

September 25, 2025

Office of Regulatory Affairs and Policy
U.S. Immigration and Customs Enforcement
Department of Homeland Security
500 12th Street, S.W.
Washington, DC 20536

Re: (Docket No. ICEB-2025-0001) 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; Comments of the American College of Radiology

The American College of Radiology (ACR)—a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists—appreciates the opportunity to comment on the U.S. Department of Homeland Security’s (DHS) Notice of Proposed Rulemaking (NPRM), “*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*,” published in the *Federal Register* on August 28, 2025 (Docket No. ICEB-2025-0001; 90 FR 42070). The following ACR comments offer recommendations to preserve and expand healthcare access by U.S. patients.

General Comments

Approximately 23 percent of over 1.08 million actively licensed physicians in the U.S. are international medical graduates (IMGs), and a significant subset are non-U.S. citizens.¹ The majority of these non-US citizen physician IMGs are in accredited, monitored, and intensely regimented training programs. Non-citizen IMG physicians in residencies and fellowships play a critical role in patient care in American medical centers and hospitals. Without the services of these licensed physicians in training, U.S. patients would face longer delays and higher costs for healthcare services. Moreover, ongoing physician

¹ Young, Aaron, Xiaomei Pei, Katie Arnhart, George M. Abraham, and Humayun J. Chaudhry. “FSMB Census of Licensed Physicians in the United States, 2024.” *Journal of Medical Regulation* 111, no. 2 (2025): 7–17. <https://doi.org/10.30770/2572-1852-111.2.7>.

workforce shortages in radiology^{2,3} and other specialties, including primary care, would be significantly exacerbated without the continual influx of internationally born physicians, who come to the U.S. for training and may later apply for citizenship. It is therefore important to secure American competitiveness for these physicians and other postgraduate healthcare professionals, such as medical physicists, in residencies and fellowships.

Diagnostic radiology postgraduate training, comprised of residency and often a fellowship, takes 5 to 7 years to complete. For this reason, the current “duration of status” is generally more suitable than the proposed 4-year default on J-1 visas. Any new time limitation, particularly a limit below radiology’s normal training timeline, would necessitate routine utilization of the DHS extension and waiver mechanisms. Such changes would add regulatory burden to DHS agencies and its systems, strain IMGs, and destabilize training programs.

In addition to intrinsically long, variable postgraduate training timelines, physician IMGs occasionally need to change programs. Program instability, funding uncertainty and departure of critical core faculty, and other reasons outside of the physicians’ control can necessitate extension of the time needed to complete training. These physicians may also change career direction from one subspecialty to another.

Graduate-level training of other critical healthcare professionals is also likely to be impacted by delayed adjudications and other process issues. The U.S. faces shortages of many of these non-physician healthcare workers, including medical physicists who must obtain a MS or PhD degree and complete an accredited residency program and often a fellowship.^{4,5} It is essential that all corresponding review processes be substantially improved, swiftened, and automated where feasible and appropriate.

² Christensen, Eric W., Jay R. Parikh, Aaron R. Drake, Elizabeth M. Rubin, and Elizabeth Y. Rula. “Projected US Radiologist Supply, 2025 to 2055.” *Journal of the American College of Radiology* 22, no. 2 (February 2025): 161–169. <https://doi.org/10.1016/j.jacr.2024.10.019>.

³ Christensen, Eric W., Aaron R. Drake, Jay R. Parikh, Elizabeth M. Rubin, and Elizabeth Y. Rula. “Projected US Imaging Utilization, 2025 to 2055.” *Journal of the American College of Radiology* 22, no. 2 (February 2025): 151–158. <https://doi.org/10.1016/j.jacr.2024.10.017>.

⁴ Newhauser, Wayne D., Dustin A. Gress, Michael D. Mills, David W. Jordan, Steven G. Sutlief, Melissa C. Martin, and Edward Jackson. “Medical Physics Workforce in the United States.” *Journal of Applied Clinical Medical Physics* 24, no. 1 (January 2023): e13762. <https://doi.org/10.1002/acm2.13762>.

⁵ National Council on Radiation Protection and Measurements (NCRP). Statement No. 12 – Where Are the Radiation Professionals (WARP)? Bethesda, MD: NCRP, 2015.

Specific Recommendations

Enable Flexibility in Admission Periods and Limits

DHS should consider adding admission period flexibility or other tailored exemptions for physician and non-physician health care IMGs, as they are likely to routinely require extensions/waivers that result in burdens for healthcare facilities and U.S. Government reviewers. This flexibility could include allowing program-based extensions without filing forms and awaiting adjudication per training phase. DHS should also consider creating special provisions for physicians and medical physicists in accredited graduate education, residency, and fellowship programs and exempt them from fixed admission limits given the varying training timelines across specialties and subspecialties.

Expedite and Ease EOS Approval Processes and Others

DHS should streamline “change of status” and “extension of stay (EOS)” adjudications for physician IMGs and medical physicist/other healthcare professional IMGs to ensure these are automated, prioritized, expedited, and predictable. Given the workforce shortages in healthcare professions critical to U.S. patients and the thorough regulation of these providers and their training, DHS could also consider waiving biometrics and interviews for EOS filings tied to graduate medical and medical physics education programs to reduce administrative burden.

As mentioned above, many physician specialist IMGs have postgraduate residencies and fellowships that exceed four years. Routine utilization of the EOS mechanism by these physicians should be approved in a timely manner.

Expand Waivers and J-1 to H-1B Pathway for Physicians

DHS and its agencies should consider working with other government partners (e.g., State Department) to increase the number and general scope of Conrad 30 waivers and other waivers for the J-1 “two-year home residency requirement” for physician IMGs. Since its establishment over 30 years ago, the Conrad 30 program has been successful in placing over 20,000 physicians in high need areas. Currently, this program is limited to 30 slots per state and is used more for primary care rather than specialty medicine positions. In addition, those using the Conrad 30 program more frequently serve in rural areas and other HHS agency-designated health professional shortage areas where patient care options are limited. DHS should explore using that program and other waiver policies to encourage additional high-demand physician specialists to seek entry and eventual citizenship to help meet the demands of the U.S. healthcare system.

Exempt Healthcare Workers and Family Members From H-1B \$100,000 Payments

The DHS Secretary should utilize the authority discussed in Section 1(c) of the September 19, 2025, Presidential Proclamation, “*Restriction of Entry of Certain Nonimmigrant Workers*,” to exempt all immigrant workers and employers in the healthcare industry from new requirements that their H-1B visa petitions be accompanied or supplemented by a payment of \$100,000. This exemption should also extend to the family members of healthcare industry workers.

As required by Section 1(c) of that proclamation, such an exemption would be in the U.S. national interest due to ongoing critical shortages of physicians, medical physicists, and other healthcare professionals. Those on H-1B visas are an important component of the workforce providing services to American patients, particularly in rural regions and other areas of the U.S. with unmet patient care needs.

Collaborate with Medical Boards

DHS should engage with medical and medical physics program approval and certifying bodies such as the Accreditation Council for Graduate Medical Education (ACGME), Commission on Accreditation of Medical Physics Education Programs (CAMPEP), American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM), and American Osteopathic Board of Radiology (AOBR), among others, during implementation to align future immigration policy revisions with existing program approval and board certification pathways and considerations for physicians and medical physicists.

Thank you for your consideration of these comments. Please contact Michael Peters, Senior Director, Government Affairs, at mpeters@acr.org, with questions.

Sincerely,



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American College of Radiology