



March 6, 2026

The Honorable Vern Buchanan
Chairman
Committee on Ways and Means Subcommittee on Health
U.S. House of Representatives
1139 Longworth House Office Building
Washington D.C. 20515

The Honorable Lloyd Doggett
Ranking Member
Committee on Ways and Means Subcommittee on Health
U.S. House of Representatives
1139 Longworth House Office Building
Washington D.C. 20515

**Re: Statement for the Record- Committee on Ways and Means Subcommittee on Health
Hearing on Advancing the Next Generation of America's Health Care Workforce**

Dear Chairman Buchanan and Ranking Member Doggett,

On behalf of the Medical Group Management Association (MGMA), which represents medical group practices across all specialties and care settings, including over 70,000 practice leaders responsible for delivering care to more than 350,000 physicians. MGMA members are responsible for delivering care to hundreds of millions of patients annually, spanning primary care, specialty services, and rural health. They are at the forefront of improving access, efficiency, and quality of care in the U.S. healthcare system.

MGMA applauds the Subcommittee on Health for convening this important hearing on strengthening the healthcare workforce and for its focus on addressing shortages in rural and underserved communities, modernizing graduate medical education (GME), and ensuring the long-term sustainability of the healthcare workforce pipeline. Across the country, medical groups are facing challenges in recruiting and retaining physicians, advanced practice clinicians, and other essential staff. Healthcare workforce shortages undermine access to care, limit practice capacity, and strain the physicians who remain. We appreciate the opportunity to provide a statement for the record, highlighting some of our priorities and concerns regarding the healthcare workforce.

Support for GME and Rural Residency Training Expansion

As physician shortages deepen, with projections showing a shortfall of 86,000 primary care and specialty physicians by 2036¹, expanding training capacity is essential, but increasing the number of residency slots alone will not fully resolve the challenge. Many new physicians are choosing higher-paying subspecialties over primary care, often driven by significant student debt and the financial incentives of extended specialty training, making it increasingly difficult for rural and underserved communities to recruit and retain clinicians. MGMA strongly supports efforts such as the Resident Physician Shortage Reduction Act of 2025 (H.R.4731/S. 2439), which expands Medicare-supported GME positions with targeted distribution to high need communities, and the Rural Residency Planning and Development Act of 2025 (H.R. 6468), which provides dedicated, sustained funding to build and expand rural residency programs, and thanks members of the Committee for sponsoring these important legislations. By supporting rural pathways in primary care and other high need specialties, including family medicine, internal medicine, preventive medicine, psychiatry, general surgery, and maternal health, these bills will help ensure that rural practices can recruit, train, and retain physicians, strengthening long-term access to care across underserved regions.

Immigration Pathways

MGMA is concerned that the President's September 19, 2025 proclamation, *Restriction on Entry of Certain Nonimmigrant Workers*, which implements a \$100,000 H-1B application fee, will further increase healthcare workforce shortages.² Physicians have historically been shielded from key H-1B constraints through cap exemptions and public-interest waivers because of their essential role in the nation's public health and persistent health care workforce shortages. Therefore, maintaining an exemption from the new application fee would be consistent with prior immigration and health policy precedent.

The Department of Homeland Security (DHS) issued a [clarification](#) on October 20, 2025, which limits the \$100,000 H-1B fee to applicants outside the United States, offering only narrow relief for J-1 physicians already in the country who transition to H-1B status through programs such as Conrad 30. Because most H-1B physicians and healthcare workers apply from abroad, the fee still applies to the majority of applicants. Rural and underserved communities, in particular, rely heavily on the H-1B pathway, including through the Conrad 30 program, which has placed more than 18,000 physicians in shortage areas over the past two decades.³

Beyond physicians, medical group practices rely on a broad range of professionals, including nurses, nurse practitioners, physician assistants, laboratory scientists and technicians, imaging

¹Association of American Medical Colleges. (2024). *The complexities of physician supply and demand: Projections from 2021 to 2036*. <https://www.aamc.org/media/75236/download?attachment>.

²The White House. *Restriction on entry of certain nonimmigrant workers*. Published September 19, 2025. Accessed September 19, 2025. <https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrantworkers/>.

³Abughanimeh O, Abu Ghanimeh M. H-1B Visa Program and Implications for Health Care. *JAMA*. 2025;334(22

and radiology technologists, respiratory therapists, pharmacists, and other specialized clinicians. The Department of Labor (DOL) data shows that non-physician clinicians collectively account for more H-1B certifications than physicians in healthcare. In fiscal year 2024, more than 9,300 physician applications were certified, but more than 10,000 applications came from nurses, therapists, lab and imaging technicians, behavioral health clinicians, dentists, and other specialized health workers.⁴ Without a categorical exemption for healthcare workers, these barriers will exacerbate staffing shortages, impede recruitment across essential clinical roles, and ultimately restrict patient access to timely, high-quality- care. MGMA appreciates members of Congress’s efforts to raise these concerns with DHS and request exemptions for healthcare workers from the application fee.

Educational Financing

Along those same lines, federal student loan borrowing limit provisions within the One Big Beautiful Bill Act risk undermining the pipeline of health care professionals that medical group practices rely on. Beginning July 1, 2026, students in graduate programs would be limited to \$20,500 per year with a \$100,000 lifetime cap, while students in designated professional degree programs could borrow up to \$50,000 annually with a \$200,000 aggregate limit. To implement these changes the Department of Education (ED) is operating with a definition of “professional degree” that includes physicians but excludes other critically needed healthcare roles central to the functioning of medical group practices, such as nurses and physician assistants. These programs require postgraduate education, clinical rotations, and licensure, yet would be subject to the significantly lower borrowing caps under the graduate student definition. These limits would increase out-of-pocket costs for students and deter qualified applicants from entering essential clinical professions.

MGMA supports efforts on behalf of members of Congress to advance legislation to adopt a more inclusive definition of “professional degree” that incorporates other vital healthcare professions, and the bipartisan [letter](#) from lawmakers to the ED, urging the reversal of restrictions on student loans for advanced nursing degrees.

Administrative Burden

While MGMA strongly supports initiatives to grow the physician pipeline, it is equally important to address the administrative and regulatory pressures that are driving burnout in the current workforce. Reducing these burdens would help retain the physicians already in practice and slow the accelerating shortages. MGMA has long advocated for significant reforms to prior authorization processes and continues to hear from practices that these burdens are a top cause of

⁴Zionts A, Reese P. *Rural Health Providers Could Be Collateral Damage From \$100K Trump Visa Fee*. KFF Health News. December 9, 2025

workforce dissatisfaction and early career departure. We thank members of the subcommittee for sponsoring the bipartisan and bicameral Improving Seniors' Timely Access to Care Act of 2025 (H.R. 3514/S.1816), which will streamline prior authorization within the Medicare Advantage program. Administrative simplification is a workforce policy, and meaningful reform will help retain clinicians and improve patient care. Rural facilities face unique challenges with prior authorization because they are more likely to be understaffed, financially strained, and to lack the administrative capacity to manage these requirements. Rural residents also experience higher rates of chronic diseases and face significant transportation barriers, which exacerbate delays and interruptions in care due to prior authorization.

Conclusion

MGMA thanks the subcommittee for its bipartisan focus on advancing the next generation of America's healthcare workforce. MGMA stands ready to work with members of the subcommittee to advance policies that expand GME capacity, modernize rural residency training infrastructure, strengthen workforce immigration pathways, protect educational financing, and reduce administrative burden. We appreciate the opportunity to submit this statement and look forward to continued collaboration. If you have any questions, please contact Hannah Grow, Associate Director of Government Affairs, at hgrow@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg