

The Issue

Hospitals and health systems across the United States are experiencing significant shortages of health care professionals. There are simply not enough physicians, nurses, physical therapists and other providers available to treat the increasingly complex health needs of patients, especially in rural areas, and the problem is only expected to worsen in the next 10 years. The H-1B visa is an important tool allowing hospitals and health systems to fill critical staffing needs across a variety of health care positions, including direct care and supporting roles. However, the recent imposition of a \$100,000 fee for each new H-1B petition will likely impact whether many health care facilities will be able to hire foreign trained professionals.¹ And although petitioners may apply for an exception to the fee, the administration guidance iterates that exceptions would be “extraordinarily rare.”

To better understand the impact of this policy change, in November 2025 the AHA conducted a survey of its members. Of the more than 1,000 health systems and hospitals responding, over 70% expect the increased H-1B fee will directly impact patient care. Given these responses, the new H-1B filing fee policy may limit the ability of hospitals and health systems to utilize the program to supplement their domestic workforce and address growing shortages.

- More than 70% of hospitals anticipate the H-1B visa fee will impact patient care.
- 64% of hospitals that utilized, or planned to utilize, the H-1B visa program will pause, defer or limit recruitment due to the \$100,000 H-1B visa petition fee.
- 57% of positions that would have been filled by H-1B visa holders were clinical roles.

AHA Take

The AHA urges the Department of Homeland Security to make health care professionals exempt from the \$100,000 H-1B visa fee to ensure continued access to timely, high-quality care for all communities.²

The challenges facing our health care system are tremendous — and urgent. More than 92 million people live in regions designated by the U.S. Health Resources and Services Administration (HRSA) as primary care Health Professional Shortage Areas, and 137 million live in areas without enough mental health providers.³ Hospitals and health systems are actively working to increase domestic recruitment and retention, but these efforts take time.

The \$100,000 fee for new H-1B visa petitions will hamper recruitment efforts, strain hospital staffing and reduce patient access to essential health care services. According to the AHA’s recent survey, nearly 65% of survey respondents who utilize the H-1B program report pausing, delaying or limiting recruitment as a result of the new H-1B visa fee. Fifty-seven percent of those roles were for direct-care providers.

Many hospitals also emphasized in the survey that in rural communities, where staffing pipelines are thin, even one H-1B visa can be the difference between keeping a clinical position filled and service lines,

like oncology or obstetrical services, open. With shortages of health care providers already numbering in the hundreds of thousands, especially in rural and underserved areas, it is critical that access to qualified professionals is expanded, not restricted. The AHA supports the Physicians and the Healthcare Workforce Act (H.R. 7961), which would exempt foreign-trained health care workers from the \$100,000 H-1B visa filing fee.

Background

The H 1B visa allows employers to temporarily hire nonimmigrant workers in “specialty occupations” — those that require highly specialized knowledge and at least a bachelor’s degree — in fields such as technology, finance, higher education and health care. The program is intended to support employers in filling roles when there are not enough qualified professionals in the domestic workforce. In September 2025, a presidential proclamation established a \$100,000 fee for all new H-1B visa petitions, with limited exceptions as determined by the Secretary of Homeland Security.

While they make up less than 5% of the H-1B visa holders currently in the U.S., health professionals fill gaps in the communities that need them most. Fourteen percent of all Americans live in rural areas, but only 10% of U.S. physicians practice in rural communities.⁴ To maintain access to care, hospitals rely on the H-1B visa program to recruit health professionals. A 2025 study in the Journal of the American Medical Association found that rural counties, counties with the highest poverty levels and counties most affected by workforce shortages also had the highest number of H-1B-sponsored professionals, including physicians, nurse practitioners, physician assistants, nurse anesthetists and other health care workers.⁵ Although H-1B-sponsored health professionals are essential in filling gaps in areas where care is desperately needed, they do not replace U.S. workers. In fiscal year 2024, H-1B-sponsored physicians made up just 1% of all practicing physicians — but even with these 11,080 professionals, the U.S. still experienced a shortage of 64,000 physicians by the end of the year.⁶

AHA survey respondents report H-1B-sponsored health professionals are critically important for hospitals and health systems recruiting for “persistently hard-to-fill” roles, including lab professionals, nurses and physicians. This is especially true for subspecialties such as cardiology, oncology, gastroenterology, neurology, pulmonary and critical care, psychology, rural primary care and hospital medicine. H-1B professionals are also essential in filling non-direct care roles, like researchers, laboratory scientists, and information technology, data and analytics specialists.

