

Here's a summary of where things stand on efforts to blunt or carve out relief from the Trump Administration's \$100,000 "payment" tied to certain new H-1B visas—with a focus on foreign physicians coming to the U.S. to work.

A congressional letter was sent this week to Secretary Noem (click [here](#)) urging the DHS to exempt health care workers from the \$100,000 visa fee. It was signed by 33 House members. We are told they were moving very quickly and got most signatures on the House floor this week. There was no Senate letter.

1) What the \$100,000 policy does (and the key physician-relevant nuances)

Origin & structure

- The policy was issued via a Presidential Proclamation dated Sept. 19, 2025, framed as a restriction on entry for certain H-1B workers unless a \$100,000 payment accompanies/supplements the petition.
- USCIS implementation guidance/FAQ clarifies that the \$100,000 requirement is tied to specific "new" H-1B scenarios and is operationalized as an upfront payment requirement (generally via the government payment portal) before adjudication.

Who it hits hardest in health care

- The policy is particularly acute for providers recruiting physicians from abroad (including many rural and safety-net employers) because the fee is large, must be paid up front, and adds uncertainty to already fragile recruitment pipelines.

National Interest Exception (NIE) is the main "relief valve"

- The Proclamation contains an exception if DHS determines (in its discretion) that the hiring is "in the national interest."
- This has driven most mitigation strategy: *push DHS to declare physicians/health care as categorically in the national interest*, rather than forcing case-by-case waiver requests.

2) Administrative / advocacy efforts to exempt physicians

A) Major physician & hospital stakeholders pushing DHS for a categorical carve-out

- AMA + 50+ medical societies formally urged DHS to exempt physicians (including residents/fellows/researchers) by treating them as clearly within the national interest.

- AAMC has repeatedly pressed for an academic medicine/health sector exception (industry-based NIE), warning the fee will worsen physician shortages and strain training pipelines.
- AHA amplified operational concerns and flagged the Proclamation’s timing/expiration window and workforce risk to hospitals.

B) Congressional pressure is intensifying (and newly bipartisan)

- On February 5, 2026, Reps. Jill Tokuda (D-HI) and Don Bacon (R-NE) led a bipartisan letter (31 colleagues) urging DHS Secretary Kristi Noem to adopt a clear categorical exemption for health care workers, emphasizing rural access risks and administrative impracticality of case-by-case waivers.

Why this matters: DHS can relieve the problem *without Congress* if it issues categorical NIE guidance for physicians/health care—so these letters are aimed at the single most actionable lever.

3) Litigation efforts (one major case went against challengers)

There are multiple lawsuits challenging the Proclamation/implementation, and they’re being watched closely because a court-ordered pause/injunction would be the fastest broad-based relief.

A) Chamber of Commerce / higher ed plaintiffs — initial loss in D.D.C.

- A prominent challenge (Chamber of Commerce et al.) was upheld at the district court level (decision dated Dec. 23, 2025, per secondary reporting), with the court finding the President had broad statutory authority and rejecting APA-based arguments tied to “ministerial” implementation steps.
- That ruling is appealable and is being treated as a key bellwether.

B) State AG coalition suit — aimed squarely at legality/APA fee limits

Below is where things stand **as of February 6, 2026** on efforts to blunt or carve out relief from the Trump Administration’s **\$100,000 “payment” tied to certain new H-1B visas**—with a focus on **foreign physicians coming to the U.S. to work**.

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2) Administrative / advocacy efforts to exempt physicians (the most active lane)

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B) State AG coalition suit — aimed squarely at legality/APA fee limits

- A coalition led by state attorneys general (example: Maryland AG press release dated Dec. 12, 2025) argues the \$100,000 fee is far beyond congressionally authorized fee levels, violates APA rulemaking requirements, and harms public services including health care staffing.

C) Other pending suits (including health care–adjacent plaintiffs)

- Additional suits (including the Global Nurse Force litigation track) remain active and are part of the broader pressure environment around the Proclamation.

Bottom line on litigation today: there is real momentum, but the D.D.C. decision upholding the policy reduces the odds of near-term blanket judicial relief unless an appellate court moves quickly or a different court rules the other way.

4) Program mechanics changing in 2026: timing that matters for foreign physicians

The Administration is simultaneously tightening the H-1B system more broadly, which changes the practical impact on health systems.

- The FY2027 H-1B registration window is scheduled to open March 4–March 19, 2026 (USCIS announcement cited in reporting).
- Separately, reporting indicates DHS is moving away from a pure lottery toward a weighted selection process (effective Feb. 27, 2026), which could alter which employers/roles are selected—important for hospitals competing with higher-wage sectors.

5) What “mitigation” looks like on the ground for hospitals recruiting physicians

Even without full exemption, health systems are pursuing operational workarounds—often in parallel:

- Shift pipelines toward J-1 residency/fellowship routes, then use established waiver pathways (e.g., Conrad-type service obligations) when feasible, to avoid paying \$100,000 for a brand-new physician abroad. (This is being discussed widely as a likely behavioral shift.)
- Prioritize “change of status” / in-country transitions where USCIS guidance indicates the Proclamation’s reach may be narrower than initially feared (this is very fact-specific and counsel-driven).
- Aggressively pursue NIE documentation (patient access, HPSA/MUA, call coverage, service line preservation) to fit within DHS discretionary relief.

For rural providers, the policy is already being reported as a deterrent to recruitment, with real concern about July onboarding of new physicians and residency graduates.

6) Where things are likely headed next (watch points)

1. DHS guidance on categorical NIE for physicians/health care
 - The most impactful near-term mitigation would be DHS stating physicians/health care are categorically exempt as “national interest.” The new Feb. 5, 2026 bipartisan letter increases pressure in exactly this direction.
2. Appellate posture in the Chamber case + divergent district court rulings
 - If another federal court splits from D.D.C., the odds of faster appellate action rise.
3. How the March 2026 registration season applies the fee in practice

- Watch whether USCIS/DOS implementation creates de facto carve-outs, delays, refund rules, or operational constraints that function as partial relief (or worsen uncertainty).

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