April 8, 2026

The Honorable Marco Rubio
Secretary of State
U.S. Department of State
2201 C Street NW
Washington, DC 20520

The Honorable Markwayne Mullin
Secretary of Homeland Security
U.S. Department of Homeland Security
2707 Martin Luther King Jr Ave SE
Washington, DC 20528

*Submitted electronically*

RE: Request for National Interest Exceptions and Expedited Processing for Physicians and Medical Trainees

Dear Secretaries Rubio and Mullin,

On behalf of the undersigned organizations, we write to express urgent concern regarding barriers preventing international medical graduates (IMGs), including medical students, resident physicians, researchers, fellows, and practicing physicians, from entering the United States or remaining lawfully in the country to continue their training and practice. Increasingly, prolonged visa processing delays and indefinite adjudicative holds are forcing physicians to abandon residency programs and leaving already strained communities without access to care.

We recognize that the Departments of State and Homeland Security are operating under a clear mandate to protect national security and to faithfully implement recent Executive Action requiring enhanced screening and more stringent review of certain immigration applications. We understand that this Executive Order, along with implementing guidance and internal memoranda issued by both Departments, directed agencies to apply additional vetting measures, conduct coordinated interagency reviews, and, in some cases, pause adjudications pending further security assessments. We fully acknowledge the importance of these steps and the responsibility placed on the Departments to carry them out diligently and lawfully.

Our concern is not with the existence of these safeguards, but rather with the unintended consequences of their implementation for a narrow, highly vetted population: medical students, resident physicians, and practicing physicians, whose

timely entry, continued presence, and ability to work in the United States directly serves the public interest and supports the nation's health care system:

- 23 percent of licensed physicians in the U.S. are foreign-trained;
- 64 percent of foreign-trained physicians practice in Medically Underserved Areas or Health Professional Shortage Areas;
- Nearly 21 million Americans live in areas where foreign-trained physicians account for at least half of all physicians.

Accordingly, we urge the Departments to use existing authorities to prioritize and expedite immigration adjudications for this highly skilled physician population upon whom so many Americans rely.

Barriers Across Both State and DHS Processes

With regard to the **Department of State**, physicians and trainees abroad are encountering extended and unpredictable delays in consular visa processing, particularly administrative processing that stretches for months without clear timelines or pathways for resolution. For medical trainees, whose positions are fixed to academic calendars and ACGME requirements, these delays frequently result in forfeited residency positions, permanently derailed training, and lost workforce capacity for U.S. hospitals.

With regard to the **Department of Homeland Security**, physicians already in the United States are increasingly subject to USCIS adjudicative holds that override statutory and regulatory processing timelines, including premium processing guarantees. These challenges stem in part from a USCIS Policy Memorandum (PM-602-0194, Proclamation 10998, and Proclamation 10949) issued in December 2025. In several documented cases, applications for change or extension of status have remained pending indefinitely, with USCIS unable to provide a decision timeline. These holds have resulted in physicians, including those in training programs and early career physicians, being forced to halt patient care activities, often after years of lawful presence and successful vetting.

**While these issues arise through different operational pathways, their effect is the same: qualified, vetted physicians are being removed from the U.S. health care system through administrative delay rather than individualized adjudication.**

## The Impact to America's Health

The consequences of these delays are severe and immediate:

- Residency programs are losing trained physicians mid-year, disrupting care teams and jeopardizing program accreditation and continuity of care.
- Rural communities and medically underserved areas, both of which disproportionately rely heavily on IMG physicians, lose access to care when a single resident or attending physician is sidelined.
- Hospitals and teaching programs incur substantial financial and operational harm after investing years in recruitment, credentialing, and training.
- Physicians in limbo suffer irreparable professional, financial, and personal harm, despite complying with all legal requirements and undergoing extensive background checks.

These outcomes are particularly troubling given the national physician shortage and the federal government's longstanding reliance on IMGs to staff primary care, safety-net facilities, and residency programs across the country. Administrative paralysis that removes physicians from care delivery runs directly counter to federal goals related to access, workforce stabilization, and public health preparedness.

## Requested Solutions: National Interest Exceptions and Expedited Processing

We respectfully urge the Departments of State and Homeland Security to take coordinated action to address this crisis by implementing the following solutions:

1. Establish a formal medical national-interest exemption.
   The Departments should jointly establish a discrete national-interest category and exempt them from across-the-board adjudicative holds or prolonged administrative processing once required security and background checks are completed. This exemption should apply regardless of visa classification and extend to both consular processing and domestic USCIS adjudications, including changes and extensions of status.

2. Implement mandatory expedited processing for physician cases.
   Visa and immigration benefit applications filed by physicians and medical trainees should be prioritized for expedited review, with adjudication timelines

aligned to fixed academic start dates and patient care obligations. Where premium processing or other statutory timelines apply, agencies should ensure these deadlines are honored, even when additional screening is required.

3. **Provide clear guidance to adjudicators and consular officers.**
   The Departments should issue written guidance clarifying that medical trainees and physicians supporting U.S. health care delivery warrant heightened processing priority and that extended holds should be avoided absent individualized security concerns.

4. **Improve transparency and communication for impacted cases.**
   Physicians, training programs, and employing hospitals should be able to obtain clear information regarding case status, anticipated timelines, and the steps needed to resolve pending applications. Predictability is essential for residency programs, accreditation compliance, and continuity of patient care.

## Conclusion

Physicians and medical trainees are indispensable to the nation's health care infrastructure. Preventing them from entering the country or forcing them to abandon their training due to administrative delay harms American patients, weakens the workforce, and undermines long-standing federal health policy goals. We urge the Departments to act swiftly to implement targeted, lawful relief that recognizes the national interest in ensuring that qualified physicians can enter, remain, and continue serving patients in the United States without unnecessary delay.

We appreciate your attention to this urgent matter and stand ready to work with your agencies on solutions. If you have any questions, please contact David Tully with the American Academy of Family Physicians at dtully@aafp.org.

Sincerely,

American Academy of Family Physicians
American Academy of Neurology
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Association of Orthopedic Surgeons

American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Physicians
American College of Radiology
American College of Rheumatology
American Gastroenterological Association
American Osteopathic Association
American Psychiatric Association
American Society for Gastrointestinal Endoscopy
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Nuclear Cardiology
Association of American Medical Colleges
College of American Pathologists
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions