Illinois Health and Hospital Association

The Honorable Markwayne Mullin
Secretary
Department of Homeland Security
2707 Martin Luther King Jr Ave SE
Washington, DC 20528

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

Dear Secretary Mullin,

On behalf of our more than 200 hospitals and over 30 health systems, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to submit comments on the U.S. Dept. of Homeland Security's (DHS) proposal to institute a $103,265 fee for certain H-1B visa petitions. The H-1B visa program is one of several tools healthcare providers use to staff healthcare facilities, and assessing this fee will prevent some hospitals and healthcare practices from filling positions that our country cannot afford to leave empty.

U.S. Citizenship and Immigration Services (USCIS) data indicate that new and continuing H-1B visas for healthcare and social service industries have been increasing, growing by 8% between fiscal year (FY) 2022 and FY 2025. The U.S. healthcare system is in dire need of skilled healthcare workers: the U.S. Dept. of Health and Human Services, Health Resources and Services Administration projects a shortage of 141,160 physicians and 108,960 nurses by 2038, with non-metro areas hit especially hard. Therefore, we strongly urge DHS to exempt all healthcare H-1B visa petitions from the proposed H-1B visa fee in the final rule.

IHA understands the need to curb potential abuse of the H-1B program by certain industries. We also understand that application fees are a way to increase much needed revenue for the U.S. government. However, hospitals and healthcare providers do not abuse the H-1B visa program. Additionally, healthcare providers are consistently under-reimbursed by government payers for the care they provide to America's most vulnerable patients: the elderly, low-income workers and children, and the chronically underserved.

Hospitals use the H-1B visa program to recruit foreign-trained professionals when there are persistent staffing shortages that prevent them from fulfilling the healthcare needs of their communities. Recent statistics bear this out: according to a research letter issued by the *Journal of the American Medical Association*, employers sponsored approximately 11,000 physicians for H-1B visas in FY 2024. This represents only 1% of the overall physician workforce, clearly demonstrating that hospitals and healthcare employers are careful in their use of this critical staffing tool. H-1B-sponsored advanced practice practitioners, such as nurse practitioners and physician assistants, dentists, and others accounted for an even smaller percentage of the nationwide totals.

Additionally, the report noted that the percentage of H-1B-sponsored physicians was nearly twice as high in rural counties as others, likely because rural communities across the country, including in Illinois, face more significant healthcare workforce shortages than urban communities. Yet rural hospitals are the least likely to be able to afford this new visa fee. Rural hospitals in Illinois are already operating on negative or very slim margins of less than 2%. These small and rural providers cannot afford to pay $103,265 to accompany their visa petitions without suffering additional fiscal hardship.

We recognize President Trump's latest proclamation on this issue, *Restriction on Entry of Certain Nonimmigrant Workers*, grants authority to the Secretary of Homeland Security to exercise discretion in restricting individuals, companies, or industries from the H-1B visa fee. However, the proclamation does not provide any immediate clarity to the healthcare industry and does not help assure adequate staffing so that patient access to vital healthcare services will be maintained.

Further, while we appreciate that this fee may not apply to cap-exempt applicants, such as teaching hospitals or other hospitals affiliated with nonprofit universities, the simple fact is that this exemption does not include the hospitals most unable to afford this fee. Critical access hospitals, safety net hospitals, and community hospitals operate on slim to negative margins. They are not only facing financial headwinds created by H.R. 1's Medicaid cuts, but also growing expenses driven by the cost of supplies, drugs, and purchased services, and increasing bad debt and charity care.

IHA does not believe it is the intent of this administration to impede the ability of Americans, especially rural Americans, to access lifesaving medical care. Unfortunately, this proposed rule would add fuel to the fire that America's healthcare system has battled for years. We request DHS recognize the burden this proposed rule adds to the healthcare system and provide a blanket exemption from the H-1B visa fee for all healthcare-related professions. Doing so will enable our nation's hospitals to use all available tools to appropriately staff their facilities and provide the care their communities need and deserve.

Thank you for your consideration, Secretary Mullin. Questions can be directed here.

Sincerely,
A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association

Your trusted voice and resource

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IPC Group Purchasing
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