November 4th, 2026

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

The Honorable David J. Venturella
Senior Official Performing the Duties of Director
Immigration and Customs Enforcement
Department of Homeland Security
500 12th Street SW
Washington DC 20536 - 5901

RE: Optional Practical Training Fees

Dear Secretary Mullin and Mr. Venturella,

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students across the country, I write to express concern in response to the Department of Homeland Security's Optional Practical Training (OPT) Fees notice of proposed rulemaking. The AAFP appreciates the Department's commitment to preserve the integrity of the nation's visa programs; however, we oppose the proposed $70,000 fee per F-1 student participating in OPT and the additional $30,000 fee for an extension. We urge the Department to withdraw this proposed rule. At a minimum, the Department should exempt international medical students and graduates, who are a small but critical component of the U.S.' future health care workforce.

Physician Workforce Implications

Primary care is the only health care component where an increased supply is associated with better population health and improved patient outcomes.[i] Despite the evidence to support primary care as the solution to the chronic disease crisis, it is projected that the U.S. will face a shortage of up to 70,000 primary care physicians by 2038.[ii] Given these existing workforce challenges, the estimated 700 F-1 medical students who annually attend U.S. medical schools each year are a small but crucial part of the future U.S. physician workforce.[iii] Imposing fees of this magnitude could make it significantly more difficult for them to remain in the U.S. as they transition from medical school into residency and ultimately the physician workforce. **At a time when the nation already faces substantial physician shortages, federal policy should seek to retain physicians educated in the U.S. rather than create new financial barriers that could drive them out of the domestic workforce**.

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OPT provides F-1 students with temporary employment authorization related to their field of study. For international students graduating from U.S. medical schools, OPT can provide an important pathway to continue their training, participate in medical research, or transition to another immigration status.

These students have already been educated and trained by U.S. medical schools, which have invested significant resources in preparing them to enter the physician workforce. Restricting access to OPT risks losing that investment by making it more difficult for these U.S.-educated medical graduates to remain in the United States and contribute to an already strained physician workforce.

Impact on Medical Education and Training

In addition to disrupting the future U.S. physician workforce, these proposed fees would impose a significant financial burden on Student and Exchange Visitor Program (SEVP) institutions that are responsible for making OPT recommendations. The Department estimates that 56% of affected institutions are considered small entities.[iv] These institutions may have limited capacity to absorb substantial new fees, particularly when supporting multiple students participating in OPT.

U.S. colleges and universities are currently facing widespread budget reductions due to federal grant terminations, state funding cuts, and rising operating costs.[v,vi] If this proposal were to be finalized, rural institutions would be particularly burdened because they already operate with limited resources.[vii] The AAFP has long prioritized strengthening rural medical education and supports federal and state investments that enable medical schools, residency programs, and rural communities to develop and sustain training opportunities in rural areas. These investments are critical because students and residents who train in rural settings are more likely to ultimately practice in rural communities.[viii] Imposing substantial new fees on institutions that offer or support these training experiences could undermine those efforts, which would further constrain the physician pipeline in communities already facing persistent workforce shortages.

We urge the Department to reconsider this proposed fee structure, which could divert already limited resources away from medical education and training opportunities. We also recommend the Department prioritize the small institutions that are essential to strengthening the physician workforce in rural and underserved communities.

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Contributions to Medical Research and the U.S. Economy

International students make substantial contributions to the U.S. economy. Based on analysis conducted by NAFSA: Association of International Educators, "international students studying at U.S. colleges and universities contributed $42.9 billion and supported 355,736 jobs to the U.S. economy during the 2024-2025 academic year".[ix] International students are a valuable part of the U.S. economy, and we believe international medical students who want to study, work, and contribute to the U.S. should continue to be able to do so without paying the significant fees proposed in this regulation.

OPT also enables international medical students and graduates to participate in medical research and gain experience that contributes to their professional development. Creating substantial new fees associated with OPT could limit these opportunities and reduce international graduates' ability to contribute to U.S. medical research and innovation. The AAFP urges the Department to prioritize U.S. excellence in medical research and avoid policies that unnecessarily discourage U.S.-educated international medical students and graduates from contributing their skills to the nation's health care and research workforce.

Addressing Fraud and Program Integrity

The AAFP supports the Department's efforts to protect the integrity of OPT and prevent fraud. However, we are concerned that the proposed fees are not sufficiently targeted to address fraudulent conduct. A substantial fee does not distinguish between students or institutions that pose a risk of fraud and those that comply with program requirements; instead, it creates a financial barrier for otherwise eligible participants. **Rather than imposing broad new fees, the Department should pursue targeted screening, oversight, and enforcement efforts that directly address identified instances or risks of fraud.** This approach would better protect program integrity without creating unnecessary barriers for international medical students and graduates who seek to continue their training and contribute to the U.S. health care workforce.

Conclusion

Ensuring our nation has a strong primary care foundation is critical for patients' health, and international medical students' ability to access all programs and opportunities that may support them is a key piece of that foundation. The AAFP urges the Department to prioritize patients' access to health care nationwide and withdraw this proposed rule. Should the Department choose to proceed, we strongly recommend individuals who are pursuing

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medical studies, training practice, or professional pursuits such as medical research be exempted from these fees and be recognized as part of a national interest medical exemption we continue to urge the Department to establish.

If you have any questions, please contact Mandi Neff, Senior Regulatory and Policy Strategist, at mneff2@aafp.org.

Sincerely,



Sarah C. Nosal, MD, FAAFP
American Academy of Family Physicians, Board Chair

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[i] National Academies of Sciences, Engineering, and Medicine. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Edited by Sarah K. Robinson et al., National Academies Press, 2021, https://pubmed.ncbi.nlm.nih.gov/34251766/. Accessed 27 Oct. 2026.
[ii] "Workforce Projections." 18 Dec. 2026. HRSA Data Warehouse, Health Resources and Services Administration, U.S. Department of Health and Human Services, https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections
[iii] The Aspiring Docs Program. "Applying to Medical School as an International Applicant." *Students & Residents*, Association of American Medical Colleges, https://students-residents.aamc.org/applying-medical-school/applying-medical-school-international-applicant. Accessed 29 Oct. 2026.
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