

December 22, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, D.C. 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20515

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

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

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries,

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*. We urge Congress to take legislative action to implement a blanket exception for all healthcare providers seeking to bring in a highly skilled workforce under H-1B visas.

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 that as of September 2025, 564 rural employers relied upon H-1B visas to bring in foreign-trained health 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,² plus 422 others continuing their employment in rural health facilities.

In October, NRHA and NARHC sent a [letter](#) to the Department of Homeland Security (DHS) urging an exception to the \$100,000 fee for healthcare providers coming to work in the U.S. under an H-1B visa. Our organizations cited concerns over the astronomical increase in fees being prohibitive for rural providers, thereby stifling the supply of practitioners coming to furnish care in medically underserved rural areas. DHS responded to our letter stating that there is an opportunity for employers to seek exceptions on a case-by-case basis but that they **would be granted in “extraordinarily rare circumstances.”**

The Department further clarified that supporting evidence required for an exception must: 1) demonstrate the alien worker’s presence is in the national interest; 2) no American worker is available to fill that role; 3) the alien worker does not pose a threat to the security or welfare of the U.S.; and 4) requiring the employer to pay \$100,00 would “significantly undermine” the interests of the U.S. **These stringent evidence standards place an undue burden on rural providers that will likely dissuade them from applying all together.**

Given this update from the Department, our organizations urge swift congressional action to ensure that all healthcare providers are granted a blanket exception from this prohibitive policy. We are concerned for the future of the rural health workforce should clinics, hospitals, and other facilities be essentially barred from bringing highly skilled workers into the U.S.

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

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>

² From January to September 2025.