



Nov. 25, 2025

The Honorable Kristi Noem
Secretary
U.S. Department of Homeland Security
Washington, D.C. 20528

The Honorable Joseph Edlow
Director
U.S. Citizenship and Immigration Services
Washington, D.C. 20529

RE: H-1B Visa Program Changes and Children's Health

Dear Secretary Noem and Director Edlow,

We are writing to respectfully urge the Administration to exempt health-care-related professions, including pediatric clinicians and researchers, from the new \$100,000 H-1B visa fee and related restrictions announced in the White House proclamation, "*Restriction on Entry of Certain Nonimmigrant Workers*," and finalized in the subsequent U.S. Citizenship and Immigration Services guidance. Health care professionals with H-1B visas are critical to helping children's hospitals maintain access to specialty care for all children. Without an exemption, the nation's children's hospitals and health systems will be unable to sustain essential clinical care and research amid growing demand and ongoing significant pediatric workforce shortages.

We recognize the Administration's interest in reforming the visa process to ensure that American workers are given the opportunity to fill available positions. In pediatrics, however, many subspecialty roles have no available U.S.-born worker to fill them. As a result, international professionals fill critical pediatric workforce gaps that would otherwise remain vacant. They also fuel biomedical research and innovation that directly supports the Administration's priorities to prevent and treat childhood chronic disease and advance curative therapies that improve child health outcomes.

The 200+ children's hospital members of the Children's Hospital Association (CHA) play a unique role as centers for pediatric care for nearly half of all children admitted to hospitals nationwide and most children with chronic conditions, serious illnesses, complex conditions, or those who need major surgical services.¹ They serve as regional hubs across broad geographic areas, providing advanced specialty care to children in both urban and rural communities—many of whom must travel long distances or across state lines to receive the expertise available only in children's hospitals. They also lead scientific discoveries focused specifically on pediatric conditions—work that has improved the survival and quality of life for children with cancer, diabetes, genetic disorders, and other chronic conditions. They are also leading the way in research on infant and child safety, nutrition, and the effects of environmental factors on children's health.

Unlike adult medicine, where shortages are concentrated in primary care, the workforce shortages in pediatrics occur in subspecialty fields that require years of additional training and funding. Children's

¹ Children's Hospital Association's Analysis of Kids' Inpatient Database (KID), Healthcare Cost and Utilization (HCUP), Agency for Healthcare Research and Quality, 2019.

hospitals face difficulty retaining and recruiting subspecialists, like pediatric neurologists, pediatric rheumatologists, and child and adolescent psychiatrists, with some positions remaining unfilled for 12 months or longer. As a result, children may wait weeks or months for needed appointments—averaging 21 weeks for medical genetics and developmental-behavioral care, and 14 weeks for pediatric neurology.² These specialties are critical to helping children with complex genetic disorders and chromosomal abnormalities, as well as diagnosing and treating developmental delays and other neurological conditions. Longer waits for needed care compromises children’s health and overall well-being.

Unfortunately, there are too few U.S.-born medical residents entering pediatrics to fill these gaps. While children represent 23% of the population³, disproportionately fewer American medical residents go into pediatrics as a specialty. Only 8.1% of residents chose pediatrics in 2025, down from 8.8% in 2021⁴—a decline driven in part by low physician pay and Medicaid reimbursement, which covers nearly half of U.S. children, along with the Children’s Health Insurance Program (CHIP).⁵

These workforce dynamics make international medical graduates (IMGs) indispensable to meeting pediatric workforce needs. Nationwide, IMGs represented more than 20% of new pediatric residents in 2025 and often practice in rural and underserved communities, where workforce shortages are more pronounced.^{6,7} Many of these international professionals depend on visa programs, including the H-1B program, to continue practicing in the U.S. after they complete their training.

Between fiscal years 2022-2024, approximately 2,000 new or continuation H-1B visas were approved that enabled foreign-born providers to fill workforce vacancies and work at children’s hospitals across the U.S.⁸ A recent snapshot of children’s hospitals indicates that there are more than 500 H-1B visa holders—including physicians and clinical fellows—currently working within just 10 children’s hospitals, demonstrating the essential impact these international providers have on the strength of the hospitals’ workforce. They are filling roles that would otherwise go unfilled and providing essential pediatric services that might not otherwise be available or be delayed due to provider shortages.

Those H-1B visa holders are also pediatric physician-scientists, postdoctoral researchers, and biostatisticians whose specialized expertise is vital to sustaining progress in childhood disease prevention and treatment. However, limited funding, low salaries compared to other research specialties, and insufficient protected research time has led to a shrinking pediatric research pipeline. Restricting access to the talent pool of international pediatric researchers would delay new therapies and cures for children, slow the pace of innovation, and weaken the nation’s long-standing leadership in biomedical research.

Furthermore, the new H-1B \$100,000 employer fees will add significant costs on top of the financial strains already being felt by children’s hospitals due to low Medicaid reimbursement rates. Close to half of all children are covered by Medicaid and CHIP, which traditionally pays providers at a lower rate than other payers. Children’s hospitals cannot absorb the additional H-1B fees without diverting resources

² “Pediatric Workforce Assessment in Children’s Hospitals (Fall 2023),” Children’s Hospital Association, 2024. *Note: Information obtained from 56 children’s hospitals from September through October 2023.

³ [“Population Distribution by Age,”](#) Kaiser Family Foundation, 2023.

⁴ Children’s Hospital Association’s Analysis of [“Table 7A Positions Offered and Number Filled by U.S. MD Seniors and All Applicants, 2021 - 2025,”](#) [“Advance Data Tables 2025 Main Residency Match,”](#) National Resident Matching Program, March 2025.

⁵ [“June 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot,”](#) U.S. Centers for Medicare and Medicaid Services, September 2025.

⁶ Children’s Hospital Association’s Analysis of [“Table 1E Match Summary for U.S. IMGs, 2025,”](#) and [“Table 1F Match Summary for Non-U.S. IMGs, 2025,”](#) [“Results and Data: 2025 Main Residency Match,”](#) The National Resident Matching Program (NRMP), May 2025.

⁷ [“ECFMG Certification Fact Sheet,”](#) Intealth, July 2025.

⁸ Children’s Hospital Association’s Analysis of [“H-1B Employer Data Hub,”](#) U.S. Citizenship and Immigration Services, U.S. Department of Homeland Security, 2025.

from patient care, research, and workforce development. The added fee will deter hospitals from sponsoring H-1B clinicians and researchers altogether, exacerbating existing workforce shortages and further limiting access to specialized pediatric care.

We appreciate the opportunity to highlight these important considerations and urge the Administration to exempt health-care related professionals from H-1B program changes so children's hospitals can continue delivering the specialized care and groundbreaking research that the nation's children rely on. We also encourage careful consideration of how cumulative changes across visa programs will affect the pediatric health care and research workforce and children's access to timely and complex care. We remain committed to working with the Administration to ensure these policies strengthen the pediatric workforce and advance children's health and well-being. Please contact Sam Mitchell at sam.mitchell@childrenshospitals.org should you need more information.

Sincerely,

A handwritten signature in black ink that reads "Aimee C. Ossman". The signature is fluid and cursive, with the first name "Aimee" being more prominent than the last name "Ossman".

Aimee Ossman
Vice President, Policy
Children's Hospital Association