



December 19, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
2707 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C., 20528

Dear Secretary Noem,

The AAMC¹ (Association of American Medical Colleges) writes regarding the Presidential Proclamation, *Restriction on Entry of Certain Nonimmigrant Workers (Proclamation 10973)*,² issued September 19, 2025, to outline how H-1B professionals in academic medicine and the health care sector merit a National Interest Exception (NIE) from the \$100,000 fee, based on industry. Under the H-1B Proclamation, which went into effect on September 21, 2025, the U.S. Department of Homeland Security (DHS) is required to establish procedures to implement a new \$100,000 payment requirement for new H-1B petitions and exceptions to the fee based on national interest.

The AAMC recognizes that the Presidential Proclamation on H-1B visas will worsen the nation's existing physician shortage, put strains on the health care workforce and the occupational shortages of highly skilled workers within academic institutions who are unavailable, and ultimately jeopardize patient access to care. Our country needs H-1B professionals in order for our citizens to have access to health care services and national health security. Physicians, medical researchers, and other professionals are the cornerstones of America's health care system, with hundreds of millions of patient encounters, millions of visits and procedures, and an indeterminant number of lives saved due to preventive health services and scientific breakthroughs. Along with American physicians, H-1B visa holders play a critical role in each of these occupations at teaching hospitals, academic health systems, and in rural and medically

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 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; 14 Canadian medical schools accredited by the Committee on Accreditation of Canadian Medical Schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; 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 90 *Fed. Reg.* 46027.

underserved communities across the United States. They are inextricable to the health and safety of this country.

Furthermore, the Proclamation requires DHS and the Department of State to coordinate and take all necessary and appropriate action for implementation and denial of entry into the United States for any H-1B nonimmigrant for whom the prospective employer has not made the payment described in Section 1 of the Proclamation.

Background

The United States faces a projected shortage of up to 86,000 physicians by 2036.³ H-1B visa holders are key to helping to fill that gap in several ways. First, they add to the number of physicians who see and treat patients, especially in rural areas. Additionally, H-1B visa holders are instrumental in preparing the next generation of physicians and scientists as clinical and research faculty. Without their contributions to residency and research training programs, institutions may lose the necessary staffing levels to meet accreditation requirements. These positions are not easy to recruit for in the face of our national physician shortage. The H-1B physicians who fulfill these trainer and educator roles are critical to ensuring continuity of education and training for future physicians and researchers.

The impact of H-1B visa holders in academic medicine and the health care sector is multifactorial. The H-1B faculty physicians, researchers, trainees and other professionals are mission-critical at these institutions which speak to the national interest of addressing our country's access to health care shortages. Resident physicians training in H-1B status can directly move into the US physician workforce without the need to first waive or fulfill the J-1 two-year home country return requirement. Indeed, H-1B visa holders in academic medicine help close the physician shortage gap and provide access to care in communities across America.

In taking a pro-America position, Congress has long recognized the national interest furthered by H-1B professionals who work at U.S. institutions of higher education, teaching hospitals, and academic health systems. Accordingly, Congress exempted these H-1B professionals from the annual H-1B quota or "H-1B cap" through the American Competitiveness in the 21st Century Act. The legislative history explicitly states that the principal reason for the exemption is "that by virtue of what they are doing, people working in universities are necessarily immediately contributing to educating Americans."⁴ These institutions play a key role in advancing medical breakthroughs and providing health care to the American public. They educate and train the health care workforce for our nation, including physicians, nurses, physical therapists, and a

³ GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2024.

⁴ S. Rep. No. 106-260, at 21-22 (2000).

myriad of other health care professionals. They carry out nearly 60% of all NIH-funded extramural research, and they facilitate patient access to high quality healthcare.

Teaching hospitals, academic health systems, and other non-profits affiliated with institutions of higher education are exempt from a H-1B filing fee called the “ACWIA fee,” as well as other H-1B filing fees in recognition of the fact that the education and training they provide is of value to US workers and the greater American public. The reduced H-1B filing fees for these employers usually total from \$460 to \$3,765 per petition, as compared with H-1B filing fees that can otherwise exceed \$10,000 per petition.

Given the ongoing health workforce shortage, our nation cannot meet its current health care needs without the help of H-1B physicians and other H-1B health care sector professionals. The Health Resources and Services Administration (HRSA) estimates that 92 million Americans currently live in federally designated primary care Health Professional Shortage Areas (HPSAs), 64 million live in dental health HPSAs and 137 million live in mental health HPSAs.⁵ HRSA also estimates that 17 million Americans live in a Medically Underserved Area (MUA) and that 5 million are a part of a Medically Underserved Population (MUP).⁶ There are not enough U.S. physicians to meet these critical health needs. International Medical Graduates (IMGs) help fill in the gap in our country’s health care delivery system in the face of these acute workforce shortages.

