AMERICAN COLLEGE of RHEUMATOLOGY
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September 24, 2026

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

Sent electronically via regulations.gov

Re: CIS No. 2861-26; DHS Docket No. USCIS-2026-0298

Dear Secretary Mullin,

The American College of Rheumatology (ACR), representing over 10,400 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to respond to the Department of Homeland Security's (DHS) proposed rule establishing a $103,265 fee for all H-1B cap-subject petitions, including those eligible for the advanced degree exemption. **We urge DHS to exempt all physicians, including medical residents, fellows, researchers and those working in non-clinical settings, from the proposed rule.**

Maintaining a robust U.S. health care workforce is critical to the national interest. The U.S. is currently encountering a projected shortfall of nearly 200,000 physicians by 2036.[i] H-1B physicians play a critical role in filling this gap, especially in underserved areas. As of 2024, nearly 26% of U.S. physicians were international medical graduates.[ii] International medical graduates are even more heavily represented in the rheumatology workforce. At least 35% of active rheumatologists and 37% of matched rheumatology fellowship applicants were trained abroad.[iii]

H-1B physicians provide vitally needed health care to U.S. patients, especially in areas of the country with higher rates of poverty and chronic disease. For example, in 2021, about 64 percent of foreign-trained physicians were practicing in Medically Underserved Areas or Health Professional Shortage Areas.[iv] Approximately 40% of physicians in rural counties are international medical graduates, practicing in areas where hospitals routinely struggle to recruit physicians. [v] An October 2025 study found that some rural counties depend on H-1B physicians for 1 in 3 to 1 in 5 of their practicing doctors.[vi] A decline in H-1B workers would disproportionately impact rural areas where H-1B health care workers often are employed, and smaller employers, who would face greater challenges paying the fee. [vii]

The $103,265 fee introduced in the proposed rule is prohibitive for the small, resource-constrained health care providers that disproportionately employ international medical graduates and would worsen physician shortages in underserved and rural areas. It amounts to a tax—burdening small US health care providers with the costs of administering the U.S. immigration system.

Please contact Sweta Haldar, MSPH, ACR Manager of Regulatory Affairs, at shaldar@rheumatology.org or (202) 807-5262 should you have any questions or if we can provide additional assistance.

Sincerely,

Amanda Myers, MD, FACR
Chair, Government Affairs Committee
American College of Rheumatology

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[i] https://thehill.com/opinion/healthcare/6084852-training-american-doctors/
[ii] https://www.aamc.org/data-reports/data/2025-key-findings
[iii] https://pmc.ncbi.nlm.nih.gov/articles/PMC9892202/
[iv] https://pmc.ncbi.nlm.nih.gov/articles/PMC8221155/
[v] https://pmc.ncbi.nlm.nih.gov/articles/PMC8221155/
[vi] https://pmc.ncbi.nlm.nih.gov/articles/PMC12573110/
[vii] https://www.kff.org/quick-insights/the-trump-administrations-proposed-103265-fee-for-h-1b-visas-could-affect-the-health-care-workforce/