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December 1, 2025

The Honorable Kristi Noem
Secretary, U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Information and Regulatory Affairs
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

RE: Removal of the Automatic Extension of Employment Authorization Documents (RIN 1615–AD05).

The AAMC¹ welcomes the opportunity to comment on the Department of Homeland Security’s (DHS or the Agency) interim final rule with comment period, “*Removal of the Automatic Extension of Employment Authorization Documents*” 90 *Fed. Reg.* 48799 (Oct. 30, 2025). The rule ends automatic extensions of work authorization of certain Employment Authorization Documents (EADs) when EAD renewal applications are timely filed.² This change will have an adverse impact on patient care, physician training, and research, and therefore we urge DHS to maintain its prior policy of providing extensions of EAD work authorization where renewal applications have been timely filed.

The DHS rule ends the system of extending work authorization for certain EADs based on timely filed renewal applications. In doing so, the Agency ends a practice upon which academic medical centers rely for continuous work authorization for key learners and contributors, such as physician trainees and researchers.

The benefit to the American economy and to society through the continuous access to vital health care research and services enabled by current EAD work authorization extensions cannot be understated. International medical graduates (IMGs) represent almost 25 percent of the current

¹ The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 162 U.S. medical schools accredited by the Liaison Committee on Medical Education; nearly 500 academic health systems and teaching hospitals; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at aamc.org.

² Although DHS refers to these work authorization extensions as “automatic” throughout the interim final rule, in fact the extensions are conditioned on the applicant having timely filed a renewal application with the Agency prior to the expiration of an initial EAD.

physician workforce, and they often work in areas hardest hit by the physician workforce shortage.³ Our country has an aging population and a projected shortage of roughly 86,000 physicians in the U.S. by 2036: the proposed policy change will be detrimental for access to care in our nation in the near future and in the long term.⁴ Compared to the current system, the proposed end to terminate EAD work authorization extensions periods will create unnecessary complications for physician training programs and interruptions in clinical care as a direct result of the inability for non-citizen resident physicians to continue their training given well-documented Agency backlogs and government delay in adjudicating EAD renewal applications. The Agency recently expanded the EAD work authorization extension period from 180 days to 540 days because of its difficulty with adjudicating EAD renewal applications in a timely manner.⁵ The disruptions resulting from the absence of EAD work authorization extensions will lead to fewer physicians practicing in the U.S. and will reduce U.S. research opportunities.

Specifically, the AAMC requests that the Agency reverse the policy for ending EAD work authorization extension and allow such extensions in cases of timely filed renewal applications. EAD work authorization extension periods provide the necessary flexibility, efficiency, and stability for clinical training and research, including biomedical research. The AAMC does not believe that there is a compelling need to change the current EAD work authorization extensions for physician trainees, postdoctoral scholars, and researchers who timely file EAD renewal applications.

Readily Foreseeable, Harmful Impact of Interim Final Rule; Increased Costs to the American Public

The Agency has considered the harms and costs associated with insufficient work authorization extension periods for timely filed EAD renewals on multiple prior occasions. The Agency ultimately found the adverse impact from insufficient work authorization to be so marked that it permanently increased the work authorization extension period for EAD renewal applications from 180 days to 540 days by final rule in December 2024.⁶

The Agency has been unable to timely adjudicate EAD renewal applications for several years. In May 2022, approximately 70,000 renewal EAD applications had been pending beyond the 180-day automatic extension period then in place, and the Agency accordingly temporarily increased the extension period from 180 days to 540 days.⁷ As a result of the increased extension period, 280,000 applicants avoided a gap in work authorization that would otherwise have resulted from the Agency's chronic EAD renewal application backlogs.⁸ In April 2024, the Agency determined

³ Jacobs JW, Wheeler AP, Horstman E, Booth GS. How Immigration Policy Threatens US Medical Training and Patient Care: A Fragile Pipeline. JAMA. 2025;334(6):483–484. doi:10.1001/jama.2025.9782

⁴ GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2024.

⁵ Increase of the Automatic Extension Period of Employment Authorization and Documentation for Certain Employment Authorization Document Renewal Applicants, 89 Fed. Reg. 101208.

⁶ Id.

⁷ 89 Fed. Reg. 101210.

⁸ Id.

that without the same increased extension period, approximately 800,000 renewal applicants would be in danger of losing their employment authorization due to the Agency's EAD renewal application backlog and accordingly again increased the extension period from 180 days to 540 days.⁹ Most recently, in December 2024, the Agency found that EAD renewal applications backlogs "illustrate the unpredictable events that arise from time to time and render the 180-day automatic extension period insufficient to protect renewal applicants and their employers from the harms resulting from a lapse in employment authorization and/or documentation."¹⁰

The Agency has previously conducted in-depth analysis of the economic significance of sufficient periods of EAD work authorization extensions, based on multiple years of data.¹¹ The Agency concluded that the economic benefit of an increase in the EAD renewal work authorization extension period from 180 days to 540 days totaled \$10.0 billion in stabilized earnings and \$3.50 billion in employer turnover cost savings.¹² Conversely, the data demonstrates the economic loss that would result from a commensurate decrease in EAD work authorization from 540 days to 180 days. **The Agency now decreases the current work authorization extension period from 540 days to 0 days without providing an economic impact analysis of the proposed decrease.** The extent to which the negative economic impact of a 540-day decrease would exceed the losses from a 360-day differential is not available for stakeholder consideration.

DHS concedes that the interim final rule would result in costs to employers "as they will be losing the productive and potential profits the EAD [renewal] applicant would have provided."¹³ Indeed, the loss of productivity from EAD renewal applicants would acutely harm teaching hospitals and academic health systems that employ EAD renewal applicants. However, in the academic medical center context, the cost would also be borne directly by the American public, which currently benefits from the continuity of patient care and advances in research at such institutions under the current EAD extension policy.

Resident Physicians and Fellow Physicians

More than 10,000 international physicians, both residents and fellows, train in the U.S. each year, training in communities across America. These resident physicians go on to provide high-quality health care as practicing physicians, improving the health and well-being of patients in chronically underserved rural and urban communities. States like Texas, Florida, Pennsylvania, Michigan, and Ohio have some of the highest percentages of non-citizen graduate medical education (GME) trainees.¹⁴ According to the Health Resources and Services Administration (HRSA), these states also have some of the most Health Professional Shortage Areas (HPSAs).¹⁵

⁹ Temporary Increase of the Automatic Extension Period of Employment Authorization and Documentation for Certain Employment Authorization Document Renewal Applicants, 89 *Fed. Reg.* 24628, 24629.

¹⁰ 89 *Fed. Reg.* 101219.

¹¹ See e.g., 89 *Fed. Reg.* 101246.

¹² *Id.*

¹³ 90 *Fed. Reg.* 48818.

¹⁴ <https://www.intealth.org>, and <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard>.

¹⁵ <https://data.hrsa.gov/topics/health-workforce/nchwa/health-workforce-explorer>.

These resident physicians are vital members of health care teams and are essential providers of patient care. Additionally, many international resident physicians pursue fellowship training that enables them to specialize in fields of high need, such as nephrology and rheumatology.

It is nearly certain that those resident and fellow physicians who rely upon EADs as their authorization to carry out US graduate medical education (GME) will experience significant interruptions in their training without an extension of work authorization for timely filed EAD renewal applications. Non-citizens seeking educational and training opportunities in the U.S., as well as the schools, hospitals, and clinical training sites that host them, need assurance that these individuals' training will not be interrupted by unnecessary delays in their work authorization. Additionally, GME programs operate on structured, annual cycles. The well-documented delays in DHS' adjudication of EAD renewal applications will result in physicians being required to end their participation in GME programs immediately upon EAD expiration for an indefinite period, thereby disrupting patient care and program continuity.

Postdoctoral and Other Researchers

International visa holders make up a significant portion of biomedical research learners. National Science Foundation (NSF) data shows that in 2023, 24% of research doctorate recipients and 59% of postdoctoral scholars in the biological and biomedical sciences were temporary visa holders. Some of these individuals work pursuant to EADs that are issued to them while their adjustment of status or "green card" applications are underway in categories such as extraordinary ability, outstanding professors and researchers, and exceptional ability, including national interest waiver petitions.

The end of EAD work authorization extensions where currently permitted will foreseeably result in delays to research as researchers are sidelined and awaiting the renewal EADs for which they have timely filed. Advanced research is time sensitive and dependent on the creativity and imagination of dedicated scientists. Research projects will be adversely affected by abrupt termination of researchers' work authorization. The proposed end to continuous work authorization provided by current EAD extensions would increase institutional risk of a loss of valued time, laboratory and other resources invested in mission-critical biomedical and other research projects.

Expired EADs without the possibility of extension impacts not only trainees and researchers, but also their families, communities, and programs. Abrupt ends to EADs could also have repercussions on other documentation, such as a driver's license, further increasing time and cost. The agency uses this as a justification for increasing national security interest but fails to connect how creating additional administrative burden for foreign nationals would advance public safety.

For decades, the U.S. has attracted talented international postdoctoral and other researchers to train in our biomedical research facilities; the proposed policy revision will deter international researchers and trainees. The research community needs the U.S. to remain an attractive place for international scholars and researchers, and this additional burden may cause researchers to turn

elsewhere. International scholars and researchers contribute to the intellectual and cultural vibrancy of the U.S. biomedical research enterprise. They also add to the national security by helping to develop innovative discoveries and strengthening the American workforce. Losing international talent would also lead to a reduction in U.S. competitiveness. Moreover, it could potentially lead to a loss of U.S. investment should scholars and researchers not be permitted to complete their training and research in the United States.

