

Congress should recognize the importance of physician visa holders in the primary care workforce and remove barriers to their ability to practice.

i Background

International medical graduates (IMGs) play a crucial role in the U.S. physician workforce, particularly in primary care and in rural and underserved communities. These foreign-trained doctors make up nearly one-quarter of all physicians in the U.S., and a large proportion of them specialize in primary care. In fact, nearly a third of physicians who specialize in family medicine, internal medicine and pediatrics are foreign-trained.

IMGs also disproportionately work in rural and underserved areas, and this is especially true for those who are visa holders. 84% of family physician J-1 visa holders continue to serve in Health Professional Shortage Areas three years after their residency, and nearly 70% are still in those areas six years after their training has concluded. This means that the J-1 visa program is one of the most successful retention tools the U.S. has for primary care physicians in medically underserved areas.

84% of family physicians with visa waivers practice in Health Professional Shortage Areas 3 years post-residency.



However, physicians and trainees abroad are encountering extended and unpredictable delays in consular visa processing, without clear timelines or pathways for resolution. In addition, physicians already in the United States are increasingly subject to adjudicative holds that override statutory and regulatory processing timelines, including premium processing guarantees.

Coupled with these delays is the financial burden created by the newly implemented \$100,000 fee for H1-B visa applications. In September 2025, the White House established this new fee in a proclamation entitled "Restriction on Entry of Certain Nonimmigrant Workers." Before this proclamation, the typical fee for H1-B visa applications was around \$3,500.

Unfortunately, this new fee did not differentiate between industries and professions, and as a result, H1-B visa applications for physicians now require this \$100,000 fee, which is supposed to be paid by the employer. This will no doubt negatively affect rural hospitals, which are already struggling financially to survive in many areas.

After completing residency training, most physicians on J-1 visas are required to return to their home country for two years before they can re-enter the United States, often through an H-1B work visa.

This fee creates an enormous financial burden for rural hospitals and community health centers already struggling to recruit and retain physicians in underserved areas.

~25%

of all U.S. physicians are international medical graduates

~70%

of IMG visa holders still serve in underserved areas 6 years after training

H-1B Visa Fee Increase: \$3,500 → \$100,000 (September 2025 Proclamation)

i Legislative Solution



Thankfully, bipartisan legislation to repeal this \$100,000 fee for H1-B physicians and other clinicians has been introduced. This bill, the ***H1-Bs for Physicians and Healthcare Workforce Act*** (H.R. 7961), was introduced in March by Representatives Mike Lawler (R-NY) and Sanford Bishop (D-GA) and has gained over 30 bipartisan cosponsors since introduction. Although many issues are currently constraining physician visa holders in the U.S., this bill is a major step forward to addressing those constraints. The AAFP strongly encourages Congress to pass this legislation and ensuring patients in rural and underserved areas have access to the clinicians that millions of Americans depend on.

i By the Numbers

11,000+

physicians currently practice in the U.S. on H-1B visas, filling critical shortages

30+

bipartisan cosponsors of H.R. 7961 since March introduction

30.7%

of family medicine residents are international medical graduates

~4x

higher rate of H-1B physicians in highest-poverty vs. lowest-poverty counties

i Impact on Rural Communities

Research shows that H-1B physicians disproportionately serve high-need communities. Rural counties have nearly double the percentage of H-1B physicians compared to urban counties.

The new \$100,000 fee does not differentiate between industries and professions. Rural hospitals, already struggling financially, face an enormous burden when sponsoring physicians.

Employers may also be discouraged from recruiting physician visa holders in less “lucrative” specialties, such as family medicine, due to this new upfront cost. This threatens the primary care pipeline to communities that need it most.

More than 11,000 physicians currently practice in the U.S. on H-1B visas, helping fill critical shortages in primary care, psychiatry, and other high-need specialties.