# Immigration & Visa Policy: The Physician Workforce

Rural and underserved communities across the country rely heavily on physicians trained outside the U.S. to staff clinics, hospitals, and residency programs. In part, that workforce pipeline depends on visa pathways**,** including J-1, and H-1B visas, that were not designed with today's physician workforce needs in mind. Recent changes to visa costs and ongoing processing challenges are putting additional strain on that pipeline at a time when many communities are already struggling with physician shortages. Combined with recent Medicaid cuts and broader financial pressures on rural health care, these challenges have real implications for access to care in the communities that can least afford to lose physicians.

**~25%**
of all U.S. physicians are International Medical Graduates (IMGs).

**30.7%**
of family medicine residents are IMGs.

**11,000+**
physicians practice in the US on H-1B visas.

**23.6%**
of 2026 Match placements went to IMGs.

## Understanding the Visa Pathways

- **J-1 (Exchange Visitor Visa):** The visa most IMGs use to enter US residency/fellowship training. It comes with a 2-year home-country residency requirement: Physicians must return home for 2 years after training unless waived.
- **H-1B (Specialty Occupation Visa):** An employer-sponsored work visa many physicians use to practice after training. It's subject to an annual numerical cap and a lottery-based selection process and requires a sponsoring employer.
- **Conrad 30 (J-1 Waiver Program):** Lets each state waive the 2-year home-residency requirement for up to 30 J-1 physicians per year, in exchange for a 3-year commitment to practice in a designated shortage area (HPSA, MUA, or MUP). It's the primary legal bridge that lets J-1 physicians stay and practice in the US directly out of training.

## The H-1B Visa Issue

Physicians who don't use Conrad 30 (or complete their 3-year commitment and want to transition) often move to H-1B status. That path has gotten harder on two fronts. First, cost: a September 2025 presidential proclamation raised the H-1B petition fee from roughly **$3,500 to $100,000** — a flat, upfront cost that falls on the sponsoring employer, most of which rural hospitals and community health centers simply cannot absorb. Second, process: physicians abroad are facing longer, less predictable consular waits times with no clear resolution path, while physicians already in the US are increasingly hitting administrative holds that override standard processing timelines, including premium processing guarantees.

## Impact on Rural & Underserved Communities

- IMG physicians disproportionately practice in rural communities.
- H-1B physicians are concentrated in the highest-poverty areas at roughly four times the rate seen in the lowest-poverty counties.
- Because the $100,000 fee is a flat upfront cost, it may push employers away from sponsoring visa-holding physicians in lower-margin specialties like family medicine, precisely the specialty rural communities depend on most.

## Why IMGs Matter

- IMGs filled **42%** of 1st-year categorical Internal Medicine positions in the 2026 Match, plus **34.7%** of Pathology, **30.4%** of Pediatrics, and **22.4%** of Neurology positions.
- IMGs enter primary care at disproportionately high rates, roughly double the share of US medical graduates who choose primary care.

**84%**
of J-1 waiver family physicians still in HPSAs 3 years post-residency

**~70%**
remain in underserved communities 6 years after training

## Legislation to Watch

- **H.R. 7961 — H-1Bs for Physicians and the Healthcare Workforce Act:** Would exempt physicians, NPs, nurses, pharmacists & dentists from the $100,000 H-1B fee. Introduced by Reps. Mike Lawler (R-NY) and Sanford Bishop (D-GA); has gained over 30 bipartisan cosponsors since its March introduction.