processes. There is already a significant backlog in processing existing extension applications, with wait times between five and nineteen months. This processing time will be further exacerbated with an influx of F, I and J visa applications, with serious implications for fellowship and training programs that have fellows on a J-1 visa. Our organizations believe any policy revision that makes the process more confusing, more arduous and more costly will discourage the influx of these graduates and discourage those looking to employ them.

These proposed changes would further depress the pediatric and adult nephrology workforce, which is already experiencing significant shortages requiring some patients to travel long distances to see either a pediatric or adult nephrologist. ASPN estimates that one-third of the pediatric nephrology trainee workforce is comprised of foreign medical graduates, many of whom then go on to provide pediatric nephrology services in the United States. For instance, over the last two decades, the largest American pediatric nephrology fellowship program graduated 50 fellows and 15 (30%) were visa holders, with ten

of those 15 now working in the U.S. as pediatric nephrologists. On the adult side, 17.4% of recent nephrology trainees nationally were on a J-1 visa, and 10.5% were on a temporary worker visa (H-type) ¹. Without these visa-holding foreign medical graduates, the available nephrology workforce will be significantly decreased and access to pediatric and adult kidney care will be reduced even further. Moreover, there should be no expectation that there will be some increase in the number of American or permanent resident applicants seeking nephrology training. In fact, we have already seen fewer applicants for fellowships during the COVID-19 pandemic, and this proposed rule will only serve to disincentivize foreign medical graduate students from coming to the U.S and exacerbate this shortage of trainees.

Proposed Date-Specific Admission Requirement Fails to Align with Academic Programs

DHS proposes to replace the existing DOS with a set period of admissibility of either two or four years. This fails to account for the duration of fellowship programs for specialty professions, including pediatric nephrology, which can often take five to seven years to complete. The proposal does not provide for an admission process of more than four years, meaning that in order to complete a fellowship, a student would have to leave the program and submit an application extension. This uncertainty will discourage international students and postdocs from applying to higher education institutions in the U.S., will make it less likely for these students and postdocs to accept offers from institutions in the U.S., and for those who are here, will make it more uncertain for employers to hire them. This will have a negative economic impact on institutions, lead to fewer nephrologists, pediatric and adult, trained in the U.S., and limit patient access.

Furthermore, the majority of fellowship and residency program contracts are issued in advance of the July 1 start of the academic year. The proposed changes will most certainly fail to align with this timeline, which will result in fellows being unable to continue in training programs on July 1 each year.

Existing Reporting Systems are Sufficient to Meet DHS' Stated Goals

ASPN and RPA urge DHS to improve upon the existing electronic reporting system that is used for F and J visa applicants. The SEVIS Project was established in 2002, and it provides DHS with immediate access to detailed information related to almost every student and exchange visitor event that could impact a student or exchange visitor's compliance with the regulations. For information not directly submitted in SEVIS, DHS also has the authority to request, "on any individual student or class of students upon notice," all information and documents that schools are obligated under 8 CFR 214.3 to retain throughout the student's enrollment and for a period of 3 years beyond that.

In the course of filing an extension of stay application under the proposed rule, applicants would have to submit information that they would have to get from their schools or programs--information or documentation that the schools and programs already provide directly through SEVIS or are required to retain by regulation. Making a student submit to USCIS this same information that DHS already has access to is duplicative and wasteful.

Impact on Rural Kidney Care

Our organizations believe that the proposed rules also exacerbate the health care disparities faced by Americans living in rural areas. Foreign medical specialty graduates often are willing to locate in rural areas underserved by the U.S. medical graduate student workforce, and they frequently take up long-term residence in these areas and come to serve as important medical resources for these communities.

¹ https://www.asn-online.org/education/training/workforce/Nephrology_Fellow_Survey_Report_2019.pdf

Thank you for considering our comments. Should you require additional information, please contact Erika Miller, ASPN's Washington Representative, at emiller@dc-crd.com or Rob Blaser, RPA's Director of Public Policy, at rblaser@renalmd.org.

Sincerely,

A handwritten signature in black ink that reads "Michael JG Somers, MD". The signature is written in a cursive style with a large, stylized 'M' and 'S'.

Michael JG Somers, MD
President
American Society of Pediatric Nephrology

A handwritten signature in black ink that reads "Jeffrey A. Perlmutter, MD". The signature is written in a cursive style with a large, stylized 'J' and 'P'.

Jeffrey A. Perlmutter, MD
President
Renal Physicians Association