



AAMCNEWS

Hospitals and health systems depend on H-1B visa-sponsored physicians. So, what happens now?


When President Trump announced a \$100,000 fee for all new H-1B visa applications, it sent shock waves through the health care system. Here's the latest.

By Gabrielle Redford, Editorial Director

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On July 1, Eric Appelbaum, DO, MBA, senior executive vice president and chief operating officer of SBH Health System, is expecting 28 foreign medical graduate (FMG) physicians to begin their residencies at his 422-bed, safety-net hospital in the Bronx, New York.

SBH Health System has long recruited FMGs who come to the United States under the H-1B visa program to fill its residency slots and has been able to extend these offers of employment to the cream of the crop of FMGs by September or October of the previous year.

Even after President Trump issued a [Proclamation](https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrant-workers/)  (https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrant-workers/) last September requiring employers to pay a \$100,000 fee for each new H-1B visa application, Appelbaum told his residency program directors to continue recruiting as usual. At the time, the prevailing wisdom was that FMG

physicians would likely be granted a National Interest Exception because their work serves a vital national interest.

Four months later, there are no reports of exceptions being granted. And Appelbaum, along with other hospital executives, is thinking about contingency plans, including hiring more physician assistants, paying the fee for a limited number of residents, or extending the duties of first-year residents into their second year. “We’re going to be as creative as we can to keep the workforce going,” Appelbaum says.

Other teaching hospitals are facing the possibility of having to reconsider applicants who might need an H-1B visa from their rank order lists in [The Match](https://www.nrmp.org/)[®] (https://www.nrmp.org/) – the National Resident Matching Program[®] (NRMP[®]) – which pairs graduating U.S. medical students and FMGs with residency training programs.

“Part of the recruitment process [for residents] is you have to indicate in the system whether or not you are willing to take a candidate who requires an H-1B visa, and frankly, the hospitals don’t know what to do about that,” says Tim Johnson, senior vice president for the Greater New York Hospital Association (GNYHA), which represents 260 mostly teaching hospitals across four states – New York, New Jersey, Connecticut, and Rhode Island. “This might sound like something we need down the line [for new residents starting July 1], but we need this now, because it has implications for a hospital’s ability to recruit new residents.”

Although Match Day is March 20, 2026, rank order lists – essentially preference lists from both applicants and residency program directors – are due on March 4.

When GNYHA conducted a survey of its hospitals in the fall, it found that 25% of respondents said they had paused, deferred, or limited recruitment of physicians needing H-1B visas. Those hospitals currently employ 1,100 H-1B-holding medical residents and another 800 H-1B-holding attending physicians.

AAMCNews spoke with several experts on health care and the H-1B visa program to learn more about its impact on the health care workforce, the implications posed by the president’s \$100,000 fee on new H-1B visa applications, the status of various lawsuits challenging the fee, and where we stand today.

What is the H-1B visa program, and how does it differ from the J-1 visa program for physicians?

Congress established the H-1B visa program as part of the [Immigration Act of 1990](https://www.uscis.gov/policy-manual/volume-7-part-a-chapter-1) [█](https://www.uscis.gov/policy-manual/volume-7-part-a-chapter-1) (<https://www.uscis.gov/policy-manual/volume-7-part-a-chapter-1>), thus establishing an avenue for employers to hire highly educated foreign professionals to work in a select number of specialty occupations, including engineering, technology, and medicine, where there was a shortage of U.S. workers. These workers must have “a highly specialized body of knowledge” and must have obtained at least a bachelor’s degree. As part of the visa application, employers must attest, on a [Labor Condition Application](https://flag.dol.gov/programs/LCA) [█](https://flag.dol.gov/programs/LCA) (<https://flag.dol.gov/programs/LCA>), that the employee’s wages will meet or exceed what the Department of Labor sets as the prevailing wage for a given profession in any given geographic area, to ensure that the employment will not adversely affect the wages of similarly employed U.S. workers.

The [H-1B visa program allows foreign-born physicians to train and practice in the United States](https://www.uscis.gov/working-in-the-united-states/h-1b-specialty-occupations) [█](https://www.uscis.gov/working-in-the-united-states/h-1b-specialty-occupations) (<https://www.uscis.gov/working-in-the-united-states/h-1b-specialty-occupations>). It can be a path to legal residency, and indeed, most H-1B visa holders do apply for green cards, says Kristen Harris, JD, an immigration attorney and principal at Harris Immigration Law in Chicago, who has provided legal counsel to health systems, individual physicians, and nonprofits for more than 20 years. (Disclosure: The AAMC consults with Harris on immigration-related matters.)

