September 24, 2026

The Honorable Joseph B. Edlow
Director
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
5900 Capital Gateway Drive
Camp Springs, MD 20746

Re: Fee for Certain H-1B Petitions (Docket No. USCIS-2026-0298)

Dear Director Edlow:

The Medical Group Management Association (MGMA) appreciates the opportunity to submit the following comments in response to the Fee for Certain H-1B Petitions proposed rule, which would institute a $103,265 fee for H-1B cap-subject visa petitions. With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups comprising more than 350,000 physicians. These groups range from small independent practices in remote and other underserved areas to large regional and national health systems that cover the full spectrum of physician specialties. The H-1B visa program is a necessary tool for medical groups to supplement domestic workers and staff various positions of need; instituting this proposed fee would hinder physician practices' ability to fill critical gaps, ultimately impacting patient access to care. **We urge the Department of Homeland Security (DHS) to exempt all healthcare H-1B visa petitions from this proposed fee.**

The proposed fee would not apply to cap-exempt H-1B visa petitions, but it would apply to all cap-subject petitions including those eligible for the advanced degree exemption. This fee would be in addition to current filing fees and other applicable costs. Physician practices are already facing considerable financial strain due to inadequate Medicare reimbursement, increasing administrative burden, rising operating costs, and acute staffing issues. Medical groups of all sizes would face a significant new financial obstacle to recruiting healthcare professionals, with smaller practices and those in rural and underserved areas being disproportionately impacted.

MGMA is concerned that the proposed H-1B visa petition fee would exacerbate current healthcare workforce shortages. The United States is facing a projected physician shortage of up to 86,000 physicians by 2036.[1] More than 11,000 physicians on H-1B visas are currently in practice and have an

[1] Association of American Medical Colleges, The complexities of physician supply and demand: Projections from 2021 to 2036, 2024, https://www.aamc.org/media/75236/download?attachment.

important role in maintaining this nation's public health.[2] 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]

International physicians and other healthcare workers are essential to the nation's public health infrastructure. Beyond physicians, medical group practices rely on a broad range of professionals, including nurses, nurse practitioners, physician assistants, laboratory scientists and technicians, imaging 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]

Imposing a substantial fee for certain H-1B petitions would further strain persistent healthcare workforce shortages and recruitment challenges, leaving critical positions unfilled, placing additional pressure on remaining staff, and contributing to burnout. Without a categorical exemption for healthcare workers, these barriers will increase staffing shortages, impede recruitment across essential clinical roles, and restrict patient access to care.

MGMA thanks DHS for the opportunity to comment on this proposed rule**.** The proposed $103,265 fee for H-1B cap-subject visa petitions would introduce a significant recruitment barrier to medical groups and exacerbate ongoing healthcare workforce shortages in this country. MGMA urges DHS to exempt all healthcare professionals from any additional H-1B visa petition fee and work in collaboration with stakeholders on immigration policies that facilitate access to timely, high-quality care. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs

[2] Michael Liu, Vishal Patel, Tarun Ramesh, Darshali Vyas, Rishi Wadhera, Health Care Professionals Sponsored for H-1B Visas in the US, JAMA, Oct. 29, 2025, https://pmc.ncbi.nlm.nih.gov/articles/PMC12573110/.
[3] Abughanimeh O, Abu Ghanimeh M, H-1B Visa Program and Implications for Health Care, JAMA, Oct. 29, 2025, https://jamanetwork.com/journals/jama/article-abstract/2840716.
[4] Zionts A, Reese P., Rural Health Providers Could Be Collateral Damage From $100K Trump Visa Fee, KFF Health News, Dec. 9, 2025, https://kffhealthnews.org/rural-health/h1b-visa-fee-rural-hospitals-foreign-worker-shortages-north-dakota/.