October 26, 2020

The Honorable Chad F. Wolf  
Acting Secretary of Homeland Security  
500 12th Street, SW Washington, DC 20536


Submitted electronically via http://www.regulations.gov

Dear Secretary Wolf,

Trinity Health appreciates the opportunity to comment on the proposed policy changes set forth in ICEB-2019-0006. Our comments reflect Trinity Health's strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. Trinity Health includes 94 hospitals as well as 106 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. Committed to those who are poor and underserved, Trinity Health returns $1.2 billion to our communities annually in the form of charity care and other community benefit programs. We have 35 teaching hospitals with graduate medical education (GME) programs providing training for more than 2,000 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 123,000 colleagues, including more than 6,800 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 16 Clinically Integrated Networks that are accountable for approximately 1.5 million lives across the country through alternative payment models.

Ensuring there are a sufficient number of providers available to care for patients in our communities is key to our commitment of people-centered care. U.S. Immigration and Customs Enforcement is proposing to change the way that holders of certain nonimmigrant visa classifications, including J-1 Visas, extend their period of authorized stay in the United States. Specifically, the change would eliminate “duration of status” as an authorized period of stay, replacing it with a specific end date. **Trinity Health urges DHS not to change this longstanding policy.** The proposed rule would create an impossible timeline, and do so on a recurring, annual basis. Residents who do not get their visa processed during this time will have their training disrupted and leave hospitals without essential
workers. If finalized, J-1 physicians will likely be unable to continue their training programs, reducing the number of J-1 physicians in teaching hospitals and disrupting the health care workforce and patient access.

Trinity Health urges DHS to withdraw the proposed rule. Alternatively, we support the recommendation to exempt J-1 visa status from the proposed rule as outlined to DHS by groups such as the American Hospital Association, the American Medical Association, and the Association of American Medical Colleges. Excluding this status is critical to avoid the negative consequences for the provision of health care, particularly at a time in which we are already facing a nation-wide physician shortage and are responding to the ongoing COVID pandemic.

If you have questions on our comments, please feel free to contact me at granttw@trinity-health.org or 734-343-1375.

Sincerely,

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Trinity Health