The initial term of the H-1B visa is three years, which can be extended to six years. However, “as long as these individuals have made certain progress on their green card before the end of their fifth year, we can continue to extend that H-1B until the person’s green card is approved,” Harris says.

The J-1 visa program, by contrast, [allows foreign-born physicians to do a medical residency in the United States](https://www.ecfmg.org/evsp/evsprfgd.pdf) [█](https://www.ecfmg.org/evsp/evsprfgd.pdf) (<https://www.ecfmg.org/evsp/evsprfgd.pdf>), after which they must either return to their home country for two years or apply for a J-1 waiver, which allows them to forgo the two-year home-residency requirement and apply for an H-1B visa to live and practice in the United States.

F.H. is a foreign-born physician who recently completed her residency in internal medicine at a hospital in the U.S. Northeast. Despite an offer of employment from a hospital in a medically underserved area, as well as the granting of a J-1 waiver, her H-1B visa application was not filed before the September proclamation was issued.

Unable to start work, F.H. had to return to her home country. Four months later, she’s stuck there, desperately awaiting further word from U.S. Citizenship and Immigration Services and her immigration attorney. Complicating matters is that her husband remains in the United States.

“It’s just really, really hard,” she says. “I’ve been separated from my husband for four months now.”

“It’s also equally difficult for the hospital,” she continued. “They were expecting me to start working in July, so they’ve been short-staffed for six months now.”

It’s important to note that J-1 and H-1B visa holders do not displace U.S. medical graduates, says Andrea Price-Carter, MPA, director of health equity advocacy and government relations for the AAMC. “Rather, these visa holders serve as an important complement within our health workforce, filling gaps where there is a shortage of health care professionals.”

Indeed, in 2025, [97.8% of U.S. MD seniors were selected for a residency position](https://www.nrmp.org/about/news/2025/05/nrmp-releases-2025-main-residency-match-results-and-data-report-providing-in-depth-insight-into-the-largest-residency-match-in-history/) (https://www.nrmp.org/about/news/2025/05/nrmp-releases-2025-main-residency-match-results-and-data-report-providing-in-depth-insight-into-the-largest-residency-match-in-history/).

How many physicians are in the United States on an H-1B visa, and where do they practice?

Since Congress established the H-1B visa program, thousands of foreign-born physicians have entered the country to practice medicine. Today approximately 25% of all practicing physicians in the United States are international medical graduates (IMGs) – a category that includes both non-U.S. and U.S. citizens who complete their medical training abroad – helping to bridge a care gap that is projected to exceed 86,000 physicians by 2036, [AAMC data shows](https://www.aamc.org/media/75236/download?attachment) (https://www.aamc.org/media/75236/download?attachment).

While the number of visas approved differs each year, in fiscal year 2024, new H-1B visas were approved for approximately 11,000 physicians, according to an [October 2025 Research Letter published in JAMA](https://jamanetwork.com/journals/jama/article-abstract/2840740) (https://jamanetwork.com/journals/jama/article-abstract/2840740). Furthermore, those physicians disproportionately serve rural and high-poverty counties, the researchers found. They also are more likely to be primary care, rather than specialty, physicians who serve broad swaths of the community.

“We found that there was substantial variation in the reliance on H-1B visa holders across counties ... ranging from 1 in 3, 1 in 4, 1 in 5 physicians in certain communities,” says Michael Liu, MD, MPhil, a resident physician at Brigham and Women’s Hospital in Boston and lead author on the study.

“Rural areas that are already struggling to recruit clinicians can be disproportionately impacted by even modest disruptions in international recruitment,” adds Rishi K. Wadhera, MD, MPP, MPhil, associate professor of medicine at Harvard Medical School and a coauthor on the *JAMA* study. “Whether it’s intentional or not, immigration policy has become a lever that sort of shapes the health care workforce.”

Why did the administration propose a \$100,000 fee on new H-1B visa applications?