Most states require physicians to complete some residency training in the U.S. in order to be independently licensed. Nearly all international physicians who remain in the U.S. after completing their training need an H-1B visa to remain in the United States. In fact, approximately 25% of our physician workforce was born outside of the United States. H-1B physicians care for medically underserved communities in disproportionately high numbers, thereby furthering the national interest of health care access.

Congress, state health departments, the Veterans Administration, Health and Human Services (HHS), regional commissions, and other entities have all recognized the national interest furthered by international physicians who practice in the U.S. in areas where there is a shortage of physicians and other health care professionals. Congress created a J waiver mechanism whereby international physicians fulfill a 3-year commitment to work in health care shortage areas which are traditionally rural and underserved communities. Physicians that are program participants are required to carry out their service in H-1B status, and it is the employer’s responsibility to pay H-1B filing and attorney fees. This has been invaluable to the US healthcare system, but many facilities that take advantage of this program are not in a position to pay a \$100,000 H-1B application fee for one or more physicians.

⁵ <https://data.hrsa.gov/topics/health-workforce/shortage-areas/dashboard?tab=hpsaHeader>

⁶ <https://data.hrsa.gov/topics/health-workforce/shortage-areas/dashboard?tab=muapHeader>

Impact of H-1B Visas on Academic Medicine – AAMC-Member Institution Survey Results

The AAMC has communicated with our member institutions and received their specific feedback in order to generate this National Interest Exception on their behalf. This survey collected comprehensive details from academic health systems and medical schools, on the extent of the H-1B visa holders employed by responding to AAMC-member institutions. The data is confidential, and it will not be reported with institutional identification. From our survey of our members, we share the following important aggregate data points:

1. Our public and private institutions both have H-1B visa holders in their institutions (on average, more than 100 per organization).
2. Our members note the various roles that H-1B visa holders have in their institutions, including:
 - a. Clinical faculty (including physicians and physician scientists)
 - b. Post-docs
 - c. Basic science faculty
 - d. Research staff; Clinical research faculty
 - e. Residents.
3. Additionally, there are other health professionals with H-1B visas at our member institutions that provide significant value and clinical care: including nurses, nurse practitioners, physician assistants and therapists (respiratory, occupational, physical, speech pathologists).
4. In support of the academic mission, graduate students in the biomedical sciences and medical students are also part of the list of those who hold H-1B visas and would be important to include in a NIE.
5. A significant number of institutions have applied for H-1B visa holder classifications and roles that fall within the change of status, extension of status and amendments to petitions within their organizations.

It is also worth noting that many H-1B physicians currently participate in the Physician National Interest Waiver program. Congress enacted this immigration path for physicians who commit to working five years in medically underserved communities in exchange for a waiver of the usual labor market test because it is in the national interest. Physicians who pursue this path to a green card treat patients in rural and other communities where there are acute shortages of US physicians and other health care providers.

In summary, H-1B physicians, researchers, and the professionals who support them are vitally needed for academic medicine, health care operations, and national health security. Far from displacing US workers, these visa holders serve as an important complement within our health workforce, filling gaps where there is a shortage of health care professionals.

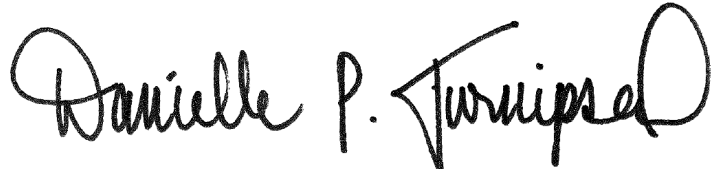
Secretary Noem

Dec. 19, 2025

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We hope this information is a useful first step in your consideration of a National Interest Exception from the Proclamation for H-1B petitions filed by the institutions, employers, and professionals discussed above on an industry basis. Please be in touch with me at dturnipseed@aamc.org or Andrea Price-Carter (apricecarter@aamc.org) for additional information or discussion of this very important issue.

Sincerely,

A handwritten signature in black ink that reads "Danielle P. Turnipseed". The signature is written in a cursive style with a large, looping initial "D" and a stylized "Turnipseed".

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

cc: David Skorton, MD
AAMC President and CEO