September 24, 2026

Submitted electronically via www.regulations.gov

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

The Honorable Joseph B. Edlow
Director
U.S. Citizenship and Immigration Services
5900 Capital Gateway Drive
Camp Springs, MD 20588

Re: Comment Opposing Proposed Rule, *Fee for Certain H-1B Petitions*, 91 Fed. Reg. 54,817 (Aug. 25, 2026); DHS Docket No. USCIS-2026-0298; CIS No. 2861-26; RIN 1615-AD20

Dear Secretary Mullin and Director Edlow:

We the undersigned organizations ask the administration to reconsider the above-referenced notice of proposed rulemaking (the "Proposed Rule"), which would impose an additional $103,265 fee on every H-1B cap-subject petition. We request that the Department of Homeland Security ("DHS") reconsider it because of the negative effect that it would have on rural healthcare.

We are part of a national, not-for-profit coalition that represents U.S.-based organizations across the healthcare industry, including those engaged in the recruitment and employment of foreign-educated healthcare professionals, such as healthcare staffing and workforce companies, credentialing organizations, immigration counsel, and the hospitals and health systems that rely on them. Many of our members routinely sponsor H-1B specialty-occupation petitions and would bear the direct economic burden of the Proposed Rule. These are often rural healthcare facilities.

The proposed $103,265 per-petition surcharge would disproportionately burden rural and critical-access hospitals and outpatient clinics, which cannot absorb these costs. Unlike businesses that can pass higher costs to consumers through price increases, healthcare providers and their vendors generally cannot. Their reimbursement rates are set or negotiated by third-party payers such as primarily insurers and the U.S. government. These third parties set reimbursement rates without regard to the actual cost of care.

Rural healthcare hospitals and outpatient clinics report persistent shortages of physicians, physical therapists, occupational therapists, medical and clinical laboratory technologists, and advanced level nurses, leaving patients waiting weeks for rehabilitation services, diagnostic testing, and anesthesia coverage. These specialty occupations routinely rely on H-1B sponsorship because domestic supply cannot meet demand, particularly in communities too small to compete for talent against larger urban health systems.

A $103,265 per-petition fee would fall hardest on the rural hospitals and clinics least able to absorb it, many of which already operate on thin or negative margins. Faced with this cost, many facilities would simply forgo H-1B recruitment for these positions, deepening existing shortages in physical therapy, occupational therapy, laboratory services, and advanced nursing care. HWC respectfully submits that preserving rural Americans' access to these essential clinicians is fully consistent with the administration's own stated commitment to rural healthcare access, and that an exception for rural healthcare employers would advance that goal without undermining the Proposed Rule's broader objectives.

We also want to acknowledge that while rural healthcare facilities would be disproportionally affected by this Proposed Rule, many healthcare facilities are cap-exempt due to their affiliation with an institution of high education. As a result, healthcare facilities nationwide will face deepening healthcare workforce shortages.

We appreciate the opportunity to comment and are available to provide additional data at DHS's request.

Respectfully submitted,

National Rural Health Association

Lutheran Services in America

American Association of International Healthcare Recruitment

Society of Hospital Medicine

American Society for Health Care Human Resources Administration