Insufficient Justification for Amending the Current Policy

The Agency fails to point to actual quantitative or qualitative harms suffered by Americans as a result of the current EAD work authorization extension policy, and the new policy would create unnecessary stress for trainees and researchers as well as interruptions to related research and patient care. Individuals need the current automatic work authorization extensions to continue their research and training, whether as part of their current programs or to go on to further training and research.

The Agency does not assert that there are any adverse economic impacts to the American public that result from the current EAD work authorization extension policy. As noted above, the Agency anticipates that there will be economic costs to wage earners and employers alike.

DHS asserts that the interim final rule is required to combat nefarious actors, yet it provides no evidence that links the EAD work authorization extensions currently in place to violence, terrorism, or any other harmful actions taken against the U.S. public. The Agency does not articulate any consideration of alternative, sub regulatory means to achieve increased security to the American public that would be less costly to employers, lawful wage earners, and their families and institutions. For example, DHS could readily provide direction to the field to prioritize the vetting of EAD renewal applicants, given its concerns about EAD renewal applicants as a national security threat. This would be appropriate and more directly meet the Agency's security goals than the interim final rule. DHS is currently executing well-publicized and well-funded immigration enforcement initiatives. The Agency could readily include the vetting of EAD renewal applicants on an expedited basis as part of its wide-reaching immigration enforcement efforts without the disruptions to employers, employees, academic medical centers, and their key contributors that would result from the interim final rule.

The current policy of EAD authorization upon timely filed renewal applications does not preclude the Agency from focusing its resources to accelerate the timing of its vetting of EAD renewal applicants. Were the Agency to do so as to the adjudication of EAD renewal applications or were it to expedite vetting involved with ongoing immigration status rather than an ancillary benefit, the Agency's goals would be advanced without any need to change existing regulation.

Conclusion

Ending the policy of extending work authorization for timely filed EAD renewal applications will have an adverse impact on international graduate research, resident physicians, and postdoctoral scholars because of training disruptions and increased burden on these learners and

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institutions. The AAMC highlights the current national shortage of physicians and science, technology, engineering and mathematics (STEM) professionals, which is projected to increase steadily over the next decade.¹⁶ The interim final rule will diminish both the number and quality of participants in these programs, limiting the nation's future access to health care and critical scientific advancements. The AAMC believes any changes to current immigration policy should support research that advances innovation, drives breakthrough cures, and improves the health and well-being of communities across the country.

Maintaining policies that promote training, along with advanced research opportunities will help ensure the U.S. remains a destination of choice for the world's most talented learners. Any changes to the current immigration framework should balance DHS oversight with the stability and predictability needed for international researchers, institutions, and the patients and communities they ultimately serve. The Medicare program is the largest single funder of GME training in the U.S. and spent \$5.88 billion in FY 2022 for the direct costs associated with residency training.¹⁷ Every non-citizen resident physician training in a U.S. teaching hospital represents a critical investment in addressing our country's future physician workforce shortage, with many going on to practice in rural and underserved areas after completing training.¹⁸

The practice of extending work authorization for EADs based on timely filed renewal applications has proven to be efficient and cost effective. Therefore, the AAMC requests that DHS reverse the interim final rule. Please feel free to direct any questions to me at dturnipseed@aamc.org or Bradley Cunningham, Lead Regulatory and Policy Analyst at bcunningham@aamc.org.

Sincerely,



Danielle P. Turnipseed, JD, MHSA, MPP
Chief Public Policy Officer

cc: David Skorton, MD, AAMC President and CEO

¹⁶ Kathryn Palmer, Scientific Community Fears for Future of STEM Workforce Amid NSF Overhaul, Inside Higher Ed, May 30, 2025. <https://www.insidehighered.com/news/government/science-research-policy/2025/05/30/future-stem-workforce-jeopardy-amid-nsf-overhaul>.

¹⁷ AAMC Analysis of FY2022 Medicare Cost Report data, July 2024 Hospital Cost Reporting Information System (HCRIS) release. If FY2022 data is not available, FY2021 data is used.

¹⁸ Jacobs JW, Wheeler AP, Horstman E, Booth GS. How Immigration Policy Threatens US Medical Training and Patient Care: A Fragile Pipeline. JAMA. 2025;334(6):483–484. doi:10.1001/jama.2025.9782 “Even short-term disruptions in visa processing or sponsorship could leave residency positions vacant, strain clinical teams, and delay patient care. Such gaps may also disrupt the training of US medical graduates, as programs rely on cohesive, team-based models.”