

October 3, 2025

The Honorable Kristi Noem
Secretary
Department of Homeland Security
Washington, DC 20528

RE: Presidential Proclamation – Restriction on Entry of Certain Nonimmigrant Workers

Dear Secretary Noem,

On behalf of the National Rural Health Association (NRHA) and National Association of Rural Health Clinics (NARHC), we are writing with deep concerns regarding the President's recent proclamation, Restriction on Entry of Certain Nonimmigrant Workers.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

NARHC represents over 5,700 Rural Health Clinics (RHCs) across rural America and serves as the only national organization exclusively dedicated to improving the delivery of quality, cost-effective health care in rural, medically underserved communities through the RHC Program.

Persistent workforce shortages have plagued rural hospitals, RHCs, community health centers, long-term care providers, and others for decades. About two thirds of all primary care health professional shortage areas (HPSAs) are in rural areas, evidence of the difficulty of recruiting domestic healthcare professionals to practice in rural areas. The highly skilled healthcare workforce brought to rural areas through H-1B nonimmigrant visas is instrumental in combatting chronic workforce shortages. The intent of H-1B visas is to help employers who cannot otherwise find qualified American workers by authorizing the temporary employment of qualified individuals to work in the United States.

Between 2016 and 2022, 76,085 physician H-1B applications were processed, of which 8,349 (11.0%) physicians practiced in rural counties, with New Hampshire, Mississippi, and Vermont having the highest rates.¹ Our analysis shows so far in 2025, 564 rural employers relied upon H-1B visas to bring in foreign-trained physicians and other practitioners, filling workforce gaps and ensuring rural residents have better access to care. These rural health employers have brought 534 practitioners to their sites in 2025 alone, plus 422 others continuing their employment in rural health facilities.

¹ Ying, X., Reznik, E., Chen, V. *et al.* Geographic Distribution of Physician Workforce with H-1B in the United States. *J GEN INTERN MED* (2025). <https://doi-org.libproxy.lib.unc.edu/10.1007/s11606-025-09757-3>

Per subsection (c) of the proclamation, **NRHA and NARHC urge the Department to put forth an exception to the \$100,000 fee for healthcare providers coming to work in the U.S. under an H-1B visa.** The astronomical increase from the current average fees of \$3,000 to \$5,000 is cost prohibitive for rural providers and will stifle the supply of practitioners coming to furnish care in medically underserved rural areas. Further, decisions to waive the fee for health professionals on a case-by-case basis would be administratively difficult for the Department and raises major concerns for providers as to the timeliness of such decisions. Implementing a blanket exception for healthcare providers is the simplest path forward to ensuring that qualified, highly skilled practitioners can serve in rural areas and continue to support access to healthcare.

Thank you for your consideration of our request and the unique circumstances and needs of rural healthcare. If you have any questions or wish to discuss further, please contact NRHA's Government Affairs and Policy Director Alexa McKinley Abel (amckinley@ruralhealth.us) and NARHC's Government Affairs Director Sarah Hohman (sarah.hohman@narhc.org).

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association



Nathan Baugh
Executive Director
National Association of Rural Health Clinics