Reducing the supply of health care providers holding H-1B visas will have a negative impact on the rest of the health care workforce. Nearly 45% of health care workers cite staffing shortages as one of the top obstacles to performing at work, while facilities experiencing staffing shortages are 68% more likely to struggle with nursing turnover.^{7,8} Despite the demand for health care workers, these shortages are expected to worsen. The National Center for Health Workforce Analysis expects that by 2038, there will be a shortage of more than 141,000 physicians, 108,000 nurses and 30,000 pharmacists, while anticipated shortages of social workers, physical and occupational therapists, and other health professionals will also total in the tens of thousands.⁹

Background (Continued)

Having an adequate supply of health professionals is also critical to maintaining access to care. A reduced health care workforce will mean longer wait times for patients, delayed diagnoses and increased emergency visits, ultimately raising costs for everyone and straining health systems. Following the implementation of the \$100,000 H-1B visa fee, more than 70% of AHA survey respondents expect patient care will be impacted, with nearly 40% anticipating significant impacts to care. In rural and underserved communities, the effects could be devastating, with services requiring specialty providers, like hospital-based obstetrical care, at risk of disappearing. According to the U.S. Government Accountability Office, by 2030 there will only be enough OB/GYNs to meet 50% of the need for hospital-based obstetric services in rural areas.¹⁰ Some hospitals may be compelled to reduce services or limit care options, further impacting patient access in already vulnerable communities.¹¹

The imposition of a \$100,000 fee for each H-1B visa will limit access to qualified international professionals and exacerbate existing workforce shortages, to the detriment of all patients and health professionals. With millions of Americans living in areas with severe provider shortages, it is imperative that federal policies support — not hinder — the recruitment of essential health care workers.

End notes

- 1 Federal Register. Sept. 24, 2025. "Restriction on entry of certain nonimmigrant workers." [federalregister.gov/documents/2025/09/24/2025-18601/restriction-on-entry-of-certain-nonimmigrant-workers](https://www.federalregister.gov/documents/2025/09/24/2025-18601/restriction-on-entry-of-certain-nonimmigrant-workers);
U.S. Citizenship and Immigration Services. Dec. 23, 2025. "H-1B specialty occupations." uscis.gov/working-in-the-united-states/h-1b-specialty-occupations.
- 2 American Hospital Association. Sept. 29, 2025. aha.org/system/files/media/file/2025/09/aha-urges-administration-to-exempt-health-care-personnel-from-h-1b-visa-program-changes-letter-9-29-2025.pdf
- 3 Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services. 2026. "Designated Health Professional Shortage Areas Statistics: Quarterly Summary." data.hrsa.gov/default/generatehpsaquarterlyreport.
- 4 American Hospital Association. September 2022. "Rural hospital closures threaten access: Report." aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf.
- 5 Liu, M., Patel, V. R., Ramesh, T., Vyas, D. A., & Wadhwa, R. K. 2025. "Health care professionals sponsored for H-1B visas in the US." JAMA, 334(22), 2035–2038. doi.org/10.1001/jama.2025.20931.
- 6 Ibid.
- 7 WellSky & The Center for Generational Kinetics. September 2025. "National Study of the Healthcare Workforce." wellsky.com/wp-content/uploads/2025/09/National_Study_Of_The_Healthcare_Workforce_WellSky.pdf.
- 8 American Hospital Association. 2025. "2026 Health Care Workforce Scan." aha.org/aha-workforce-scan.
- 9 Health Resources and Services Administration. 2025. "National Center for Health Workforce Analysis." data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections.
- 10 U.S. Government Accountability Office. Jan. 10, 2024. "Why Health Care Is Harder to Access in Rural America." GAO Blog. gao.gov/blog/why-health-care-harder-access-rural-america.
- 11 Rupasingha, Anil, and Julia Cho. Feb. 18, 2025. "146 Rural Hospitals Closed or Stopped Providing Inpatient Services from 2005 to 2023 in the United States." Charts of Note, USDA Economic Research Service. ers.usda.gov/data-products/charts-of-note/chart-detail?chartId=110927.