The president's [Restriction on Entry of Certain Nonimmigrant Workers proclamation](https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrant-workers/) (https://www.whitehouse.gov/presidential-actions/2025/09/restriction-on-entry-of-certain-nonimmigrant-workers/), issued on Sept. 19, 2025, states that the H-1B program has been “deliberately exploited to replace, rather than supplement, American workers with lower-paid, lower-skilled labor.” The proclamation further called out information technology (IT) firms, in particular, for hiring thousands of foreign-born STEM workers, “significantly harming American workers in computer-related fields,” and leading to high unemployment rates for U.S.-born computer science and computer engineering college graduates.

[According to 2023 data](https://www.uscis.gov/sites/default/files/document/reports/OLA_Signed_H-1B_Characteristics_Congressional_Report_FY2023.pdf)

(https://www.uscis.gov/sites/default/files/document/reports/OLA_Signed_H-1B_Characteristics_Congressional_Report_FY2023.pdf), approximately 65% of all H-1B visa holders in the United States are employed in computer-related fields.

Because of the proclamation's emphasis on H-1B visa holders in IT and computer science-related fields, and also because of early indications from the White House that physicians might be exempted from the fee, many hospitals continued to recruit H-1B physicians in the days and weeks after the proclamation was announced.

What has been the response to the proclamation?

On Dec. 12, state's attorneys in 20 Democratic-led states [filed a lawsuit challenging the \\$100,000 H-1B visa application fee](https://oag.ca.gov/system/files/attachments/press-docs/H1B%20Complaint.pdf) (https://oag.ca.gov/system/files/attachments/press-docs/H1B%20Complaint.pdf). Even before that lawsuit, the [U.S. Chamber of Commerce](https://www.uschamber.com/assets/documents/25-10-16-Chamber-of-Commerce-H1B-Complaint.pdf) (https://www.uschamber.com/assets/documents/25-10-16-Chamber-of-Commerce-H1B-Complaint.pdf) and the [Global Nurse Force and Union Coalition](https://justiceactioncenter.org/wp-content/uploads/2025/10/H1B-Complaint-FILED.10.3.25.pdf) (https://justiceactioncenter.org/wp-content/uploads/2025/10/H1B-Complaint-FILED.10.3.25.pdf) filed separate motions to block enforcement of the fee. On Dec. 23, in the Chamber of Commerce lawsuit, U.S. District Judge Beryl A. Howell ruled in favor of the administration, concluding that imposing the H-1B fee was within the authority granted to the president by Congress.

Separately, the AAMC cosigned three letters ([Sept. 25](https://www.aamc.org/media/86301/download?attachment) (https://www.aamc.org/media/86301/download?attachment), [Oct. 23](https://www.aamc.org/media/86761/download?attachment) (https://www.aamc.org/media/86761/download?attachment), and [Oct. 24](https://www.aamc.org/media/86946/download?attachment) (https://www.aamc.org/media/86946/download?attachment)), joining medical organizations, institutions of higher education, and health professions education groups, in requesting that the U.S. Department of Homeland Security (DHS) exempt these groups from the fee. The AAMC followed up

with a [Dec. 19 letter \(https://www.aamc.org/media/87856/download?attachment\)](https://www.aamc.org/media/87856/download?attachment) to DHS Secretary Kristi Noem, warning that the proclamation will worsen the nation's existing workforce shortage, further strain the health care workforce, and ultimately jeopardize patient access to care.

"H-1B physicians, researchers, and the professionals who support them are vitally needed for academic medicine, health care operations, and national health security," the Dec. 19 letter signed by AAMC Chief Public Policy Officer Danielle Turnipseed, JD, MHSA, MPP, states.

What's happening on the ground?

For now, many residency programs are in a wait-and-see mode, hoping for some resolution before March.

While there is the option to bring in FMGs for residency through the J-1 visa program, "for a lot of safety-net hospitals, in particular, they don't want to go through the process of training somebody for three years, four years, five years, and then have a perfectly minted physician that can take care of their community, but that person has to leave for two years," Johnson says.

Other hospitals that might hire already fully trained FMG physicians through the H-1B visa program — many of them in rural and underserved areas — are also in limbo, Harris says.

"At this point, the health care sector in America knows that we very much need international physicians just to stay afloat in terms of health care access," she says. "These physicians are mission critical to delivering health care in America."

Adds Johnson: "Frankly, hospitals and health care organizations don't want to get into the middle of an immigration visa dispute that far and wide seems to concern other industries. We're simply trying to provide care for our communities in the most cost-effective, efficient, highest-quality way, and sometimes, due to a workforce shortage, we need people on H-1B visas to do that."



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