

September 29, 2025

The Honorable Kristi Noem  
Secretary  
U.S. Department of Homeland Security  
2707 Martin L. King Avenue, SE  
Washington, DC 20528

Dear Secretary Noem:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to ask for exemptions for health care personnel from the Proclamation issued September 19, 2025, “Restriction on Entry of Certain Nonimmigrant Workers.” We appreciate that the Administration provided an opportunity for certain H-1B visa petitions to be excluded from the new filing fees and would request that the exemption apply for H-1B visa holders who are serving our nation’s hospitals.

A highly qualified and engaged workforce is at the heart of America’s health care system. However, the U.S. continues to face significant shortages of health care workers who are critical to ensuring access to quality care. Data from the Health Resources and Services Administration’s 2024 “State of the U.S. Health Care Workforce,” shows that the nation is projected to have a shortage of 187,130 full-time equivalent physicians by 2037, with rural or non-metro areas experiencing greater shortages than other parts of the country. For nurses, the National Center for Health Workforce Analysis projects by 2037 a 6% shortage of registered nurses nationwide with a 13% shortage in non-metro areas.<sup>1</sup> There also are critical shortages of medical laboratory personnel, with the most recent comprehensive survey from the American Society of Clinical Pathology showing average vacancy rates of between 7% and 18% across laboratory areas.<sup>2</sup> Hospitals and health systems also are seeing more clinicians leave the health care field due to burnout and retirement, thereby exacerbating already

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<sup>1</sup> <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf>

<sup>2</sup> <https://academic.oup.com/ajcp/article/161/3/289/7344701?guestAccessKey=0b6afc62-1497-493a-b4da-787029afb078>



critical shortages. Hospitals have responded to these challenges with robust efforts to bolster recruitment and retention and have invested in higher wages despite the substantial financial headwinds they continue to face.<sup>3</sup>

While the U.S. must do more to invest in training the next generation of health care workers, we believe that recruiting qualified foreign-trained medical professionals is an effective short-term approach that is vital to ensuring access to care in communities across the country. Hospitals and health systems employ H-1B visa holders, who are in specialty professions requiring a bachelor's degree or higher, throughout the nation. Of the almost 400,000 H-1B petitions approved in fiscal year 2024, 16,937 of those, or 4.2% of the total filed petitions, were for medicine and health occupations, and half of those approved petitions are for physicians and surgeons.<sup>4</sup> Foreign-trained clinicians do not displace American workers. Instead, they play critical roles in ensuring the health of the communities our hospitals serve. They are highly qualified and required to meet our nation's standards for education, English fluency and state licensure.

The AHA is concerned that the policies established by the September 19 Proclamation would undermine our hospitals' ability to hire H1-B visa holders — including physicians, nurses, therapists, pharmacists, clinical lab experts and other health care workers — for their facilities. This constraint will be felt most by our rural and underserved communities, which already face challenges in hiring and retaining staff to serve their patients. About 17% of hospital clinicians are immigrants, and of those, 74% are U.S. citizens and 26% are noncitizen immigrants.<sup>5</sup>

In addition, the AHA believes the new filing fee could negatively impact the recruitment of foreign-trained physicians who have recently completed graduate medical education (GME) in the U.S. To practice in the U.S., most foreign-trained physicians must complete one to three years of GME, even if they have foreign training and already completed medical residency in their home country (although some states have waived these requirements). To pursue U.S.-based GME, the physician must first apply for and receive a J-1 visa. Once they have completed their GME program, the individual is required to leave the U.S. and fulfill a two-year home-country physical presence requirement. These H-1B visa holders would be among those who could be negatively impacted by the increased petition fee should they want to return to the U.S. after their residency for work.

The AHA also asks the Administration to ensure the fees do not apply to those foreign-trained physicians who have received a waiver for the home-country physical presence obligation that is provided through the Conrad 30 Waiver Program. The program is

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<sup>3</sup> <https://www.aha.org/costsofcarimg>

<sup>4</sup> [https://www.uscis.gov/sites/default/files/document/reports/ola\\_signed\\_h1b\\_characteristics\\_congressional\\_report\\_FY24.pdf](https://www.uscis.gov/sites/default/files/document/reports/ola_signed_h1b_characteristics_congressional_report_FY24.pdf)

<sup>5</sup> <https://www.kff.org/racial-equity-and-health-policy/what-role-do-immigrants-play-in-the-hospital-workforce/>

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available in all 50 states, the District of Columbia, Puerto Rico and Guam, and supports up to 30 international medical graduates each year per state or territory for a J-1 waiver. Each state has developed its own application rules and guidelines for these waivers, but all J-1 graduate students are required to, among other conditions, fulfill a three-year commitment to practice medicine in an H-1B nonimmigrant status at a health care facility located in an area or serving a population designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population. We would appreciate clarification as to whether these H-1B visa holders would be among those who would be impacted by the increased fees associated with their petition, as they would not be residing outside of the U.S. at the time of their change from J-1 to H-1B status.

Given the staffing and financial challenges our hospitals are already facing, the increased petition fees outlined in the September 19 Proclamation would likely prevent many of them from continuing to recruit essential health care staff and could force a reduction in the services they are able to provide. We ask once again that an exemption from the new filing fee be applied for H1-B visa holders who are serving the nation's hospitals and health systems.

We look forward to working with you to support our health care workforce and hospitals as they care for patients and communities.

Sincerely,

/s/

Richard J. Pollack  
President and Chief Executive Officer