

December 17, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
2707 Martin L. King Avenue, SE
Washington, DC 20528

RE: “Restriction on Entry of Certain Nonimmigrant Workers”

Dear Secretary Noem:

On behalf of the 1,512 Community Health Centers (CHCs), I am writing to urge the Department of Homeland Security to consider the impact on the rural healthcare system and exempt healthcare professionals at CHCs from the new proposed fee for H-1B applicants. CHCs face challenges retaining and recruiting clinicians, especially in rural and frontier communities, and legal immigration is one tool that can be leveraged to close these gaps.

For the past 55 years, the National Association of Community Health Centers (NACHC) has been the leading national, nonpartisan organization dedicated to supporting CHCs (also known as Federally Qualified Health Centers), our committed 326,000 primary care workforce, and the 52 million patients we serve. For 60 years, CHCs have provided high-quality, affordable, comprehensive care – including primary, preventive, dental, behavioral health, pharmacy, vision, and other essential health services at over 17,000 locations across rural and nonrural communities. This includes 1 in 3 rural residents and 1 in 2 in poverty. As our nation’s largest primary care system, there is strong evidence, including from the Congressional Budget Office, that our work saves Medicaid and Medicare billions annually by reducing costly emergency, inpatient, and specialty care.¹ Research shows that every dollar invested in primary care yields a 13-to-1 return in overall health system savings.²

Section 1(c) of the “Restriction on Entry of Certain Nonimmigrant Workers” proclamation allows the Secretary to determine exemptions to this fee if “hiring of such aliens to be employed as H-1B specialty occupation workers is in the national interest and does not pose a threat to the security or welfare of the United States.” The Department’s recent Federal Register notice³ “Immigration Parole Fee Required by HR-1 Reconciliation Bill,” grants exceptions on a case-by-case basis. **NACHC requests that the Department exempt healthcare professionals, including physicians, dentists, pharmacists, nurses, and physician assistants, from this fee to maintain healthcare access for patients across the United States due to persistent workforce challenges and financial outlook for access to care in rural America.**

¹ Volerman A, Carlson B, Wan W, Murugesan M, Asfour N, Bolton J, Chin MH, Sripipatana A, Nocon RS. Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers. *BMC Pediatr.* 2024 Feb 8;24(1):100. doi: 10.1186/s12887-024-04547-y. PMID: 38331758; PMCID: PMC10851548.
<https://pubmed.ncbi.nlm.nih.gov/38331758/>

² <https://www.oregon.gov/oha/HPA/dsi-pcpcch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>

³ <https://www.federalregister.gov/documents/2025/10/16/2025-19564/immigration-parole-fee-required-by-hr-1-reconciliation-bill>.

Due to the ongoing shortage of healthcare professionals, there has been a growing emphasis on strategies to train and retain healthcare professionals, including creative strategies to ensure rural America and our farms and factories have healthy workers to staff their teams. H-1B visa holders provide critical primary care services across the healthcare system, improving access to healthcare for millions of vulnerable patients. In fact, over 76,000 H-1B visa applicants between 2016 and 2022 were physicians across the healthcare system.⁴ However, there continues to be persistent projected workforce shortages – an estimated shortage of 87,150 primary care physicians, 17,030 pharmacists, and 207,980 nurses by 2037.⁵

While CHCs seek to hire healthcare professionals from their communities, the reality of the healthcare workforce shortage often necessitates casting a wider net and hiring to close care gaps and meet patient needs. Without H-1B healthcare professionals, rural and underserved areas risk facing broader healthcare gaps and losing vital access to care. Foreign-trained physicians disproportionately work in underserved communities, 46% serving in rural areas.⁶ With nearly 150 rural hospitals closing since 2005,⁷ CHCs often become the last local health care provider available to millions of Americans. A recent Centers for Medicare and Medicaid Services study also suggested that an increase in primary care physicians and specialists helps rural hospitals retain patients and possibly avoid closures.⁸ With at least 1 in 5 rural residents being served by CHCs, CHC patients will lose access if H-1B visa policy is changed.

CHCs employ 93,000 health care professionals in rural communities, creating stable, well-paying jobs to support local economies.⁹ In 2023, CHCs contributed \$37.8 billion to the local economy in rural areas.¹⁰

Data from the Health Resources and Services Administration notes that there are over 12 million current CHC patients who need better dental care, often due to limitations on retaining and recruiting dental professionals. The H-1B visa program has contributed to closing this gap. For example, at a CHC with multiple sites in Western Ohio, five of the eight employed dentists are working under H-1B visas. Although the CHC operates in both urban and rural clinics, the rural sites are staffed exclusively by dentists on H-1B visas due to a shortage of available US dentists. As a result of the CHC's ability to employ H-1B dentists, approximately 40 percent of its patients can access dental care. Expanding access to dental services has been shown to reduce the risk of chronic disease, cancer, and even infant mortality.¹¹

⁴ [Geographic Distribution of Physician Workforce with H-1B in the United States - PubMed](#)

⁵ <https://bhwh.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

⁶ <https://www.ama-assn.org/press-center/ama-press-releases/ama-urges-dhs-exempt-physicians-new-100000-h-1b-visafee#:~:text=Additionally%2C%20between%202001%20and%202024,attention%20to%20this%20critical%20matter.>

⁷ [146 rural hospitals closed or stopped providing inpatient services from 2005 to 2023 in the United States | Economic Research Service](#)

⁸ [Examining Rural Hospital Bypass for Outpatient Services](#)

⁹ [NACHC-Rural-Health-and-Community-Health-Centers-Monograph-Sept-2025.pdf](#)

¹⁰ [PolicyPapers_RuralValueImpact_FINAL_Jan2025.pdf](#)

¹¹ <https://www.ncbi.nlm.nih.gov/books/NBK219661/>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC11877824/>

Moreover, CHCs operate on thin financial margins and cannot afford a \$100,000 fee for H-1B visa employees. Recent data suggests that the median cash-on-hand for CHCs is 100 days, and a quarter of CHCs have negative 4% operating margins.¹² The loss of H-1B visa-holding healthcare professionals will exacerbate the already existing primary care shortage, particularly at CHCs.

Again, to ensure CHCs can continue to meet the needs of their patients, NACHC asks the Department to exempt healthcare professionals from this H-1B visa fee. NACHC appreciates the opportunity to respond to changes in the H-1B visa program and looks forward to continuing to engage with the Department of Homeland Security on workforce issues. If you have any questions, please contact Elizabeth Linderbaum, Director of Regulatory Affairs, at elinderbaum@nachc.org.

Sincerely,



Kyu Rhee, MD, MPP
President and Chief Executive Officer

¹² <https://www.nachc.org/community-health-centers-grew-in-2024-but-patient-access-faces-a-tipping-point/>